

MONOGRAPH NO. 3

**LIFE STAGES, GENDER AND FERTILITY  
IN BANGLADESH**

# **LIFE STAGES, GENDER AND FERTILITY IN BANGLADESH**

**K. M. ASHRAFUL AZIZ  
CLARENCE MALONEY**



**INTERNATIONAL CENTRE FOR  
DIARRHOEAL DISEASE RESEARCH, BANGLADESH  
DHAKA, BANGLADESH**

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The International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) is an autonomous, international, philanthropic and non-profit centre for research, education and training as well as clinical service. The Centre is derived from the Cholera Research Laboratory (CRL). The activities of the institution are to undertake and promote study, research and dissemination of knowledge in diarrhoeal diseases and directly related subjects of nutrition and fertility with a view to develop improved methods of health care and for the prevention and control of diarrhoeal diseases and improvement of public health programmes with special relevance to developing countries. ICDDR,B issues annual report, working paper, scientific report, special publication, monograph, thesis and dissertation, and newsletter which demonstrate the type of research activity currently in progress at ICDDR,B. The views expressed in this work are those of the authors, and do not necessarily represent the views of the ICDDR,B.

## THE AUTHORS

K. M. Ashraful Aziz (PhD. Rajshahi University), an anthropologist, is presently an International Research Associate with the International Centre for Diarrhoeal Disease Research, Bangladesh. He supervised the demographic and epidemiological field research in Matlab Thānā for 10 years. He is author of *Kinship in Bangladesh* (1979), *Sex Socialization and Philosophies of Life in Relation to Fertility Behavior: An Anthropological Approach* (thesis, 1981), and a co-author of *Beliefs and Fertility in Bangladesh*. He is also the author of many articles that have been published in international journals. Dr. Aziz has extensive field research experience in several rural areas of Bangladesh. The topics of his research interest include social and cultural factors in the prevention and control of disease, personal motivations and socio-cultural considerations in controlling human fertility, and cultural behavior in the ecological context. He has participated and presented scientific papers in many international conferences. Through long professional exposure in the rural communities of Bangladesh, he has developed a profound knowledge of the socio-cultural factors relevant to community development in the rural society of Bangladesh.

Clarence Maloney (PhD, University of Pennsylvania), a professor of Anthropology, has taught in several universities and colleges in the United States of America and was also a Visiting Professor at the Institute of Bangladesh Studies, Rajshahi University. Subsequently, he worked as a Consultant for USAID, Dhaka, and also for development projects in Bangladesh of the Foreign Ministry of the Netherlands, and for other projects in the areas of rural credit and rural development, having previously worked for some years in India on rural development. He is the author or editor of *Peoples of South Asia* (1974), *South Asia: Seven Community Profiles* (1974), *The Evil Eye* (1976), *People of the Maldive Islands* (1980), *The Village Pottery Industry in Bangladesh* (1980), *Beliefs and Fertility in Bangladesh* (1981), and numerous articles on the anthropology of South Asia.



In the study area the first author was viewed by many persons as a fictive kin. In the picture he is having an intimate session with his fictive 'maternal uncle' (*māmu*).

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We shall be failing in our duty if we do not put on record our warmest feelings and gratefulness for the generous cooperation of our respondents and other members of the study communities at Matlab Upazila of Chandpur district, Bangladesh.

## A GENERAL GUIDE TO THE READER ON TRANSLITERATION OF THE BENGALI ALPHABETS

All Bengali terms are given with standard Indic diacritical marks, such as are generally used in South Asian transliterations. We believe it is essential to use this system of marks, as otherwise it is impossible to pronounce words right, given the limitations of the Roman alphabet to reproduce the phonemes of Bengali or related languages. The following table shows the system used in this book, which is one we have worked out by slight adaptation to Bengali of the standard indic system.

### Bengali-English Transliteration

#### Vowels

অ a, o	ই i	উ u	ঋ r̥	ঐ ai, oi
আ ā	ঈ ī	ঊ ū	এ e	ও au, ou
			ও ō	

#### Consonants:

ক k	চ c	ট ṭ	ত t	প p
খ kh	ছ ch	ঠ tḥ	থ th	ফ ph, f
গ g	জ j, z	ড ḍ, ড̣ ṛ	দ d	ব b, v
ঘ gh	ঝ jh	ঢ ḍh, ঢ̣ ṛh	ধ dh	ভ bh
ঙ ṅg	ঞ ñ	ণ ṇ	ন n	ম n.
য় y, য j	শ ś	হ h	ৎ ṭ	৩~
র r	ষ ṣ	ঃ ḥ	ং ng	ঈ y
ল l	স s	ক্ষ kṣ		

This is the standard Indic system, with slight modifications to suit Bengali.

Vowels have their original Latin phonetic values; c, sounds like unaspirated *ch*; t, *th*, d, and *dh* are always dental, but, ṭ, tḥ, ḍ, and ḍh are always retroflex.

Source: C. Maloney, K.M.A. Aziz and P.C. Sarker. 1981. *Beliefs and fertility in Bangladesh*. (Monograph Series No. 2) Dhaka: International Centre for Diarrhoeal Disease Research, Bangladesh.



## PREFACE

As human beings we generally respond to the experience of being a certain person in a certain time and place. Thus whether we are conscious or not we are inevitably affected by the ecology, family and social setting and the surroundings in which we exist. We develop a relationship with each other which create within us a concern for existence and fertility. We do not and cannot live in isolation. The most essential condition for life itself, for its fulfilment and continuance is the realization that sex is the vital motivation for our existence on earth. Nature is never spent and with every birth we feel a freshness deep down things. We must attach ourselves to this freshness in order to feel a responsibility and personal awareness for a sense of morality to do good to the world and to all fellow beings. The physical factors in life, continuity and growth, the struggle for survival, the satisfaction of basic drives have an element in them which tend to make a man a social being because these factors find their solutions only when a man is placed in relation to another man. The role of social or cultural values is a major determinant of human action in this world. A man's identity and his behavioral pattern is a total one encompassing all his activities, social, political, cultural and spiritual.

Anthropology plays an important part in determining a man's identity and his role as a creative animal and his emergence as a meaningful personality. It investigates our social knowledge—the knowledge needed for the establishing of harmonious relationships among people. Since we do not have direct access to the inner experiences of other people, anthropology helps us in obtaining indirect access to the inner experiences through analysis of socio-cultural behavior of human beings.

To study man in his social and family circumstances and to investigate his behavior in relation to woman are important anthropological studies where sex plays a very dominant role. This investigation leads us to the acquisition of certain insights, certain types of knowledge for measuring the facts of life. We can use this measurement for a determination to control our family size and to design population growth. There is nothing mysterious about this or elusive and inestimable.

"Life Stages, Gender and Fertility in Bangladesh" by K. M. Ashraful Aziz and Clarence Maloney is an interesting and helpful work on sex socialization. The authors, by proper application of their scientific knowledge, have enabled us to identify the various life stages of an individual in Bangladeshi culture. They have successfully described the psychological development and gender role expectations in the different life stages and have related these 'to sexual and reproductive behavior.' And on the basis of their findings they have suggested 'implication for policy.' In view of the fact that there is virtually no work in Bangladesh on stages of life and sex socialization, the present study must be treated as a pioneering study where the authors have furnished the means for a proper population education which could lead to decrease fertility and 'family life education which could lead

to better understanding of the self and mental health.' The authors have played the uniquely important role of scientists to diagnose the malaise of our society in certain circumstances. The problem they have discussed is that of adjustment of our citizen to a scientific society.

60/1 North Dhanmondi  
Dhaka 5, Bangladesh

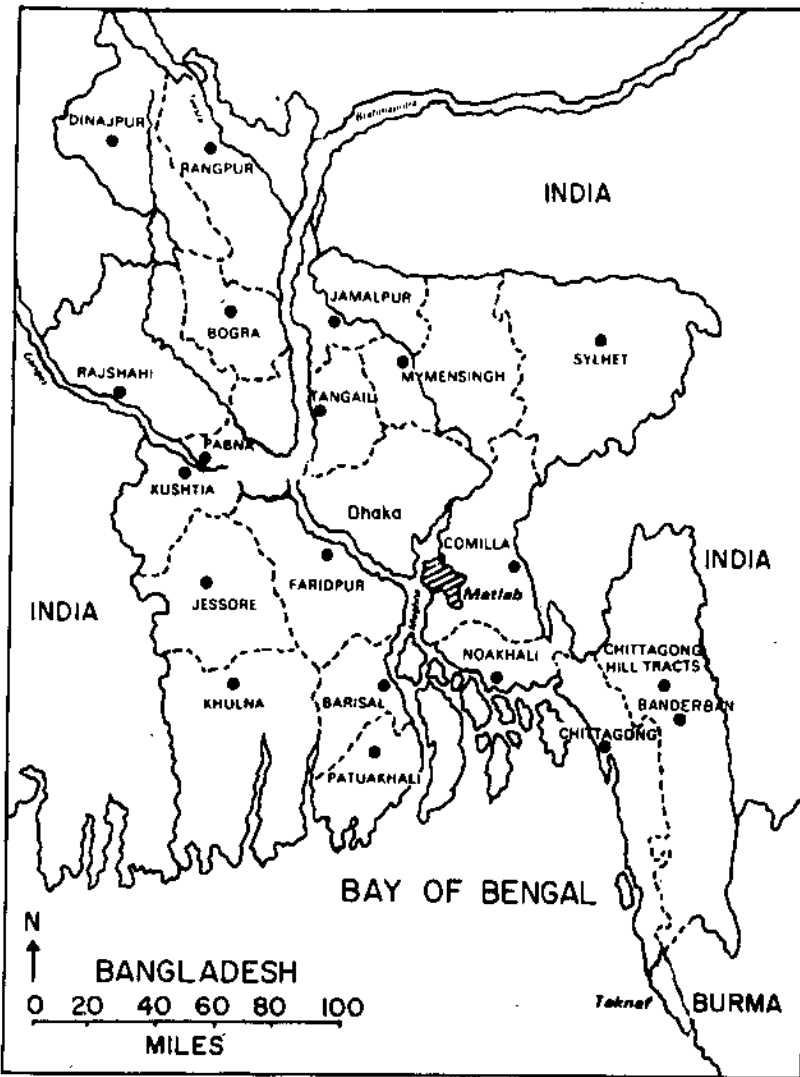
Syed Ali Ahsan  
Formerly Vice-Chancellor  
Rajshahi and Jahangir  
Nagar Universities and  
Ex-Minister of Education  
Government of the People's  
Republic of Bangladesh

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Key: ▨ study areas

Map of Bangladesh showing the Matlab study area

# INTRODUCTION

## Background

The principal idea of this book is to set forth scientific information as follows: to identify the various life stages of an individual in Bangladeshi culture, to describe the psychosexual development and gender role expectations in the different life stages, to relate these to sexual and reproductive behavior, and in addition, to suggest implications for policy.

There is virtually no existing work in Bangladesh on stages of life nor on sex socialization. Gender roles have been studied, but not from this perspective. Fertility and contraception have also not been studied from this perspective very much, though such work is necessary to balance and supplement the quantitative work of demographers.

In our previous work (Maloney, Aziz, and Sarker, 1981, *Beliefs and Fertility in Bangladesh*, also published by ICDDR,B), we examined a large number of ideas and beliefs about the human body, childbirth, sexuality, and reproduction. We have omitted many findings in this book which have been referred to in the earlier book. The present work lacks the quantitative data of the earlier book, but is based on more intensive data from life-histories and observations which appeared earlier in the Ph.D. dissertation (Institute of Bangladesh Studies, Rajshahi University, 1981) of the first author.

This work represents collaboration between two anthropologists. The first author collected the field data. Both the authors collaborated in writing, organization, and in theoretical perspective.

Most of the original field data in this book was gathered by the first author in the course of research connected with the ICDDR,B field station in Matlab Thānā, Comilla District, in 1978. Earlier, he had lived in Matlab for 10 years, responsible for setting up and supervising the vital statistics registration system of the Cholera Research Laboratory, now International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B). Because of this long contact, he is viewed by many persons in the study area as a fictive kin, and is spoken to with appropriate kin terms. Therefore he had free entry into many homesteads and courtyards where he could make observations on daily life. So he was able to get the confidence of many persons to record their life-histories concentrating on sensitive subjects.

## Method and Sample

The approach is one of anthropological holism, though what appears in this book is limited to the subjects at hand. Studies on such subjects can be done best by in-depth

discussions and keen observation. Anthropological studies of this sort are needed to complement the demographic studies, which are usually done by questionnaire survey method. Such questionnaire studies are continually being undertaken in Bangladesh. But few of them go beyond the obvious in attempting to explain the relations among the variables from the perspective of cultural and psychological features, or in suggesting new lines of enquiry which should be pursued.

This work should not be seen, however, as having the objective only of utility in the population control effort; it aims to throw open new sorts of areas such as sexual and gender role socialization, the individual maturation process, and sex knowledge, which may have different kinds of policy implications, besides being of academic interest.

The main study method is use of topical life-histories of 65 male and female respondents. The respondents selected were limited as follows. They were all Muslims. They all came from an area comprising 5 contiguous villages in Matlab Thānā. The females selected were women in the peak of childbearing age, 20 to 29 years. The men selected were 30 to 39 years of age, which is equivalent to the age of the women respondents' husbands. The selection was limited to females currently married, and to males once married. Other family or demographic characteristics of respondents were random.

The respondents were from rural households and depended mainly on agricultural holdings or agricultural labor for their living. The respondents were grouped into socio-economic classes as follows, according to economic assets, education, and the perception of their social position and role in their communities:

Socio-economic class	Males	Females
High	9	10
Middle	11	11
Low	12	12
	Total: 32	33

(This break-down, by sex and class, is shown after each of the consolidated quotes or semi-quotes throughout this book, showing the number who expressed the idea.)

A further factor in selection of the respondents was that they had to be willing to undergo the life-history interviews, and had to be capable of sufficiently articulate expression, which might have caused some unavoidable bias in the sample.

The interviews with the males were conducted by the first author of this book. A trained female assistant with background of social science and fieldwork conducted the interviews with females. It would not have been permissible for a male to discuss such topics with female informants according to the prevailing cultural norms in the study area.

A method designated as the "augmented topical life-history" was developed consisting of the following 4 approaches: 1) the respondent's own life-history narration, emphasizing especially his/her sex socialization process, in unstructured interviews up to a maximum of 7 sessions covering a total interview time of 14 hours per respondent; 2) life-history data gathered about the respondent by interviewing other persons, by listening to remarks made



about him by others, and by examining available documented evidence; 3) observations of the respondent's behavior and roles related to the topic of investigation; and 4) noting the verbal communication concerning the topic which the respondent carried on within his family and peer groups.

In an interview, the respondent was encouraged to narrate his/her life-history in his own words, but focusing especially on the topic of investigation. Further, a list of topics was used as appropriate to ensure intensive investigation and topical coverage, and probing was done as seemed appropriate. The role of the interviewer was mainly to present himself/herself as a good listener. Through this interviewing, it was possible to assess the respondent's fears, anxieties, hopes, and aspirations centering on the topic. The interviewer showed continued interest throughout the interview to encourage flow of ideas, but the interviewer refrained from including personal views or showing reactions of approval or disapproval, and aimed to maintain a conversational tone and relaxed stance. Each respondent was encouraged to make all the points he desired on each sub-topic of conversation, guided by the open-ended questions to ensure comparability and validity. The interviewers took notes in the presence of the respondents.

During and following the interview phase, relevant observations were made by both the male and female interviewers as participant observers at working visits to different homes in the study area. Certain responses of the respondents were checked by observation and by discussions with other knowledgeable people. When feasible, documentary evidence was consulted. Every respondent was observed and listened to in his communication within his own household and family. Further, other relevant behavior was observed within the neighborhood and in open areas within the study area, in the course of daily activities.

Apart from direct information collected in this way, some clues to the respondent's attitudes and feelings about the topic were sought. The verbal content of the interview described the feelings of the individual in different circumstances, but his attitudes to the different ideas were also expressed in his prevailing mood and demeanor. The investigators were interested to observe the varieties of moods that the respondent could experience, and the intensity of his mood changes.

### **Sensitivity of the Topic**

In Bengali culture sex is a private area; sexual feelings usually remain unknown as they are neither expressed nor discussed with others other than intimate long-time associates belonging to the same sex and age group. The culture does not prescribe any specific ways by which a person can deal with his sexual maturation, drives, and problems of his sexual behavior. The individual feels his way into this domain of life as he can, with a little help from grandparents or perhaps during adolescence with help from peers, and from observations. Considering the reluctance to talk about sex in any environment except the peer group setting, any type of enquiry into such matters as personal sexual experience and feelings is a challenging task, and among some conservative rural Muslims seems almost an impossibility. This is one reason this type of research has not been undertaken before.

However, the first author developed the confidence to undertake this research during his years of work in the study area, and the second felt it would be possible based on his previous research in India. In our previous work, *Beliefs and Fertility in Bangladesh*, the

investigators asked many questions about private beliefs and practices, and they found it easier to discuss these subjects than they had expected, considering the reticence of the educated middle class investigators. Many rural people are more frank than people of the urban middle class, but at the same time those rural people who claim respectable status and an image of piety do not discuss these subjects much. Many topics investigated for this book are more sensitive than those in our previous book. Confidence that the work could be done was also drawn from the many works on such topics based on life-histories or intensive discussions with respondents in other parts of South Asia. In this study, each respondent was assured that information provided would not be passed on to anyone else and would not be noted in the research with any personal identification; even village identity is withheld.

In two instances our interview procedure led to potential trouble. Our female interviewer, on two occasions while talking with female respondents, was interrupted by their respective husbands, who threatened them with the possibility of immediate divorce. In both cases the husbands suspected that the interviewer was trying to convince the wives not to bear any more babies. The first author was nearby in both cases, and the interviewing was immediately discontinued, but we discussed with the husbands. In both cases, after some discussion, the husbands allowed us to continue interviewing their wives. But if discussions with the husbands had failed in either case there might have been serious consequences for the continuation of the study in the field.

### Topical Life-Histories

Many anthropologists have conducted work using the topical life-history method, particularly for culture and personality studies, or national character studies, of which many were undertaken some decades ago. Dollard (1935:8-9) emphasized the criteria of: role of family and kin in transmitting culture; continuity of experiences from childhood through adulthood; and the specific social situation of the respondent.

Clyde Kluckhohn's (1945) *The Personal Document in Anthropological Science* is derived partly from his experience with this method working with Amerinds. Langness (1965) in *The Life History in Anthropological Science* systematically analyzes experience with this method. Other authors who used the method include Ford (1941), Simmons (1942), DuBois (1944), Kardiner (1945), Honigsmann (1949), Mandelbaum (1973), and Plath (1980). Oscar Lewis (1959 and 1961) presented case studies of poor families in Mexico, with an inside view of family life in slum tenements, patterns of family interaction, and the individual integration into the family, with abundant quotations of what the people actually said. Langness and Frank (1981) have discussed this method as an anthropological approach to biography, emphasizing its literary character. Despite difficulty of using the method in a scientific endeavor, anthropology works continue to appear in this form (Crapanzano 1984).

These works rely largely on personal verbal data for anthropological analysis. The main objective is to secure a record of personal experience of the individual over time, as regards his development, integration with family and community, and perception of the world. As Plath (1980:223) noted, "Probably all of us have closets of selfhood we never open to others. The aim here is not to try to account for all such aspects of the person, but

to deal with those core images of self that hold together a person's portfolio or identities." The method allows presentation of how individuals are socialized as members of their family and community, and how the inner self and the outside interact in different life stages. But the drawback of the method (Crapanzano 1984) is that it is narrative out of context. The narrator can seldom analyze all the steps in decision-making in the past even for himself, much less communicate them to someone else. The anthropologist has to beware that the narrative might be a conventionalized gloss on social reality.

In South Asia a number of anthropologists or social scientists have used life-history or extended topical interviewing techniques, and the results have been among the most significant works on South Asia's society and culture. Margaret Cormack (1953) wrote *The Hindu Women*, a study of the interiorization of the ideals of womanhood of 10 Hindu girls. Carstairs (1957) collected 45 life-histories from Brāhmins, Rājputs, and Baniyās to identify the effect of socio-cultural factors on personality formation; his perspective was both from psychiatry and anthropology, and he used the Rorschach technique for corroboration of his analysis. He collected considerable information on ideas about sexuality, and showed that major changes were taking place in local traditional values.

Steed (1961) did a study of one adult individual and referred to her method as "augmented life-history." It consisted of 25 sessions of unstructured interviews, biographical data gathered from other persons, observations of his behavior, projective tests (Rorschach, thematic appreciation test, Horn-Hellensberg, color association, and drawing of a man, woman and child). She used spontaneous free drawing and colors, and further structured and unstructured interviews to ascertain ideology, evaluations, and interpretations of institutional affairs. These methods were especially helpful in identifying conflicts arising between outer or social demands, and compelling inner demands, impulses, and desires.

Singer (1972) conducted extended interviews with prominent businessmen in Indian cities to ascertain the conflict and resolution of traditional and newer values and concluded that they resolve this by compartmentalizing their lives.

Rama Mehta conducted two studies, *The Western Educated Hindu Woman* (1970) and *The Divorced Hindu Woman* (1975), in each of which he interviewed and tape-recorded responses of 50 respondents. Promilla Kapur (1972) presented 72 detailed case histories of Indian working women selected from maritally well-adjusted and maritally maladjusted categories, and analyzed their psychological and social aspects. Poffenberger (1975, 1976) conducted studies in western India in family, youth, and fertility, using mainly in-depth interviews and observations.

Hughes (1974) in his book *Eskimo Boyhood: An Autobiography in Psychological Perspective* principally portrayed the life of one individual in the form of an autobiography written by a Eskimo young man in his early twenties, who tells of his life up to the middle years of his youth.

Rudolph and Rudolph (1976) presented a study of one individual based on historical records only, principally his diary, covering his late adolescence and early married years and his ideas about marriage.

Promilla Kapur (1978) in *The Life and World of Call-Girls in India* presented 17 life-histories, selected from 150 she collected through repeated informal interviews. The material was collected and presented in biographical form, and emphasized experiences of

childhood and adolescence leading to present life style, and attitudes about the present and future. A different approach widely read in India is that of Kamala Das (1978) who wrote an autobiography of her own experiences with sex. The high demand for this book indicates that many people lack sexual information which they desire to have. Mines (1981) published a study of interviews with 23 Indians set against a background of 2 1/2 years of anthropological study.

The studies dealing with one or a very few individuals are extremely interesting from the viewpoint of psychology or psychiatry, showing the individual's response to change, society, and cultural norms. But they do not show patterns which can be obtained from comparing a number of life-histories. As Mines points out, they cannot be used to state generalizable patterns of individual development. Therefore, in our work, we have used 65 informants, enough to group by sex as well as 3 socio-economic classes, on the basis of which many generalizations can validly be made.

### Format of the Book

Chapters 1 through 4 deal with life stages or the life plan in Bangladeshi culture, particularly concerning gender roles, sex socialization, and reproduction.

Chapters 5 and 6 deal with sexual behavior in different life stages.

Chapters 7 through 11 deal with fertility from this perspective.

A voluminous amount of data was gathered from the 65 respondents, which has been presented in the following way. Quotations on various subjects were collated and condensed. They appear in this book as direct quotations, or are consolidated as paraphrases or semi-quotes. The objective is to show to what extent each idea quoted is representative or can be the basis for generalization. Therefore, after each quotation or paraphrasing, the categories of respondents stating the idea are shown. For example, after a quote:

(M:3,5,2; F:4,1,6) means:

Males: 3 from high socio-economic class  
5 from middle socio-economic class  
2 from low socio-economic class

Females: 4 from high socio-economic class  
1 from middle socio-economic class  
6 from low socio-economic class

The extent to which the idea expressed in each quote can be generalized is therefore refined.

In the latter chapters of the book, relevant information from this study is drawn together for possible policy use in the areas of population education, sex education, and fertility control.

## CHAPTER 1

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# STAGES OF LIFE

### The Life Cycle and Culture

In traditional peasant cultures the recognized life stages can be identified by the vocabulary as well as by the rituals dividing them and by differing behavior expectations in the various stages. While the ancient philosophies of many countries deal with stages of life, what is new in the scientific discussion of life stages in literature by such observers as Freud, Erikson, or Kakar, is their intensity of systematic observation, their concentration on individuals and clinical evidence, and to some extent their cross-cultural perspective.

Few people in ancient times asked whether the developmental stages of the individual are different in different cultural areas; they tended to assume that their philosophies had universal validity. Even the psychiatrists who pioneered the development in Europe of their field in the 19th and early 20th century tended to be bound by their European culture, in contrast with the cross-cultural personality and psychiatric studies in vogue today. Now a days through the process of world cultural homogenization many traditional distinctions of life stages, such as rituals of passages and different economic activities, are fading. But the stages are often retained in the language and in behavior expectations.

The world view of peasant peoples usually incorporates contrasting similes of life "cycle" and "stream." The cycle implies appropriateness of behavior and qualities in sequence in the life of the individual. The stream implies appropriateness of behavior and qualities in contrasting but parallel human groups whose identity is derived from heredity and ascribed cultural attributes, and which flow on irrespective of the individuals. Both have their places in peasant or ancient civilizational philosophies.

In the classical literature of South Asia the cycle is represented in the concept of *āśrama-dharma*, or the ideal of life stages, in which one's *dharma* or right action, varies according to the stage of life. The stream is represented by the concepts of *jāti* (hereditary group; caste) and *vamsa* (Bengali *bangśa*, lineage) in which one's *dharma* or expected behavior is defined according to his group. The Dharmaśāstras, the ancient Sanskrit texts on law and the social order, take it for granted that behavioral expectations, as well as rewards and punishment, are different for people in different life stages and for people of different *jātis*.

When we look at the life cycle cross-culturally, we find that only conception, birth, and death are universally recognized. Puberty and marriage are commonly recognized, but not universal markers. All other stages or steps are fixed by the culture, and the stages are

usually named by the language of the culture. The named stages are usually meaningful in terms of differing behavioral expectations, but these are arbitrarily fixed by the cultural system.

A simile is the cycle of the year. In Bengali the year has 6 named seasons, each lasting for 2 months. But in English the year has 4 named seasons each lasting for 3 months. In both, the seasons have clearly distinct characteristics recognized throughout the cultural system, and both systems claim to be based on climatic or natural change, but in fact the definitions are largely a matter of cultural tradition. Another simile is the continuum of the color spectrum. The spectrum contains as many colors as there are words for colors, or concepts of colors, in a particular language. Some languages have concepts only for black and white and 2 or 3 other colors, whereas some have a large number. Anthropological studies show that perception of where one color ends and another begins is a matter of perceptual categories inherent in the language. In some languages blue and green, or black and gray, are referred to with the same word, which is not just a matter of cultural simplicity or complexity, but of perceived categories. So it is with the continuum of the human life.

In many West Africa societies, the main principle of social organization is "age-grades," in which a person goes through a series of steps through life which determine how he should behave, his expected activities and power, and his reproductive pattern. Another approach to stages of life is the family life cycle (Atchley, in Roberts 1978:177), which includes marriage, birth of first and last child, marriage or independence of first and last child, birth of first grandchild, death of first spouse, and death of second spouse. This is a satisfactory approach only if such family cycle events are widely common, as they are not among many urban people in Western countries. In many Western countries stages of life tend to be defined now by the stages of the educational system followed by stages of work or career. In most peasant societies the accepted stages of life are closely linked with expectations about sexual behavior and reproduction, and this is the case in Bangladesh. A further feature in Bangladesh is that the expected behaviors in different stages for males and females are highly contrastive, and from childhood they are socialized for gender roles which have very little overlap.

### The Life Cycle in Bangladesh and India

According to our observations in field research, we may list 9 recognized stages of life in Bengali. The years given in the list below should not be taken to be very exact. For example, there might be variation of a year or 2, or even 3, as to when a particular child leaves the *śiśu* stage and enters the *bālak* stage. And it is often a person's behavior rather than chronological age that determines when he enters the last two stages defined below:

<i>śiśukāl</i>	0 - 5 baby and pre-school child
<i>bālyakāl</i>	6 - 10 school age
<i>kaiśorer prārambha</i>	11 - 12 pre-adolescent (especially females)
<i>kaiśor</i>	13 - 15 early adolescent
<i>nabajauban</i>	16 - 20 late adolescent, youth (especially males)
<i>pūrṇa jauban</i>	21 - 40 adult; young man or woman

*madhyamkāl*

*briddhakāl*

*marañkāl, or acal*

41 - 55 middle age

55+ old age

-senility, point near death



6-10 years old: school age children



11-12 years old: pre-adolescent female



13-15 years old: early adolescent female





16-20 years old: late adolescent, youth (females)



21-40 years old: adult young women. The woman seen on the extreme left has not borne any child. Others in the row are holding their youngest child on the lap



41-55 years old: women of middle age

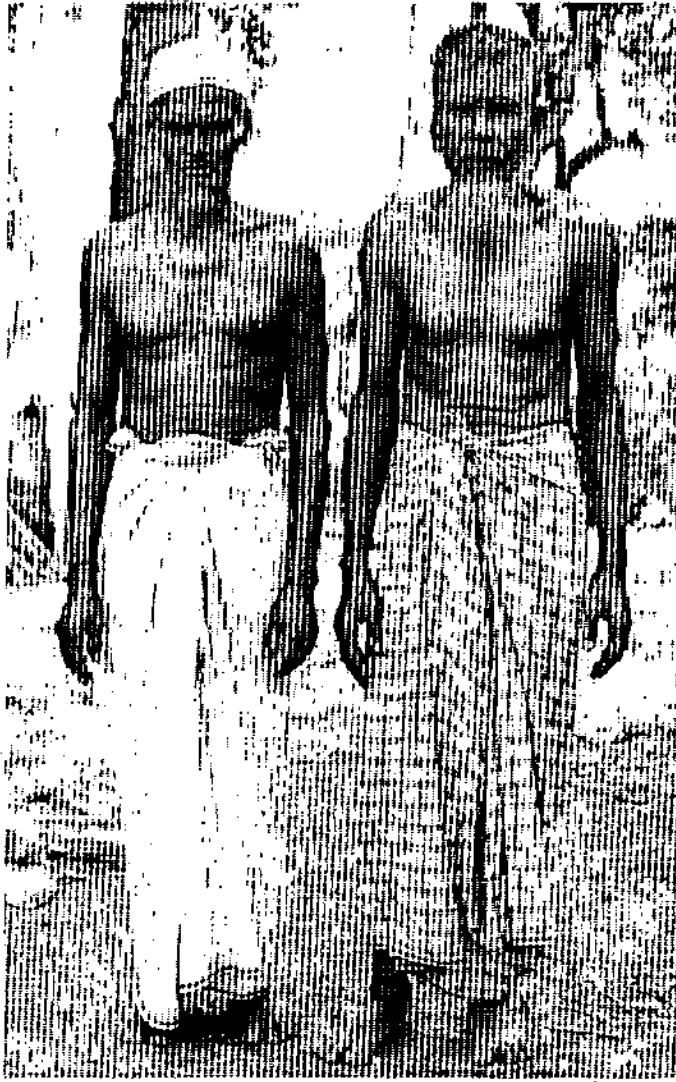
Details of these stages will be discussed in the following 3 chapters. There are not many rituals of passage between these stages compared with those in some cultures, but there are some, as we shall show.

By way of comparison, we show (Figure 1) the life cycle in 2 other South Asia linguistic-cultural areas: Kannaḍa (Karnāṭaka State) and Tamil (Tamiḷ Nāḍu). Both are areas of Dravidian type language in South India, so one would think that the perceived categories of the life cycle might be the same in both, but that is not the case. There are similarities, but Kannaḍa has been influenced by Marāṭhī and also by North Indian cultural and linguistic elements much more than Tamil, hence the difference.



55 + years old: women of old age

In Kannada, *magu* is equivalent to Bengali and Hindi *śiśu*, but an additional stage of *kai magu*, hand-held baby, is identified, and the North Indian word *bālya* for a male is also used for the pre-school age. The terms *huḍuga*, *huḍugi*, are used like the English terms boy, and girl, for any age from beginning of school to the 20s. A cultural feature of South India not found in Bengal is the public ceremony at the first menstruation of a girl, which marks the transition in Kannada from *beleyuva huḍagi* to *beleda huḍagi*. But an interesting parallel with the Bengali scheme is identification of a two-year or so phase between childhood and puberty, especially for a girl, during which she learns to behave no longer as a girl mixing with boys, but she learns to take up the decorum and skills expected of an



55 + years old: men of old age

adolescent girl. In Kannada the distinction among young sexually mature persons is not so much age, as those who are married and those who are not, and this is clear in the terminology. The last 3 stages of life identified in Kannada are similar to those in Bengali, though middle age, *muduka*, *muduki*, implies that one has grandchildren. The terms *tāṭā* and *ajji* mean grandfather, grandmother, mostly used by youngsters. The final stage implies incapacity or senility.

In Tamil, the stages are a little different, though that language is rather closely related to Kannada. Here the hand-held baby, *kai kuṭantai*, implies one that is breastfed, and



*Acal or maraṅkāl* (point near death)

*kuḷantai*, meaning baby, is used up to the talking stage, say age 2 or 3, and not up to school age as are the equivalent terms in Kannaḍa and Bengali. From the time a boy runs around he is called *paiyan*. There is no exactly equivalent term for a girl of that age; she is called *pillai* which in fact means child, or perhaps *peṇ*, which means female in general. It is similarly interesting that in most of these languages the Indo-Āryan term *bāla* is used for a small boy but there is no equivalent term for a small girl. In Tamil, there is no distinct pre-adolescent stage as occurs in Kannaḍa and Bengali. A boy showing signs such as voice change or mustache is called *vālipan*, and the term implies strength. Here again, there is no

Figure 1

Scheme of Life Stages  
The Bengali scheme is taken to be the standard for this comparison

Erikson's Scheme	Characteristics	Bengali Scheme	English equivalent	Age	Kannada Scheme	Tamil Scheme	Āśrama Scheme
Oral-sensory	Basic trust v. Mistrust	<i>śiśukāl</i> Stage of non-reason ( <i>abābh</i> ); treated tolerantly; mother's care; plays with children of both sexes	Infancy and early childhood	0-5	<i>kai magu; magu</i> "hand-held" infant	<i>kai kulantai</i> "hand-held" infant	(not explicitly considered) Formation of capacity to understand <i>dharma</i>
Muscular-anal	Autonomy v. Shame, doubt				<i>magu; bālyā</i> early childhood	<i>Kulantai</i>	
Locomotor-genital	Initiative v. Guilt					<i>paiyan</i> (M) <i>pillai</i> (F, M), <i>peṇ</i> (F)	
Latency	Industry v. Inferiority	<i>bālyakāl</i> Stage of partial reason ( <i>poṭāpān</i> ) begins; work or school begins; casual contact with other sex; learns of sex and gender roles	School age	6-10	<i>huḍuga</i> (M) <i>huḍugi</i> (F)		<i>brahmachārya</i> Student; apprentice; knowledge of <i>dharma</i> ; learning competence and fidelity
		<i>kaiśoreṇ prārambha</i> Budding females especially learn gender roles	Pre-adolescence (esp. females)	11-12	<i>beleyuva huḍugi</i> (F) Pre-adolescent girl		
Puberty and Adolescence	Identity v. Role confusion	<i>kaiśor</i> Gender roles to be followed; sex learned from peers	Early adolescence	13-15	<i>beleda huḍuga</i> (M) <i>beleda huḍugi</i> (F) Early adolescent	<i>vālipān</i> (M) From voice change <i>vālipa peṇ</i> (F) From menstruation	
		<i>nabajauban</i> Parental pressure for responsibility on males; girls marry; casual contact with opposite sex prohibited	Late adolescence; youth (especially males)	16-20	<i>vayasu huḍuga</i> (M), unmarried <i>vayasu huḍugi</i> (F), unmarried <i>gandassu</i> (M), married <i>hengassu</i> (F), married	<i>ā</i> (M) <i>ahmā</i> (F)	<i>gṛhasthaya</i> Householder; practice of <i>dharma</i> ; love and care
Young adulthood	Intimacy v. Isolation	<i>pūrṇa jāuban</i> Work or profession, and family; casual contact with opposite sex prohibited	Adulthood, young adulthood	21-40		<i>naḍutaru vyaṭu</i> Middle age	
Adulthood	Generativity v. Stagnation	<i>madhyamakāl</i> Respect and authority; marriage of children; procreation less appropriate	Mature adulthood	41-55	<i>muduka</i> (M) <i>muduki</i> (F) Mature adult		
		<i>briddhakāl</i> Role of elder; has grandchildren; may become dependent; religious devotion deepens; procreation inappropriate	Elder, old age	55+	<i>tātā</i> (M) <i>ajji</i> (F) grandparent	<i>kilavan, tātā</i> (M) <i>kilavi, pāṭṭi</i> (F) Old age; grandparent	<i>vānaprastha</i> Withdrawal; teaching of <i>dharma</i>
Maturity	Ego-integrity v. Despair	<i>marāṅkāl, acal</i> Complete dependence on others; waits for death; no interest in sex or reproduction	Disability	—	<i>arāṇu marāṇu</i> Senility	<i>mutur vyaṭu</i> very aged	<i>sannyāsa</i> Renunciation; realization of <i>dharma</i> ; wisdom

corresponding term for a girl, but people can say *vālipa peṇ*, meaning female youth. Another gender distinction is that for a boy *vālipan* is used from puberty through the 20s, whereas *vālipa peṇ* for a girl is used exactly for that phase between first menstruation (marked by an important ceremony) and marriage. After marriage she is called *amma*. A male functioning as a responsible adult is called *āḷ*, regardless of marital state. Then comes middle age, *naḍutara vayatu*, when one usually has big children, and this is a little different from the equivalent Kannaḍa and Bengali terms which imply the age of having grandchildren. The last two stages of life in Tamil are similar to those in Kannaḍa and Bengali.

In Figure 1 all the schemes are related to the time framework of the Bengali life cycle, which is discussed in detail in subsequent chapter of this book.

### The Āśrama Scheme and Kāma

The so-called āśrama scheme of life stages given in the ancient Sanskrit texts is a theoretical ideal, developed particularly for males of higher castes. Nevertheless, it summarizes most of the ancient Hindu philosophy of life, and its residue can be seen in the life stages identified today in the various modern languages of South Asia.

The term *āśrama* means a resting or halting place, as in a journey, and is the negative of the term *śrama*, meaning exertion. The highest objective in this life is to realize *dharma*. In the *Mahābhārata*, Kṛṣṇa advises Arjuna that "Dharma is so called because it protects all; dharma preserves all that is created; dharma then surely is that principle which is capable of preserving the universe" (Prabhu 1963:79). The 4 stages of life in this scheme may be summarized as: learning dharma, practicing dharma, teaching dharma, and realizing dharma.

Each person's dharma is determined by 4 broad factors, according to the *śāstras*, or ancient scientific treatises: (1) *deśa*, meaning place or region; (2) *kāla*, time or historical backdrop; (3) *śrama*, one's efforts within his environment, and (4) *guṇa*, the natural traits or psychobiological equipment. Each person's dharma is unique, and is developed over his life stages; one's dharma can become *adharmā* in times and places.

The fact that the classical theorists identified 4 stages of life is probably on analogy with the 4 classical aims of life: *dharma* (righteousness), *artha* (world affairs), *kāma* (love and beauty) and *moksha* (release). Some early literature refers to only the first 3. Some early Sanskrit works also refer to only 3 stages of life: student, householder, and recluse (Prabhu 1963:83-4). In the *Kāmasūtra*, Vātsyāyana has a special view of life, from the perspective of love and emotions; he says that the natural life span is 100 years, divided into 3 parts: 1) *bālyā* or childhood when one's aim is *vidyā*, or knowledge; 2) *yauvana* or youth when one's aim is *kāma*, and 3) *sthāvira* or old age when one's aims are *dharma* and *moksha*. He is also flexible about it, adding that life is uncertain and the aims may be pursued as they come. The last stage of the *āśrama* scheme, that of *sannyāsīn* when one gives up all worldly interests and contacts, is on analogy with *moksha*, or release, the last of the legitimate aims of life, and both may have been added to the original 3-fold schemes. Vyāsa in the *Mahābhārata* says that the 4 āśramas form a ladder of 4 steps to reach the region of Brahma.

The first *āśrama*, *brahmacārya* (Bengali: *brahmacārjya*), is the stage in which a boy (of the higher castes, of course) would go to live with his teacher (*guru*) and start his education. He would surrender himself to moulding by the *guru* to development of his sense, mind, and intellect, and being devoted to learning, he would make the 'sacrifice of devotion to learning' (*jnāna-yajna*). He might remain in training just a couple of years, or into his 20s.

It was assumed that at the student stage one would be continent. The term *brahmacārya* in modern Indian languages is now taken to mean continence. The student was to be educated for personality development and socialization as well as for intellect, but the ideal of education seems to have contained little that was joyful and nothing sensuous. The student was not to think of what he could have, but what he could do without, such as meat, umbrella, or shoes. He should avoid dance, music, gossip, and gambling, and speak truth. He was to be modest and vow not talk with women more than was essential. Classical education for the child gave no grounding for the joys and pleasure of life, for these, idealized as *kāma*, were qualities of the next *āśrama*, Kautilya in the *Arthaśāstra* says the purpose of education is to control the sense organs; he says the prince student should be celibate till he is 16 and sleep alone. And Manu says that a student should "never waste his manhood; for he who voluntarily emits his manhood breaks his vow" (Prabhu 1963:130-1). The objective of education in this respect was self-control rather than imposed control.

The second *āśrama*, *gṛhasthaya*, is one of household responsibilities and worldly affairs. It is the time for *kāma* and *dharma* (though the *Kāmasūtra* scheme emphasizes *kāma* and defers *dharma* till the next stage of life). It is time for work, earning, and gifts (*dāna*) for the support of elders, wife, children, family (*kula*), and strangers, and payment of social debts (*ṛiṇa*). The ancient Indian accommodation of both extremes of eroticism and devotionism was possible because both were legitimate aims of life in their time and place. *Kāma*, or love and aesthetics, had a large place in the *gṛhasthaya* stage, and the science or art of love was written up by a number of ancient Indian authors, not only in Sanskrit but in the regional languages of India. These works never discuss the sex socialization of children or sexuality among the middle aged, but deal explicitly with sexual practices and aesthetics of young adulthood.

The third *āśrama*, *vanaprastha*, is one of retirement. The term implies forest-living. A man can take his wife into retirement, but the main aim of life in this stage is spiritual. One should study the scriptures, make sacrifices, and perhaps teach. Sexual activity or procreation at this stage is not considered appropriate, and indeed, practice of continence has been widely believed to lead to enhanced mental and spiritual powers.

The fourth *āśrama* is that of *sannyāsin*, a wandering ascetic. A man should now have no possessions, and would even leave his wife. He would seek personal realization of *dharma* in preparation for death or the final transcendence. This stage and the previous stage have some overlap, as the texts recognize, but the ideal was set high, and only a few could claim to proceed through all these four stages in the prescribed manner.

These stages are often interpreted to apply essentially to males, and in the latter texts this may have been the intent. But Prabhu (1963:137-42) has collected numerous references in several texts showing that girls and women were educated. In early times girls used to also go through initiation and enter *brahmacārya*, but they would study under their father's brother or some such person to preserve their reputation. Examples can be found in the



literature of girls studying with boys, and of women teaching, saying *mantras*, offering oblations, studying philosophy and religion, studying the 64 arts, writing love letters, becoming *paṇḍita*, giving learned discourses, and judging in debates. Several women authors are well known in Sanskrit and in the regional languages. Manu and Yajñavalkya expect every housewife to keep family accounts. A woman's role in *grhasthaya* stage is very different from that of a man, but not less important, as is seen in our next chapter, concerning the role of a mother in child socialization. A woman could pass through the last two *āśramas* also.

An interesting parallel between this scheme and the other Indian schemes (shown in Figure 1) is that continence is expected in adolescence, an exuberant sexuality is acceptable in young adulthood, and decline of sexual activity is expected in middle age considerably before the biological tendency for it, for males and females. We shall see in the course of this work that this is characteristic of the Bengali life cycle also. Despite the sexual repression in the student or adolescent stage, the importance of the libido is recognized. Control of the libido is thought to result in enhanced intellectual and mental abilities, and is advised for the student stage and middle age. Long before Freud, it was thought in South Asia that the force of libido could be controlled and diverted to other creativity which causes civilizational achievement. But the pervading presence of libido in the householder stage is also recognized as important in other activities, for Manu stated (Prabhu 1963:127) that "Not a single act here below appears to have been done by a man free from *kāma*; for whatever he does it is the result of the prompting of *kāma*."

### Bengali Muslim Life Stages

Islamic philosophy presents a scheme of life stages in eternal scope:

- 1) *ruh* (soul) or *ruher kāl* (stage of the soul). This is the beginning stage of life outside the womb. Once the soul is given its place in the womb its external existence comes to an end.
- 2) *garbha kāl* (stage of the womb). This implies the development of embryo in the womb (cp: *Sūrā Al-Hajj* verse 5: trans. Maodudi 1982:512). Verses from the Qur-ān contain accurate description of stage by stage development of human embryo, something which was proposed by western experts in only 1940 and most of which has been proved only in the past decade and a half ( Indian Express, December 10, 1984).
- 3) *sr̥ṣṭa jagater kāl* (stage of the created world ). This is the stage between birth and death, when one lives in the created world. According to *sūrā III The Family of Imrān*, "The life of this world is but comfort of illusion" (trans. Pickthall 1953:77).
- 4) *kabarer kāl* or stage of the grave (Arabic: *ālame barzhākh*). In this stage one waits for resurrection.
- 5) *hāsar* (assembly for judgment). Following resurrection according to the individual deeds in the world the creator will pronounce judgment in *hāsar*. Before rising of all the dead on the Last Day (*Qiyāmat*) a trumpet (*siṅgā*) will be blown.
- 6) *pulserāt*. This is a bridge thinner than a hair and sharper than a sword situated over hell. Following the pronouncement of judgment in *hāsar* irrespective of the award of heaven or hell everybody will be asked to cross this bridge to reach heaven. Those

who are awarded hell will fail to cross this bridge and will fall down into the abyss of hell.

- 7) *behester kâl* (stage of heaven). This is eternal.
- 8) *dojakher kâl* (stage of hell). One who fails to cross the bridge to heaven enters this stage. Some will enter heaven after completing a stipulated time in hell, and some will remain in hell eternally.

Islamic scholars also perceive stages in the life time spent on this created world. These stages are also of a rather theoretical nature and pertain to Islamic ideals of training and duty:

- 1) Infancy and early childhood. This is 0 to 7 years. In Islamic tradition a child is under his parents, or mother's care, until age 7.
- 2) Childhood. This is 7 to 10 years. The child is now fit to receive training in prescribed religious practices, and the training is gentle. Training may also be given in worldly matters and in skills.
- 3) Later childhood and adolescence. This begins at about age 10, and the training may be more harsh. Further training may be given in worldly matters and in skills according to the choice of the individual.
- 4) Marriage. This occurs when the training is completed and the young person is ready biologically and economically for marriage.
- 5) Maturity. This begins about age 40, when it is possible for one to make a contribution to the welfare of society. This stage is sometimes thought analogous to that of prophethood (*nabuyat*) which the Prophet Muhammad (Peace be on him) achieved at the age of 40.
- 6) Fulfilment. This is achieved between 50 and 60, when Muslim parents develop a feeling of retirement and would like to spend the rest of their life in the created world devoting time and resources to the cause of Allah the Creator. It is said that Prophet Muhammad (peace be on him) once stated that the life span of his *ummat* (the human beings born in the span of his prophethood) will generally be between 60 and 70 years. Only a small number of people will cross the age of 70 years.

There is little in Islamic tradition differentiating different stages or characteristics of infancy and early childhood, except advocacy of breast-feeding and the mother's care. From the age of 7, in some Islamic tradition, the child falls more under the care of the father, and a boy learns religion and also skills from men.

The last three stages are parallel to *pūrñajauban*, *madhyamkâl*, and *briddhakâl* in the Bengali scheme. Clearly, these are more real stages of adulthood in South Asia than are Erikson's stages of adulthood. The new responsibility and sometimes the blossoming of the personality that comes in the 40s marks mature adulthood as a distinct stage of life. The religious fulfilment recommended for old age is well established in pre-Muslim and Muslim tradition in Bangladesh.

Heretofore no observers have crystallized their ideas on this subject as regards Bangladesh. This is partly because of the absence of much social science of the appropriate type in the country. But also it is because people are not accustomed to discussing matters of personal philosophy much. The individual makes his way through life's journey using his own strategies and resources, and cannot rely on a tightly structured hierarchy of social

system; all the networks are fluid. The same is true of one's resolution of religious identity and philosophy. Muslims have to make token affirmation of Islam, but beyond that one's strivings to anchor oneself in philosophy and values is a private matter that one works out himself from stage to stage through life.

### Classical Stages of Childhood and Rites of Passage

|| The fact that the classical *āśrama* scheme has no stages of childhood does not mean that childhood was neglected in practice or in theory in ancient South Asia. It was omitted in the *āśrama* scheme because it was an abstract one devised for didactic and spiritual purposes. On the contrary, childhood is given more prominence in South Asian traditional society than in European traditional society. This is clear when one compares the social attitudes toward childhood in England prior to this century, for example, with the attitudes toward childhood in Indian society as described by Kakar (1981) in *The Inner World: A Psycho-analytic Study of Childhood and Society in India*. Kakar also reviews the attitudes toward children in the classical literature by examining the *Laws of Manu* and other laws, *Āyurveda* and other medical texts, and the epics. In the *Mahābhārata* there are some 350 references to children.

The *Āyurvedic* medical texts have a scheme of stages of childhood (Kakar 1981:205) which indicates both the extent of ancient scientific observation and prevailing interest in the culture in childhood:

<i>garbha</i>	fetal period
<i>kshirda</i>	0—6 months, when infant lives on milk
<i>kshirannada</i>	6 months to 2 years till it is weaned
<i>bāla</i>	2—5 years
<i>kumāra</i>	5—16 years

The division into these stages is also affirmed in some of the recommended rituals. It is noteworthy that the fetal period is given prominence; these Sanskrit texts emphasize the fetal stage to an unusual extent compared with other cultures. Despite increasing medical knowledge today of the importance of the *garbha* state, European writers on life stages still usually begin their analysis with birth.

|| If we combine the *Āyurvedic* classification of childhood with the 4-stage *āśramadharmā* scheme, the result is something like the life stages shown for South India in Chart 1. The *kshirda* and *kshirannada* stages are like the Tamil *kai kuḷantai* and *kuḷantai* stages. But in Bengali babyhood and early childhood are not divided up, and the *śiśu* period extends to age 5 or 6, which marks the beginning of a child's formal training or participation in chores. All the South Asian languages shown in Chart 1, as well as Erikson's scheme, the *Āyurveda* scheme, and to some extent the *āśrama* scheme, accept a transition in the life of a child at about this age. *Āyurveda* calls it the *kumāra* stage and Bengalis call it the *bālya* stage.

Rites of passage from one stage of life to another have been compared by anthropologists the world over, and they inherently refer to the recognized life stages in the different societies. In classical South Asian literature, in the *Śāstras*, there are various lists and elaborations of recommended or idealized Hindu rites of passage, as follows (Prabhu

1963:219; Kakar 1981: 204,211):

1. *garbhādāna*, fetus-laying, ideally the first coitus of a married couple.
2. *pumsavana samskāra*, "male-making;" and to propitiate the gods, in the 3rd month of pregnancy, before movement is felt.
3. *jātakarma*, birth, when the father or another utters *mantras* for long life and intelligence, the infant is fed honey and *ghī*, the umbilical cord is cut, and it is nursed.
4. *nāmakaraṇa*, name-giving, 10 days or a month after birth; the mother may place the child on the father's lap for giving of the name and she may emerge from seclusion.
5. *nishkramaṇa*, in the 3rd or 4th month when the child is taken out and introduced to sun, moon, and the outside world.
6. *annaprāsana*, rice feeding, about the 6th month or up to one year, when the child is given its first solid food.
7. *cūḍākaraṇa*, first tonsure, at age 3 or so; the child's hair is cut before the goddess in the temple and he is dressed in new clothes; he is then ready for the process of socialization within the family.
8. *vidyārambha*, beginning of learning, age 5 to 7, when the child begins to learn to read and write.
9. *upanayana*, initiation, 8th to 12th year, when a male child of the 3 higher *varṇas* puts on the sacred thread and becomes "twice born." Thereafter he can study the Vedas. The boy eats with his mother for the last time; and this marks the end of childhood.
10. *sāvitrī*, soon after *upanayana* or within a few years at least.
11. *samāvartana*, return of the student home after completing studies.
12. *vivāha*, marriage.
13. *antyeshti*, funeral.

This list represents more theory than practice, but nevertheless it shows certain concepts of stages of life. For example, *jātakarma*, birth, is not the beginning of life, but a rite of passage within life, as is the name-giving ceremony. Generally, the *kshirannada* stage of the Ayurvedic scheme presented above is ended with the first rice feeding, the *bāla* stage is ended with a ceremony for the beginning of learning, and the *kumāra* stage is ended by initiation which marks the end of childhood. The only rites of passage in adulthood are marriage and funeral. Thus, the apparent neglect of childhood in the *āśrama* system does not represent neglect of childhood in the society; rather, among cultures, in ancient South Asia an unusual amount of attention was paid to the development and socialization of the child.

This ritualism could never be practiced by the majority of the population; it is too expensive, requires leisure time, and demands the services of religious professionals. Among these listed rites, at least birth and naming, sometimes rice feeding, tonsure, and initiation for boys, are observed among the upper and middle Hindu castes in India.

Since Bengal was always on the periphery of the civilized Indic world the Brāhmanical rites were not observed in as much detail as in the heartland of the Gangā (Bengali: Gaṅgā) plains. Therefore there are only two Bengali stages of early and middle childhood, and the rest of the life stages are functional in terms of behavioral expectations rather than rituals or rites of passage. Nevertheless, this list of ancient life-stage rituals represents attitudes concerning child socialization that are deeply enshrined in South Asia.

¶ In the study area research was conducted by the first author specifically on infant and childhood rituals performed for a population of 468 children, mostly Muslims. The rituals are as follows:

- 1) Birth ritual (*sauddā*). This is done for a Muslim child on the 5th or 7th day after birth, in over 90% of births. A feast is prepared including a vegetable preparation of 5 items, and guests include close lineage members and the birth attendant. The baby is bathed and mud wash applied on the house. A boy baby is touched by a pen, money, uncooked rice, and a 'stick for driving plowing oxen' (*hāler pājan*). A girl is touched by glass bangles, money, uncooked rice, and the *lajjābati* vine.
- 2) Hair cutting (*cul kāṭāni*). First hair cutting of the newborn is usually done on the 5th or 7th day after birth when the birth ritual (*sauddā*) is performed. Following the hair cut the excess parts of the nails are cut with the help of a *narun* (a traditional nail cutter used by a barber) or a blade. If the child is a female then the hair cutting is usually done in the arms of a female who sits on some jute fibres with the belief that the child consequently may be gifted with long hair. For the male child no such tradition is followed. However, in both cases cut hair is left or buried at the root of a plantain tree with the belief that the hair of the child concerned will grow as rapidly as the plantain tree. It is believed that with the first hair and nail cuttings the baby becomes free from impure (*nāpāk*) things. The removable parts like hair and nail of the newborn which comes in touch with the blood of mother's womb are considered impure. These may however, be removed any day within the 40-day period of postpartum bleeding of the mother.
- 3) Naming ritual (*ākikā*). This is done in the first year but occasionally even in the 3rd or 4th year and in rare cases years after. It is only done in some 5% of births because of the expense, for 2 goats have to be sacrificed for a male, and 1 for a female.
- 4) ¶ First rice feeding (*annaprāśan*). This was not found done by any Muslims.
- 5) ¶ Ear piercing (*kān phoṛāni*) for girls. This is done at any age up to about 9 but often at age 2 or 3, or at age 6 or 7.
- 6) Circumcision (*musalmānī, khatnā, or sunnat*) for boys. This is done at any age up to about 10, but usually between 3 and 7, most commonly 5 or 6. In such cases it coincides with the end of *śiśukāl*. It is usually done in winter because it is believed healing will be faster. Winter also coincides with *su-din* (good days) when harvesting is done and easy movement on foot to attend the feast on the occasion is more congenial.
- 7) Beginning of school ceremony. This consists of distributing sweets on the first day the child attends a religious or a secular school. It has its roots in the similar ceremony of the Sanskrit tradition. It occurs between ages 4 and 9, but normally at age 6. Fewer than half the families who send children to school observe this.
- 8) Ritual to formalize friendship. This is a particularly Bengali ritual, in which a girl gets a formal girl friend known as *sai* and a boy a formal boy friend known as *dosta*. It can be done at any age between 3 and 12 or so, but commonly between 8 and 11. About a third of children, more boys than girls, have this ritual, which we describe later.

These rituals do not coincide very well with the named Bengali life stages. This is partly because they represent a mixture of pre-Muslim and Muslim concepts, and partly because people do not pay much attention to the actual ages of their children. Many fathers, even

some highly educated, do not know their children's ages. The rituals are more often performed for convenience and social relations of the family than for the child itself.

### Psychosexual Stages in Personality Development

Freud postulated a series of psychosexual stages of personality development of the child which may be summarized as follows:

Infancy:	Early infancy, to age 1	Oral stage: Oral receptive phase Oral sadistic phase
	Late infancy, 1 to 3	Anal stage: Anal retentive phase Anal expulsive phase
Childhood:	Early childhood, 3 to 6	Phallic stage
	Late childhood, 6 to puberty	Latency stage
Adolescence:	Puberty to adulthood	Genital stage

These observations of childhood by Freud and his successors have some universal applicability, but anthropological literature still carries on debate on the cross-cultural validity of details of these and other Freudian theories. But there is no question that this represented a historic break-through in perception of individual development, and in particular of the importance of infancy and early childhood, and of sexuality in those stages. Psychologists in India such as Kalc (1978:84-140) may accept it, but with some hesitations, as follows:

**Early infancy.** This is a stage in the Freudian scheme of narcissism or self-love, in which the first 6 months are characterized by passive and receptive sucking and complete dependence on the mother. The second 6 months is an oral aggressive phase in which the child explores and chews and in which there may be an element of oral sadism in biting the mother's nipples, which is followed by weaning in which the child is somewhat rejected. It is sometimes theorized that if a weaning child cannot cope with the rejection the result will be a streak of pessimism in his later life. Weaning in which the child experiences trauma for some days is advocated as necessary in parts of Europe, especially in the Slavic countries. However, in South Asia weaning as a conscious or ideological effort on the part of the mother is almost absent. Breast-feeding dependency is long, and after the ceremony of the first rice feeding may continue for a year or more. In Bangladesh breast-feeding extends for an average of 30 months. This is part of the mother-child relationship described by Kakar (1981:52-112) which seems to have an effect on South Asian modal personality characteristics. While South Asia had no such theories in its traditions about infancy, in practice great attention is paid to infancy, as seen in the list of classical situations reported

**Late infancy.** In this stage, according to Freudian theory, childhood development focuses on excretory functions. The child fingers his genitals. His excretion is satisfying and retentive, but then the satisfaction of excretion is displaced by toilet training and attitudes of what is dirty. It is sometimes asserted by successors of Freud that toilet training may affect later feelings of cleanliness, punctuality, stinginess, and order, and has an influence in general on elimination, sexual behavior, and aggression. In India and Bangladesh, however, toilet training is less traumatic than is usually the case in Western countries. The mother holds her infant up by the thighs when she thinks he is ready to excrete, and gradually he learns control and therefore there is no phase in which excretion is retentive. The Western child is swaddled with diapers for a relatively long time so that excretion is more of a conscious problem for him, and toilet training may be a matter of active concern and urging by the parents. It may be that this difference in child training also has an effect on modal personality characteristics.

**Early childhood.** In this stage, which Freud called phallic, the child enjoys handling his genitals. In theory, in this stage the boy develops the Oedipus complex in which he perceives his mother as an object of sexual gratification, is jealous of the father, and may have castration anxiety leading to hostility for society; as this anxiety dissolves he identifies more with his father. A girl similarly is said to develop the Electra complex in which she sees her mother as rival and is sexually focused on her father. These impulses are then sublimated as the superego develops. When the boy needs to identify with his father, there is no proper resolution of the Oedipus complex if the mother is too indulgent or the father too harsh or too mild. For the girl, satisfactory resolution of the Electra complex is at the base of her feelings for her husband.

On the basis of his psychiatric experience with Indian children, Kale (1978:84) feels that though the theory of Oedipus and Electra complex has a certain attraction in popular literature, "it would possibly be much more scientifically appropriate to account for such relationships in terms of socio-cultural variables operating in the parent-child relationship," because we know little about childhood sexuality as a motivating factor; sexuality is qualitatively different in adults than in children, and its energizing effect is small until boosted by endocrine secretions at puberty. Probably in South Asia the mother-child relationship discussed in the next chapter is more important, and the effect of Oedipus and Electra complexes may also be modified because a number of people usually participate in child care.

**Late childhood.** In this stage, from about age 6 to puberty, sexuality is sublimated, the superego takes over, the child tends to be industrious and capable of learning the tasks and values imposed by society, and he lacks the anxiety and guilt of the preceding phase. These generalizations seem applicable in both South Asian and Western societies, and in the various life stage schemes we have shown age 5 or 6 is marked as a new stage in which the child begins school or takes up other responsibilities. Sexuality is not expected, and in the South Asian tradition this is the beginning of the *brahmacharya* period of celibacy or self-control.

**Adolescence.** Puberty occurs at age 11 to 15 in girls, and 12 to 16 in boys, or later where nutrition and living conditions are deficient. At this stage there is some revival of the Oedipus and Electra complexes. The boy denies sexual feeling for his mother by objecting to her affection and resists her effort to control him. He denies feelings of inadequacy

compared with his father by being rude and rebellious, but at the same time he is frightened by possible loss of parental support. For the girl, her mother is a rival and she develops anew feelings for her father. This stage is discussed for Bangladesh in Chapter 3.

These stages have been seen (Stoller 1972:293-4) to be realistic enough that sexual maturation is assumed to be governed by an inherited timing mechanism. Yet the psychological theories fit Europe better than South Asia because of differences in breast-feeding, weaning, toilet training, feeding punishment, and parent-child dialogue. Also, the Freudian scheme gives hardly any place to the dependence of sexual development on tenderness and affection, and this makes it seem that the theory has an unreal quality from the perspective of how infants are treated in South Asia. The absence of tenderness and affection also is true of the observations of Kinsey and others who have conducted clinical research on sexual development and behavior. This is not to imply that the researchers had no personal concerns about the importance of tenderness and affection, but that their contributions lay in analytical observation. For our interest here, the contribution of Freud was especially important in showing the existence of libido from birth, and that the personality can be much affected if sexual and other assertive impulses of childhood are unduly repressed or driven into the underground of the unconscious.

As regards consciousness and motivation of behavior, Freud postulated 3 layers in the individual: id, ego, and superego. The id is unconscious, instinctive, and impulsive, and serves self-gratification. Libido is present from birth as part of the id. The ego is formed under the reality of the outer world and restricts the id, but it is still largely for self-gratification. The superego is the conscious, the body of rules and behavior learned from parents and society, which further restricts the earlier levels of behavior and makes possible conscious restraint, care for others, and concern about the objective effects of one's behavior.

In Bangladeshi and South Asian society these theories may apply with a little modification. Kakar (1981:104) concludes that "the child's differentiation of himself from his mother (and consequently of the ego from the id) is structurally weaker and comes chronologically later than in the West with this outcome: the mental processes characteristic of the symbiosis of infancy play a relatively greater role in the personality of the adult Indian." Following this, he concludes that the South Asian tends to rely as an adult more on visual and sensual images and is sensitive to non-verbal nuances, whereas causal thinking may be less prominent than in the West. The sensitivity ascribed often to Bengalis fits this pattern.

The fact that in Bengali there is no usual distinction among the terms infant, toddler, and small child, may be a collective acknowledgement that in fact the development of the ego from the id is less distinct than in Europe, where toddlers are spanked and more consciously trained and socialized. There is an Indian proverb: "Treat a son like a king for the first 5 years, like a slave for the next 10, and like a friend thereafter." Thus, the id and such ego as develops are given relatively free play until the age of 5 or 6. But from then on the superego should take over rapidly, for the Bengali child must then either study or begin to do chores, and become socialized. He may now be punished to speed this process and to make the line of authority clear to him. There is not much value placed on play after that age; rather play is often suppressed. This is Erikson's stage of latency, in which the child's energies are diverted to learning, work, and socialization. Kakar (1981:106) believes that the



long *śísu* period with relatively little phase differentiation, leads to preservation of the continuity of self, and this continuity is more so because of the absence of the following stage of adolescence as it is defined in the West.

### **Erikson's Eight Stages of Life**

Finally, we present here a summary of Erikson's 8 stages of the human life cycle, which he published in **Childhood and Society** (1950, 1977), and later elaborated in **Identity: Youth and Crisis** (1968). The epigenetic schemes shown in Figure 1 are presented with the Bengali as the standard, with Erikson's scheme compared on one side and the Indian schemes compared on the other side.

The explicit purpose of Erikson's original presentation was to bridge Freud's theory of infantile sexuality and development with more recent investigation into personality development throughout life. The first 5 stages presented by Erikson parallel Freud's oral, anal, phallic, latency, and genital stages.

This series is intended to be universally applicable, not just Euro-American. Erikson developed the scheme after intensive work with Amerinds: Sioux, Dakota, and Yurok (Erikson 1977). His viewpoint is that each individual works out solutions in each stage within the range of those offered by the institutions of his culture.

**The first stage**, the first year of life, is characterized by basic trust versus mistrust. This develops largely through the maternal relationship, and what is at stake is the development of confidence, or a sense of personal trustworthiness within the framework of the cultural life style which leads the child later to a sense of identity and of being himself.

**The second stage**, from about age 1 to 3, is characterized by autonomy versus shame and doubt. The child needs gradual increase in experience of autonomy, but if this is accompanied by much arbitrary shaming he comes to doubt himself. This stage is important in development of the individual's balance of love and hate, cooperation and wilfulness, and self-expression and repression.

**The third stage**, from about 3 to 6, Freud's phallic stage, is characterized by initiative versus guilt. At this stage the personality and initiative of the child unfolds rapidly and he has a surplus of energy with which to take repeated initiative, but the danger in this stage is a sense of guilt. The sexual tensions of this stage are to be resolved as behavior is more and more regulated by the superego.

**The fourth stage**, up to puberty, is characterized by industry versus inferiority, and is a period of sexual sublimation, when the child is ready to develop a sense of industry. In all cultures children at this stage receive some systematic instruction, and in many the child begins to be a producer. But there is a danger that he might develop a sense of inadequacy which may in fact doom him to mediocrity.

**The fifth stage** is adolescence, in which the main task is establishment of ego identity. Adolescents project themselves on their peers through conversation and thereby more clearly come to see themselves and realize their sexual identity. The youth is also confronted by occupational identity, and he is ready to be persuaded by an ideological outlook and simplistic answers to large questions. But in a peasant society some points of ego identity such as occupation, kinship identity, and perception of self in the social network, are less apt to need questioning and resolution, which means that adolescence has

some different qualities than in industrialized societies.

**The sixth stage**, of young adulthood, is characterized by intimacy versus isolation. True genitality now develops as part of the individual's working out of his capacity for intimacy and his need for what Erikson calls distantization. The normal person has the capacity to love and to work productively, but there is the possibility that in both activities, ego loss, avoidance, and a sense of isolation, may prevail.

**The seventh stage**, mature adulthood, is one of generativity versus stagnation. In his concept of generativity, Erikson means to include the more common terms productivity and creativity. There is possibility of stagnation and personal impoverishment.

**The eighth and last stage** is characterized by ego integrity versus despair. This implies an emotional integration permitting both fellowship and responsibility of leadership. Despair may result if one feels the time is too short to start out on alternative roads to integrity.

The following chapters in this book take the Bengali life stages as an organizing principle. The various schemes presented in this chapter serve as theoretical background. There remain significant questions about the nature of life stages in general (Perun and Bielby 1979; Nengarten 1979:892). Other attempts to delineate life stages are referred to in subsequent chapters, but Erikson's scheme may be considered as generally the most acceptable for theoretical comparison.

Finally, a few points between Erikson's scheme and the traditional South Asian schemes may be compared, which are also partly referred to by Kakar (1979:10) in his attempt to synthesize Erikson's scheme and the *āśrama* scheme. Freud and Erikson show more stages in infancy and early childhood, while the South Asian schemes all show more stages in old age. Erikson's first 3 stages are collapsed into the first stage of the Bengali scheme and ignored altogether in the *āśrama* scheme, though this is to some extent rectified in the Ayurveda scheme. But a fundamental difference between Erikson's scheme and all the Indian ones is that the latter lack any concept of infantile sexuality or any analysis of pre-pubertal sex socialization. These points are owed to the modern break-through in psychology beginning with Freud.

Another fundamental difference is that the *āśrama* scheme and to some extent all the South Asian ones, accept a moral organizing principle, dharma or its Islamic equivalent described in the following chapters. But one's dharma is partly dependent on a set of inherited or ascribed traits (*guṇas*) which are defined by the cultural system. Erikson omits discussion on this level, although he appraises the individual as much in his social context as do the South Asian schemes.

Yet another fundamental difference is that Erikson presents each stage as having two opposing qualities to be resolved in that stage, so that for example, in the first stage a favorable ratio of basic trust over mistrust leads to psychosocial adaptation. From the South Asian viewpoint, this is a series of conflicts and resolutions. Erikson himself (1977:243) says of this, that "we do not consider all development a series of crises: we claim only that psychosocial development proceeds by critical steps—'critical' being a characteristic of turning points, of moments of decision between progress and regression, integration and retardation." Still, this appears to be a European perspective, for the South Asian schemes are not premised on such conflict resolutions within each life stage. Rather, all the stages are seen as a ladder, and the conflict resolution is in the whole of life itself, in which the individual strives to find his place and his peace in the scheme of the universe.

## CHILDHOOD AND PSYCHOSEXUAL DEVELOPMENT

### **Bengali Babyhood and Early Childhood: *Śisūkāl***

In the Bengali scheme, the first stage of life, *śisūkāl*, extends to age 5 or possibly even to age 6, as shown in the previous chapter and in Figure 1. It comprises 3 stages in Freud's scheme, 3 stages in Erikson's scheme, and 3 in the Āyurveda scheme (or 4 if one adds the fetal stage). It includes the following rituals of passage in the life cycle according to the classical Hindu tradition: birth, name giving, first tonsure, introduction to the world, and first rice feeding. It includes two phases in the Kannaḍa and Tamil schemes: the hand-held suckling infant, and the baby who eats solid food. We have to describe the Bengali term in English by using two words: babyhood and early childhood.

Kakar (1981) has discussed in detail from the psychiatric viewpoint the effect of the extended nurturing period in India and the effect of this on the formation of the modal Indian personality. He supports this with abundant references from the corpus of Indian mythology. In the absence of such analysis pertaining especially to Bangladesh, we cite some of his findings below. It appears that the effect of extended infant nurturing in Bangladesh would be as much, or perhaps more in Bengal as in other parts of South Asia, because of the practice of *pardā* and the pattern of living within the homestead (*bāṛī*).

The general characteristics of care in *śisū* stage in Bengal and South Asia are as follows. There is close and extended intimacy between mother and child, with the result that the trust in others and the corollary of confidence in self, which Erikson characterizes for the first stage of life in his scheme, becomes well developed. Minimal demands are made on the small person. There is seldom a battle of wills. Toilet training and weaning are less traumatic for the infant than in the West. The child learns to control evacuation by imitation of others in the family, and there is casual acceptance of the child's making a mess, after which the mother usually cleans it up without rebuke or complaint. But a child may be bowel trained much earlier than in the West because of the way a mother supports her infant up by the thighs to help him develop a sense of time and place for excretion.

Studies of the attitudes of Indians of middle class to the transitions of toilet training and weaning have produced little results. When the subject is brought up, "parents, invariably, dismiss the whole enquiry as of no significance" (Ramanujam 1979:49-50). Among urban people who may breast-feed less than a year, when pressed for response on the child's

reactions, "invariably the response is that the child does not show any reaction."

The emphasis on these transition phases in Western scientific literature obviously arises from European cultural tradition, in which toilet training is seen as part of the process of active child socialization and discipline, and weaning, among some peoples, has been thought to be necessarily abrupt and traumatic. Slavic mothers tend to wean the baby from the breast or the bottle suddenly and uncompromising on the grounds that otherwise the child will be subject to the baleful influence of the evil eye (Stein 1976). Slavs make the baby secure more by swaddling than by holding it, and when they do hold it, it is held flat in front. They think a baby needs to become strong, and crying is one way it can gain strength.

The Bangladesh mother keeps the baby with her constantly, or at least it is in the care of an older sibling or other relative. It is constantly held, cuddled, and talked to, and at a sign of distress is usually picked up immediately. When the mother is not carrying the infant on her hip it is at least within arm's reach, as she cooks, washes, carries water, and proceeds with daily work. Feeding is frequent and on demand, and the average length of breast-feeding in the study area (Matlab Thānā) is 30 months. Even then, the end of breast-feeding in most cases is not because of need for weaning but because of the birth of another child. The mother feeds the child solid food with her hand, and may continue feeding it this way throughout the *śīśu* period and even after, which appears strange and mildly bothersome for Westerners to observe as they never hand-feed a 4 or 5 year old this way. Up to age 5, or even 8, it is customary for the child to sleep with the mother. A child in *śīśu* age is not usually punished, though it may be threatened by withdrawal of the mother's presence which would be a cause of real distress.

The mother appears to always look after her child, but she "responds always to her own needs (i.e., to give, to withhold), not to the child's evocations." Only in recent decades in Europe has a wide-spread public debate arisen about whether children should be allowed to cry or not, and there is a general reaction against the old dictums. But the effect of the old mother-child relationship was dependency and rage. "One learns that giving with a vengeance is the essence of life; that one can only 'receive' by indebting others through giving." These Slavic and older European attitudes are not necessarily held throughout the West today, but they did affect theories about infant personality development.

It is also true, however, that many small children are neglected, particularly in families where poverty and acute frustration prevail. In such cases babies may not be treated kindly, and the mother may vent her aggression and frustration on the infant, which tends to cause a re-cycling of the attitudes which produce this social state.

In Bangladesh, as in India, there is a tendency to idealize the state of infancy. The qualities of this child-utopia "are not seen as 'childish' to be socialized out of existence, but valuable attributes of human beings—of all ages—since they are but an expression of the Divine" (Kakar 1981:203). In the Indian tradition the child is nearer God, and indeed is a form of God. Numerous Hindu deities are worshipped in special *bāla* form, for example, Krishṇa as a child in the poetry of Surdas and in Tulsidas' narration about Rāma. Surdas himself composed 500 verses on Krishṇa's childhood. In the Tamil country of South India the most popular regional deity is Murukan, who protects the country from the hill-tops, but his strength and protective force is complemented by the *Bāla* Murukan, whose infant picture may be seen for contemplation in any barbar shop or restaurant.

The qualities of early childhood, such as simplicity, freedom and spontaneity, charm and delight in self, yearning for infinite and unconditional love, need for a forgiving acceptance of imperfections, capacity for sorrow and delight, intensity and vivaciousness, ready anger and readiness to forgive and forget—these qualities of childhood are noted by Kakar also to be characteristic of *bhakti* Hinduism, in which the devotee loses himself in devotion to the deity. In Bengal and eastern and southern India, goddesses are more popular than gods, for this reason. As the 17th century Bengali poet Ramprasad wrote of his goddess:

O Mother! my desires are unfulfilled;  
 My hopes are ungratified;  
 But my life is fast coming to an end  
 Let me call Thee, Mother, for the last time;  
 Come and take me in Thy arms.  
 None loves in this world;  
 This world knows not how to love;  
 My heart yearns, O Mother, to go there,  
 Where love reigns supreme (from Jadunath Sinha, ed., Kakar 1981:202).

In such *bhakti* poetry the qualities of childhood are emphasized in relation to the goddess/god. The poetry reflects the theme taken from the reality of family life, of “the child’s primary need to be central to his world, rather than exist forlornly at its outskirts, to cause a glow in the eyes of adults rather than be looked at with indifference ” (Kakar 1981:202-4).

The socialization environment of the *śiśu* also promotes self-acceptance and trust. To begin with, birth itself is not feared so much as in some cultures. In giving birth for the first time, a woman finds fulfilment in the household of her husband, and in most cases in subsequent births also she finds it among kin and women friends when she has a new child on her lap. The pregnant woman receives many ministrations, and at the time of birth is comforted by the presence of family members in the house and an older woman or *dāi* to help.

The *śiśu* also finds acceptance and trust in the attitude of almost anyone who visits the house. Several people every day may pick it up, or if it is a toddler, visitors will almost invariably put out their hands and invite him to come. Bengalis are far more ready to invite children of other people to come to them than are people in the West. The atmosphere within the *bāri* also promotes trust; various other kin communicate with the toddler throughout the day, and older children care for him. This enables the child to develop trust in a variety of people, which doubtless affects the level of trust one has in others throughout life: this is in contrast to some societies in which the nuclear family lives in a single house and tends to view people in the outside world as hostile or dangerous. Throughout human evolution the infant and child has been socialized much as in the Bengali *bāri* today, and the human species is psychologically equipped for it. The ease with which the Bengali relates to other people probably is a factor in explaining the very low incidence of infertility among couples in Bangladesh.



The environment of a *bāṛī* in the study area



The young children of a *bāṛī* in the *bāṛī* courtyard

### The Later *Śiśu* Phase

Ages 3 to 5, called the *bāla* stage in the Āyurvedic system, corresponds to Erikson's phase of "initiative versus guilt." It is not marked off by any event, but in the study area about half the boys have their circumcision during this time. Some girls also have the ear piercing ceremony, though it may be done at any age in childhood. In the study area a few cases of the ritual for formal friendship with a child of the same sex was observed in this phase.

This is the play age, when some sense of autonomy is established but before the school age. The importance of play at this stage is now widely recognized by child psychiatrists. Of this stage, Erikson (1979:23) stated:

The child now acquires a miniature world of toys and playgrounds full of people and rules on which he can practice ritualizing: for what counts now is the widest imagination permissible and the greatest skill in demonstrating it. This stage adds to man's inner structure a sense not only of the possible but also of the ideal and even the heroic— the Ego-Ideal, in psychoanalytic theory— while it is an essential preparation for an identification with the hierarchy of roles that supports the social structure.

As regards play, the Bengali child is encouraged less than children in Western countries. He is not specifically encouraged to be imaginative in the toys or stories he creates. There is an acute poverty of toys in rural areas. Children naturally play with mud or sand; they use thrown away new or old pieces of cloth to make dolls resembling brides, grooms and babies; they make toys with leaves, mud, cocconut shells and sticks, prepare food simulating delicious dishes, gather flowers, and the like, but the idea that children should be pushed to be creative at this stage is not usually found in Bangladeshi culture, at least in rural areas. A child who keeps getting into things or making a nuisance of himself in play is referred to as *śaytāni*, a word derived from the term Satan, known from Islam. A toddler is tolerantly allowed to roam around and associate with others in the *bārī* which provides security, but he has a limited variety of interesting objects. This pattern probably has some effect on creativity in the individual in general.

Children of this age tend to identify with the parent of their own sex. But for a boy, the father now develops a little distance and seldom participates in the child's play, and in any case may be gone most of the day. For the girl, the mother may be always present, but occupied with household work, and she also has hardly any interest in encouraging the girl's play by participation. Play in early childhood is encouraged mainly by older children.

The young Bengali child of this age begins to learn the hierarchical roles that support the social structure. He becomes enmeshed in the kinship and social system as he learns kinship and fictive kinship terms and how to apply them. He learns the proper attitudes of respect or friendship appropriate for elder and younger relatives. Parents are expected to avoid cuddling their children of this age in public. Just as display of sexual emotions in public is not considered to be proper, so parents, or especially the father, are expected to behave so as to induce the respect of the child. Carstairs noted in India that only men whose fathers had died dared to cuddle their children— to show such emotion in the presence of the father would be considered disrespectful (Veena Das 1979:96,100). Parents in their 20s and 30s have learned to be serious about the economic activities and social roles necessary to

earn a living. They tend to encourage even small children to learn these values.

But discipline is not common before the child is thought to have completed the *śiśu* stage. A *śiśu* is considered to be in a state of *abujh*, or without understanding, so punishment is not considered appropriate for moral training, though some parents do handle their children roughly and take out their frustrations on them. Generally, Bangladeshis do not slap their children's hands for getting into things they "shouldn't." The child does not have to go to sleep at a certain hour every night; he sleeps when he is tired. The child is not compelled to eat what is left on his plate. If he falls, he is picked up immediately. If Bengalis see a Westerner slap his toddler's hands to teach him, or let him struggle up when he falls so he will learn better, the Bengalis tend to be shocked and express disapproval. While not many people in Western countries believe any more in the dictum "spare the rod and spoil the child," the tendency is there to inculcate moral and behavioral conscience at an age Bengalis think of as *abujh*.

Kakar (1981:87-8) observed that in India some people whose thinking is influenced by Western ideas and education assert that children of this age should not be spoiled. He writes, "This theory of 'spoiling' which often crops up in discussions of personality development and psychopathology in India, rests on an uncritical acceptance of Freud's contention that an excess of parental love serves to magnify for the child the danger of losing this love, and renders him in later life incapable of either temporarily doing without love or accepting smaller amounts of it." He goes on to show that there is little evidence to support this, and the tendency now among professionals is to think the opposite, that a child becomes anxious and clinging if parental affection is insufficient or unreliable. Thus, there is much to commend in the Bangladesh and Indian pattern of treatment of the child of this age.

### School Age: *Bālyakāl*

This stage, from age 6 to 10 corresponds with Freud's latency stage, and with Erikson's "industry versus inferiority" (but the latter also includes pre-adolescence, which in the Bengali scheme comprises a separate stage).

While no rituals formally mark its beginning, this stage often commences when a child first goes to school, either a *maktab* or a secular school. In the study area the ceremony of distribution of sweets on the first day a child starts to school is most commonly done at the age of 6, though in some cases it is as early as 3 or as late as 9, depending on the type of school and the family situation. This ceremony of giving of sweets no doubt comes from the ancient Sanskrit ritual marking the beginning of a child's formal education.

A boy's circumcision (*musalmānī* or *khatnā*), if not already done, is arranged by age 6 or at least 7, the mean is age 5 to 6. The circumcision is done by a professional known as *hāzām*. Relatives send "dry" foods such as *piṭhā* and *muṛi* as it is believed that if the boy does not eat such foods the wound will get enlarged. He is given only "dry" food for a week. On the 7th day water is poured on his head and he is bathed. On that day he is dressed in a new *luḡgi* and new *pānjābī*, with a new cap and a big printed handkerchief around his neck, and if possible with new shoes. Invited guests are served dry foods such as *piṭhā*, *ciṛā*, *muṛi*, *khai*, along with *dai*, and later a rice meal with fish and meat. On that day the boy is



'treated as a son-in-law' (*jāmāi ādare rākḥā hay*) and is given gifts in cash and kind. The boy is now given a new status in the community, a senior among the children. He is no longer considered as small (*choṭa*) having a 'little penis' (*nunu*), but rather as a 'big boy' (*baṛa chele*) having a penis (*dhan*).

Almost all girls in the study area undergo the ear piercing ceremony, also of ancient Indian origin. But it does not mark a stage of life, as it is done at any time between age 1 and 9. But if it is not done at age 2 or 3, usually it is done at age 6 or 7, according to our survey of such rituals in the study area. Another ritual is the ceremony of formal friendship between 2 children of the same sex. This is usually done in the latter half of the *bālyakāl* or in the pre-adolescent stage, and does not mark a life stage but is done according to social circumstances.

From about age 6 a child is expected to take up study and/or work, and become more serious about goals in life; that is why all the Indian schemes of the life cycle demarcate this age; in the Sanskritic tradition the child was initiated into the school stage of life with the rite of *vidyārambha*, beginning of wisdom. But in those days his schooling was individually tailored for him by the *guru*. Now a rural child with no encouragement to be creative, is thrust into school where the goals are so utterly different than when he remained at home with his mother, that he cannot cope with it. That is a reason why the majority of children in Bangladesh drop out of school within 2 or 3 years.

Commenting on elementary school children in urban areas in India, Ramanujam (1979:50-1) writes that from the viewpoint of psychiatry it is a disturbing phase. It is expected to be a stage of life of industry. But demands made on the child are so overwhelming compared to his earlier life that he is denied a sense of accomplishment. "We repeatedly see children of school age as inhibited and diffident. Their main defence is avoidance. There is repeated evidence that children have distorted perceptions of the environment, confusion as regards status at home, and very poor self-image. They are thrown into a school system which is competitive, rigid, and makes no allowances for individual variations, while his acceptance by parents and his self-image are so grossly determined by his performance in school." Urban parents in Bangladesh too are much more serious about their children's success in school than rural people such as live in Matlab, but in both transition from *śiśukāl* to school is abrupt. The child who has had hardly any encouragement to come out of the *śiśu* stage, who has weak and late development of the ego from the id, is now thrown into a situation where the superego is supposed to take over. This abrupt change is traditionally recognized in South Asia: "Treat a child for the first 5 years like a king, the next 10 like a slave, and thereafter like a friend."

It was observed in this study that during the entire period of latency, which Erikson characterizes as "industry versus inferiority," the child is expected to undertake different tasks to assist his parents, particularly if he does not attend school. The mother expects such assistance in return for having carried and borne the child and nursed it with her breast milk, and the father expects it in return for his contribution to the child's maintenance. It is expected that when the child grows up and can earn he will provide monetary assistance, but pending that he should provide labor. The extent to which children's work is economically productive in Bangladesh, beginning about age 5 or 7, has been shown by Cain (1977); a child increasingly contributes with labor and in effect a boy supports himself

by age 12 or 14, unless he is a student. In addition, the moral and religious aspects of a child's assistance are considered important, and it is believed that performance of tasks around the house or in production reaffirms the relationship between parent and child, and contributes to happiness in this world as well as in the after-world.

Boys often tend the cows on the homestead, or take the animals out, gather fuel, or help with other farm activities. Girls help in the kitchen, carry water, care for babies, and wash clothes. Girls of this age often work more than boys. Boys are acknowledged as needing active play, and apart from work or school, their horizons expand to neighboring *pārās* or to markets. Girls are not encouraged to play, and while technically not confined in *pardā* yet, they are trained to not feel the need to explore widely outside the *bārī*, but do more domestic work. But whether they spend more time in work or school, children are not allowed to create confrontation over any issue, nor to question critically, and the father often takes a more stern and authoritarian attitude toward the child.

However, the child in *bālyakāl* still receives much affection and warmth in the household. By interviewing 206 children of this age in the study area, we found that nearly 50% sleep with one or both parents. As this is thought to be less proper after about age 9, it appears that most children can expect the comfort of such sleeping arrangements for 2 or 3 years after the beginning of the school age. In our sample of those who slept with a parent, 22% of children slept with mother plus brother plus sister; 24% slept with father plus brother; 24% slept with father plus 2 brothers; 18% slept with mother and father plus brother and 2 sisters, etc. They sleep with household members or siblings of either sex until pre-adolescence, and then they tend to sleep with others of their own sex. Hardly any children sleep alone, and only 10% of adults do so. But 35% of parents in this sample did not sleep with their spouse, often because of absence, but most of them slept with other family members. The psychological importance of such sleeping patterns has not been given much attention in Western studies of personality formation, but rather ignored.

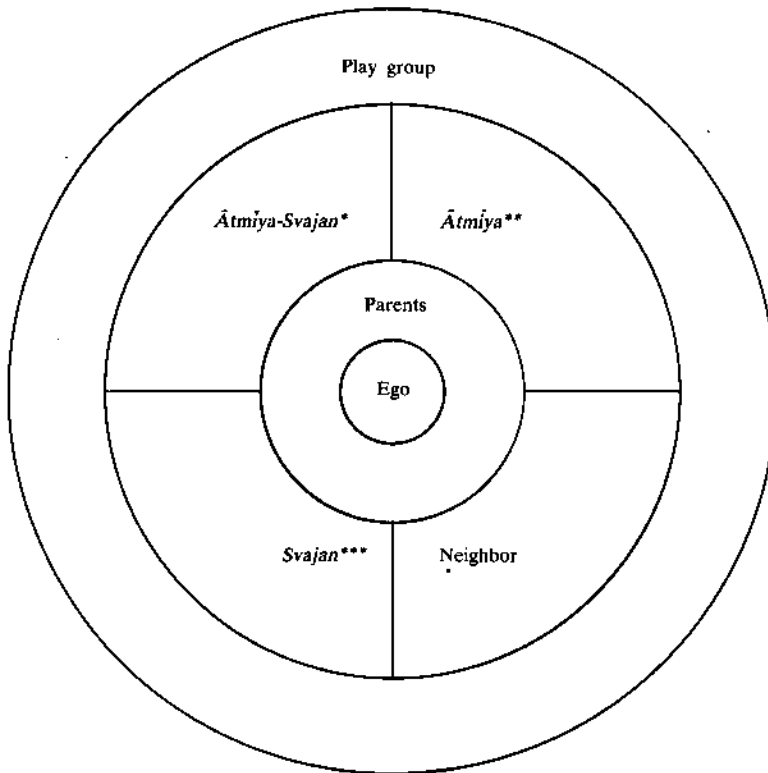
In our sample of school-age children, 85% received most care by the mother and 8% by the father. Within the *bārī*, other caretakers usually were father's brother's wife, father's sister, father's mother, and father's brother. But despite the intensive mother care, 64% reported that their mothers loved them most and 29% that their fathers loved them most. In 51% of cases the mother punishes the children and in 31% the father does. It is believed that both parents cannot be equally affectionate to the child. It is said that if both show leniency the child of this age will be spoiled. The ideal is that the mother will be affectionate and the father will be the disciplinarian and maintain some distance from the child. The distance increased with age of the child, especially a boy.

Figure 2 shows graphically the socializing agents of the child. The distribution of contacts shown in this model is similar to that in the model devised by Adler (Ansbacher and Ansbacher 1968:216) to show the development of "social interest" of the individual.

By the later *bālyā* stage firm friendships are often formed with peers of the same sex. One of the life cycle rituals observed in the study area done anywhere between age 7 and 11, but occasionally even in age 4. About a third of the children experience this ritual friendship. A boy gets a friend known as *dosta*, and a girl gets one known as *sai*. Sometimes formal friendship of boys derives from their having had circumcision together, or it may also be arranged in pre-adolescence, or for a girl shortly before her marriage. This custom has been described for Comilla District by Abedin (1979:31): the parents of

the two boys arrange *dosti* following discussions with a mediator (*darmān*), and a feast is held in the house of one or both peer partners. Each visits the home of the other along with friends. The ritual for girls is similar, but the number of *sai* pairs is fewer.

Figure 2  
Schematic Distribution of a Child's Socializing Agents



*Svajan* refers to a genetic ("blood") relationship.

*Ātmīya* refers to an affinal relationship.

*Ātmīya-svajan* indicates a relationship of a relative, especially through ego's mother and the outmarrying females genetically related to ego.

The custom has been described well for Rajshahi District by Profulla Sarker (1983). The relationship is referred to as *dharma ātmīya*, and it sometimes occurs between Hindus and Muslims, or between people of different classes, as well as between two persons of the same social set. There are sometimes veiled ulterior motives for establishing the relationship, such as a boy wishing to gain entrance to another home because of a girl there,

or for future security of a Hindu as a minority, or for some ultimate political advantage, or apparently sometimes for sexual reasons also. *Dharma ātmiya* refers to fictive kinship formalized between different kinds of kin, but when done in childhood with peers it formalizes the norm that socialization occurs now less with the family and more with peers of the same sex.

### Inherent Qualities versus Socialization

The continuing debate in the West over nature versus nurture has its counterpart in South Asia. In Bangladesh neither Muslims nor Hindus believe that the newborn child is a clean slate to be written on by its parents and human environment. We have shown in our previous work (Maloney et al. 1981:165-80) the extent to which circumstances of conception and birth are believed to affect the quality of the child. Time of conception, phase of the moon, omens, stars, attitude of the parents, moral status of the parents, etc. are believed to affect the quality of the child. These may be summed up in the concept of *karma*, or the effect of one's deeds, one's parents' and others' deeds, and the environment. Muslims in Bangladesh also believe essentially in *karma*, meaning genetic, environmental, and moral determinism in this life. Some Hindus, but not many, also believe this determinism extends to future lives.

According to Hindu psychological theory, the newborn infant comes equipped with a highly personal and individual unconscious characterized by a particular mixture of 3 fundamental qualities (*guṇa*): clarity or light (*sattva*), passion or desire (*rajas*), and dullness or darkness (*tamas*). The specific mix of *guṇas* of a new child will determine the limits of his socialization potential (Kakar 1981:47-51). The new child has an innate tendency to strive toward *sattva*, but if the other two qualities are in preponderance then he will have to expend more effort to live in his *dharma* than those whose mix of the qualities is more propitious. The Hindu unconscious, then, is not just biologically imposed. It is the result of all the forces that affect the child from conception onwards. It is accepted that in child raising the child is not infinitely malleable. It follows that throughout life a person learns to deal with his desires and his inner space unique to himself, and this determines how he lives his *dharma*.

Islam conveys a similar attitude but in different garb. Islam is said to be a way of life for a Muslim, and the word implies obedience to Allah and following of his commands. Among other things, every Muslim must believe in destiny (*takdir*) and life after death (*ākherāt*). After conception in the mother's womb, destiny in life is decided by Allah. Four things in life are said to be under the control of Allah: life (*hāyāt*), death (*maut*), wealth (*daulat*), and sustenance (*rezek*).

There are two types of destiny in Islamic thought. One type is totally controlled by Allah and is unchangeable by human effort. The other type can be changed by human effort. The concept of destiny which Muslims call *takdir* is essentially the same as what Hindus refer to with the term *adrīṣṭa*. While there is control by destiny, yet humans are expected to make effort to procreate for continuity of the lineage, to take care of their children and provide them with training for assumption of responsibilities in life following marriage, and to take care of elderly parents and to transmit property through the lineage.

It is believed that different lineages, castes and races have different inherent qualities. Caste (*jāti*) is a hereditary endogamous group, and while Muslims claim the doctrine that all Muslims are brothers in fact in Bangladesh they also tacitly assume that hereditary groups have different qualities, and there are occupational Muslim castes and also class castes which do not eat together, in some parts of Bangladesh. This ancient South Asian concept is firmly established in the social outlook. It also applies to lineages. In the quotations given in this book it is repeatedly stated that one's behavior reflects his having come from a good lineage or a bad lineage. The ancient South Asian idea that each group, caste, or lineage has its own dharma to perform is more or less accepted in spite of the overlay of the ideal of Muslim brotherhood. It is believed that socialization of the child, in effect, can only proceed to the extent allowable by the inherent qualities, and within the heredity norms of the particular social group.

However, Islam also provides for intense socialization of the child in early life through insistence on the mother staying at home and breast-feeding. This has the effect of prolonging the nurturant stage so that the child develops the qualities of trust, hope, confidence, and autonomy that lead to satisfactory subsequent stages of life. Islam then provides for intense social and religious training through the *maktab* and through the expectation of the father's economic provision and exemplary social behavior. It is assumed in theory that all children are malleable enough to be socialized into the rules and responsibilities of the Islamic social order.

### Gender Socialization in Infancy and Childhood

Bangladeshi culture reinforces biological gender differences more than most cultures. Gender roles in adulthood are so prescribed that there are hardly any jobs or responsibilities that really overlap both genders. Psychological orientation of masculinity or femininity is built on the biological sex (*liṅga*) even from the time of the birth ceremony, in which a boy's body is touched with a stick used to drive plow oxen, and a girl's body is touched with glass bangles and the *lajjābati* vine, and both are touched with pen, money, and uncooked rice. The name of this vine indicates the quality of shame idealized for young mature females. The symbolism for the male is that plowing is his job, and the shape of the stick indicates maleness and thrusting motion, while the shape of the bangle indicates femininity and receptiveness.

The small child learns gender differences in attitudes about exposure of the genitals, as the following quotations from the study area show:

(Note: in these and all subsequent paraphrased quotations in this book, the code following gives the number of males, and females, of upper, middle, and lower socio-economic class, who expressed the idea; these were derived from the life-histories taken from 32 male and 33 female respondents.)

A female child has to be dressed earlier than a male. The exposure of the sex organ of a female baby is more shameful than the sex organ of a male child. (M:5,6,4; F:6,8,5)

The sex organs of the mother and daughter are similar, so the nakedness of the daughter causes shame to the mother. The sex organs of the father and son are similar, so the father is ashamed when he finds his big son naked. (M:6,8,10; F:7,8,7)

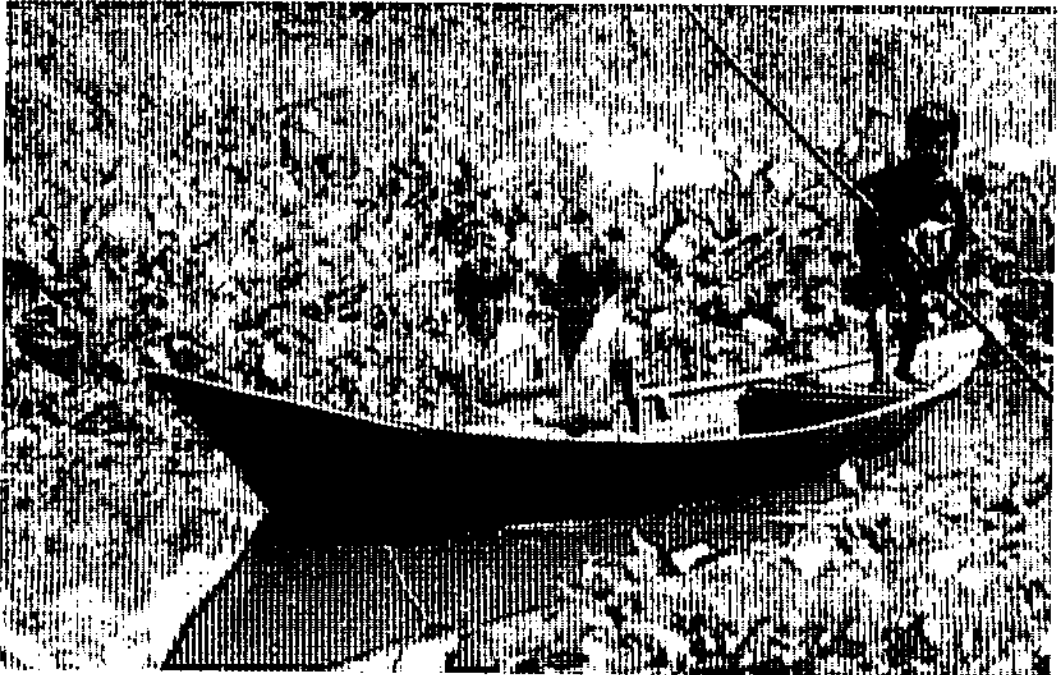
Evil thoughts creep into the minds of sexually mature males when they see the uncovered female organ of a child, and they may hold in their imagination the image of the female organ of a sexually mature girl. (F:2,1,1)

A female reaches maturity several years earlier than a male. She should have a dress (*jāmā*) for the upper part of her body when she reaches the age of 5 or 7 years. (M:4,6,7; F:5,6,8)

In these paraphrased quotations we see that females hold opinions even more strongly than males about the vulnerability of the female child's sex organ to viewing. People of upper, middle, and lower socio-economic class hold these views more or less equally.

It was observed in the study area that girl babies are clothed before boys are. A girl of 3 or 4 often wears a skirt, and she is not seen naked after *śiśu* stage, whereas boys may be. A boy may play naked up to about 10 years, especially when playing around water.

The earlier dressing of females is partly "explained" by the need to protect the vagina. If a female toddler remains unclothed the mother or elder sister might tell her that if she remains thus some insects or worms might enter the vagina, or it might be taken away by a madman. If some children age 2 or 4 sit together and throw sand toward each other's genital areas, people suppose that some sand might enter the vagina, but the boy's sex organ is less vulnerable in that respect. There is social concern for protection of the vagina more than of



Returning from school. Two small girls are sitting on the boat in their school uniforms. Whereas, a younger school boy is seen rowing the boat putting aside his dress in an effort to keep them dry in case he accidentally falls in the water. The nakedness of a girl of his age will cause shame but since he is a boy the same is different

the penis, which is symbolic of the advice that a girl of *bālya* stage should be encouraged to remain within the homestead more than a boy. It was observed that girls are sometimes named after pet birds, whereas boys are often given names denoting qualities of leadership and courage.



Boys photographed playing naked in water

The following list of terms used in the study area and in other parts of Bangladesh for sex organs of children, highlights both gender distinctions and life stages:

### Males

age 0-5	age 6-14	age 15+
* <i>nunu</i>	* <i>ceṭ</i>	* <i>dhan</i> (wealth)
<i>manā</i>	* <i>sonā</i> (gold)	* <i>cyāṅg</i> (something flopping)
<i>chāo</i> (endearing child)	<i>bāsi</i> (bamboo flute)	* <i>lāṭhi</i> (stick)
* <i>choṭa miā</i> (little male)		<i>bārā</i>
<i>cenū</i>		* <i>ḍāṅḍā</i> (rod)
		* <i>leoṛā</i> (from Urdu)
		* <i>kalā</i> (banana)
		* <i>lāṭi or lyathā</i> (type of rod-shaped fish)
		* <i>cyān</i>
		<i>ghanṭā</i> (bell clapper)
		* <i>laggi</i> (boatman's pole)

### Females

age 0-5	age 6+
<i>maṇi</i> (gem)	* <i>bhodā</i>
* <i>bakki</i> (something bent)	* <i>heḍā</i>
<i>cyāṭā nunu</i> (flat penis)	* <i>sāuā</i>
	* <i>māṅg</i>
	* <i>sāmā</i>
	* <i>gātā</i> (hole)
	* <i>phannā</i>
	* <i>gud</i>

\* The terms with asterisk were found in use in Matlab.

The ages given above are only rough guides. For boys in *śiśukāl*, ages 0-5, the sex organ is not viewed as a reproductive organ. There are pet terms for it which express affection, and it may be fondled and kissed. In the next category, about ages 6-14, different terms are used, and circumcision has usually been done, but sexuality is still latent and the genitalia are small relative to body size. In the third category, puberty, most terms indicate an adult erect penis having an invasive purpose.

For girls, there are just two categories. In the *śiśukāl* stage, adults express little sexual feeling toward the organ, and it is not readily fondled. But adult terms are used for it soon afterwards, well before a girl enters the pre-pubertal stage, and she is taught to hide her genitalia. The use of terms for adult genitalia even in this stage suggest that the vagina is



considered fit for coitus, which fits the cultural background in India and Bangladesh of pre-pubertal marriage, and for Muslims, also fits their insistence on a girl's *pardā* behavior even in the pre-pubertal stage.

The meanings of these terms show interestingly how male and female children are treated differently. In the study area, a male is popularly characterized as one having a penis (*sonā*, gold, or *dhan*, wealth). Elders address their small sons in affection as *sonā* (gold) or may refer to the charming face of a baby boy as *sonā-mukh* (golden face), or may call the child *dhan miā* (implying a male having penis-wealth).

In contrast, the term for vagina, *bhodā*, is related to the term for fool, *bhodāi*, and it is associated with qualities of foolishness. Females are often referred to as foolish or lacking in common sense. When a fool among men is identified, he is referred to as a *bhodāi*, if his foolishness is in important matters. This implies that he is a person unfit to have a penis.

It is believed that women have a lesser capacity for impartial judgment, weaker social interests, less dependability in decision-making, and need for protection. Men feel that women commonly lack the common sense necessary to make decisions about property matters. It was observed in the study area that women are reluctant to make any statement on matters relating to property to anyone but their husbands or fathers. Of course, if women hardly leave the hamlet and take no part in public life, they have no reason to feel competent in these matters or to transact business. The women themselves come to accept this, and this is reinforced by characterization of femininity from childhood as *bhodāi*. Shahana Rahman refers the widespread belief in Bangladesh (The Bangladesh Observer, February 20, 1984) that ".... a woman is intellectually poor, physically weak, emotional, mentally inconsistent, timid and irrational. Therefore she has to be under constant guidance of a man who is thought to be balanced, physically strong, intelligent, assertive and sensible." Against this background, there is some feeling that the male sex organ is a better possession than the female one. These ideas to some extent are parallel with Freud's characterization of females as being relatively more passive, masochistic, with a weaker superego, and as having penis envy. If the women's movement in the West can destroy these stereotypes there, they can also be destroyed in Bangladesh.

The long-established son preference does affect the self-esteem of girls, and also their longevity. Boys are given more food than girls, and older boys eat with the men while older girls eat later with the women. Boys are often given more clothes, more education, and more encouragement, for they are future heirs, and supporters of the family, while girls are given away in marriage and often require a burdensome dowry.

In studying the ICDDR,B data on deaths in Matlab Thānā for 3 years 1978-80 (M.K. Chowdhury et al. 1981, 1982, 1982a), the following gender differences appear. In the first year of life there is not much clear indication of excessive female over male deaths. But at age 1 female deaths are some 50% higher, and at age 2, about 60 to 80% higher. This is the critical age when infants do not get enough food variety and breast milk might be declining; even when they get enough food, vegetables and protein sources are lacking. Obviously females in this stage are cared for less than males. In subsequent ages up to 14 female deaths are also mostly higher than male deaths. In the age cohorts 15-19 and 20-24, female deaths in some years are double or more those of males, mostly because of childbearing and associated complications. From age 40 onward male deaths exceed female deaths. Langsten

(1985:8) notes that substantial and persistent excess female mortality in South Asia suggests that something in the society or culture is responsible for the high female death rates found there.

The ICDDR,B data on cause of death for the same 3 years also bears out gender differences. In the age group 1-4 females have double or so the death rate of males from diarrhoea and dysentery, and also from dropsy. Females also have 20 to 50% higher death rates than males from measles, respiratory disease, and "other" causes, and to some extent also for "fever" and some other diseases. Males have nearly double the death rate of females from drowning, which reflects that even in the *śiśu* age boys are allowed or encouraged to wander and explore outside more than girls. From this we cannot say that girls are wilfully neglected; most respondents will also deny it, and will say that they love girls because of their female qualities and because they will be given away later. They are cared for nearly as boys in the first year of life. But when scarce resource such as food or money for medical treatment are involved, they are likely to suffer before boys.

On this point, however, as Veena Das (1979: 90-1) points out, one needs to be careful to not assume that there is a single definition of reality. In India "daughters never cease to be the repositories of their family honor." In Hindu tradition, a girl prior to menstruation is feally the embodiment of a goddess (borne out in the *Dūrgā Pūjā* celebration in Bangladesh in which an actual small girl is seated and worshipped as a goddess), and she is precious to her parents. The Muslim tradition is also that a girl should be protected and cared for, and socialized to grow up to be a mother who treats her own children with the same care and protection.

By the *bālya* stage gender identity is so well established that children usually choose playmates of the same sex. During the stage they become conscious that they should avoid much friendship with members of the opposite sex. Children in the later *bālya* stage develop some shame in having close relations with children of the other sex. There is also the ceremony in the study area of ritually establishing friendships between two children of the same sex already described. It may occur in the later *bālya* stage or in the next stage of pre-adolescence.

The type of play is also different for boys and girls. Boys tend to play with boats, carts, and bicycles, or swim openly, climb trees, or play running and ball games. Girls tend to play domestic games, hop scotch, or make miniature kitchens. This is of course a universal tendency, and not entirely from the gender socialization of Bangladesh. Erikson (1977:85-95) observed the play of hundreds of children of several cultures and was able to clearly generalize that "the dominance of genital modes over the modalities of spatial organization reflects a profound difference in the sense of space in the two sexes" which is analogous to the ground-plan of the human body. By genital modes he means that male play tends to be external, erectable, intrusive, and mobile, whereas female play tends to be internal in spatial arrangement with emphasis on access. These generalizations were derived from play with building blocks; boys built towers and streets; girls rarely built towers, but rooms, or otherwise organized space internally. Erikson then demonstrated that cultures elaborate upon the biologically given differences and strive for a division of functions between the sexes. Bangladeshi culture has been highly successful in such elaboration of innate differences.

In the *bālya* stage the child comes to identify himself with the same-sex parent. As Lueptow (1980:93-4) notes, Freudian and cognitive theories both emphasize same-sex identification of child with parent, and while this process may be different for boys than for girls, the end result for both is introjection of the characteristics of the same sex parent. Girls are socialized to think, feel, and act appropriate to their future role as housewives, and they hardly conceive of any other role. Boys foresee themselves in activities and occupations outside the homestead.

Finally, we may question whether this gender socialization or perceived inequality leads to hostility between the sexes. On this point, Kakar (1981:59) writes: "I do not have sufficient evidence to be categorical yet my impression is that these phenomena do not, in general, characterize the inner world of Indian woman. The dominant myths, for example—unlike say, *A Thousand and One Nights*—show little evidence of strain in relationships between the sexes. And as I have shown elsewhere aggression occurring between members of the same sex is significantly greater than between members of the opposite sex in India." Our observation suggests that this is also true of Bangladesh.

### Sex Socialization in Infancy and Childhood

It was observed in this study that infancy is prolonged and the mother remains very protective; in Matlab Thānā breast-feeding lasts for an average of 30 months (Huffman et al. 1980:144). Dependency of infancy extends through *śisūkāl*, which comprises 3 stages of Erikson's scheme, and the extension of babyhood through age 5 or so reflects the reality of childrearing in Bangladesh. In this stage, the child is thought to be unable to plan and act on its own initiative, and thus *śisūkāl* is known as the period of non-reason (*abujh*). The *śisu* has little interaction with persons outside the family and close neighbors.

The effect of this pattern on the individual and his sexuality, on society, and the theoretical implications, have been explored with keen perception by Sudhir Kakar (1981), based on his psychiatric experience in India combined with his knowledge of Indian tradition and Hindu mythology. The myths of Sītā, Damayantī, Sāvitrī, and Arundhati, are uncompromising in their imagery of womanhood and their consorts of manhood. Kakar's findings are summarized in this section and they apply as much to Bangladesh as to India, or even more because of the effect of *pardā*.

Because of the mother's immediacy and utter responsiveness to the child, he emerges from infancy and early childhood believing the world is benign. The confidence and support and memory traces of maternal ministrations provide the basic modality for one's social relations throughout life:

Indians are apt to approach others with an unconscious sense of their own lovability and the expectation and demand that trustworthy benefactors will always turn up in times of difficulty.... Many character traits ascribed to Indians are part of the legacy of this particular pattern of infancy: trusting friendliness with a quick readiness to form attachments, and intense, if short-lived, disappointment if friendly overtures are not reciprocated; willingness to reveal the most intimate confidences about one's own life... the expectation of a reciprocal familiarity in others; and the assumption that it is 'natural both to take care of others... and to expect to be cared

for.' I find no other explanation than the emotional capital built up during infancy for the warmth that is abundantly and unreservedly given and received in the most casual encounters....

The proportion of Indian men who express or experience an active dislike, fear or contempt, for their mothers at a conscious level is infinitesimally small. This is strikingly apparent in clinical work; in initial interviews and in the early stages of psychotherapy, patient after patient invariably portrays his mother as highly supportive and extremely loving.... Literary evidence further corroborates her sentimental prevalence.

It needs to be noted here that this idealized image of the 'good mother' is largely a male construction. Women do not sentimentalize their mothers in this way. For daughters, the mother is not an adoring figure on a pedestal; she is a more earthy presence, not always benign but always there (Kakar 1981:82-3).

Kakar adds that patients often allude to fear of being alone and cut off from attachment figures. People tend to feel helpless and unable to make decisions when other family members are absent; they characteristically rely on others to go through life. Some Western and South Asian social scientists have considered this a weakness in the Indian or Bangladeshi personality, the price to be paid for the indulgence enjoyed in infancy and early childhood. The dependence and strong sense of security in family life is accompanied by a clear sense of responsibility but without so much sense of personal initiative or decision. This modality is sometimes compared with that in societies where the infant is trained early to be independent and to take initiative. But it is not for us to say which is "better."

These features also lead to an expectancy of *moksha*, a state of release and self-acceptance. "This theme has its ontogenetic source in the specific form and quality of the interactions between mothers and infants in Indian society; and it is vividly elaborated in Hindu mythology as the persistent nostalgic wish for the benevolent presence of the 'good mother' as she was experienced in infancy."

However, the counterpart of this is the 'bad mother' portrayed in myth as the destroyer and devourer. This is a common theme not only in South Asian myth, but in many world regions. In India a woman is expected to find emotional fulfilment primarily in her relationship with her children; in Bangladesh this is even more so because the movements of women are so restricted. The child then feels compelled to act as the savior of his mother. A girl's sexuality through childhood and youth is characterized by progressive socially enforced renunciation (see Chapters 3 and 4), so in motherhood a woman's erotic impulses are often highly restrained and confined. She may turn the force of her eroticism toward her infant son. "The displacement of a woman's sexual longings from her husband to her son poses one of the most difficult problems for a boy to handle." The child comes to feel that he cannot do without his mother and her presence, but he cannot give her what she unconsciously wants. In South Asia, as in ancient Greece, "in so far as the child receives a healthy, non-devouring love from the mother he will regard the female genitalia as the source of life. But in so far as he fails to receive such love, or receive it at the price of living solely for the satisfaction of maternal needs, he will regard the female genitalia as threatening to his very existence" (Slater 1966:68).

This accounts for many features embedded in Bangladeshi and Indian society. It gives rise to the opinion that women are lustful and have insatiable, contaminating, sexuality, which has an effect of weakening men. This imagery goes all the way back to Adam and Eve in Near Eastern myth, and is abundant in South Asian mythology. This also accounts for some burdens put on women by the culture, such as the feeling of pollution from menstrual blood and childbirth (Maloney et al. 1981:149-51, 180-2). It gives rise to the symbolic importance of a woman's purity in maintaining the social status of a family. It gives rise to treatment of widows. It gives rise to age difference in marriage; the Indian Sanskrit law texts recommend a great difference in age, as much as 16 or 18 years, between husband and wife, or even that a wife should be one third of the husband's age. In Bangladesh this is not a conscious ideal in Muslim tradition, but the difference in age of marriage is 7 years for first marriages and nearly 10 years for all marriages, and this is high when compared cross-culturally. The psychological reason for this is the feeling of intimidation by sexually mature women.

This also results in fear of impotence in men, and in actual impotence, which is a common medical complaint and for which traditional healers and curers advertise various remedies. The situation has elements of a vicious circle: sexually mature women are threatening to men, who then tend to avoid them, which causes women to turn to their sons, which produces adult men who fear the sexuality of mature women.

Some of the defences males can use in this situation as mentioned by Kakar for India also apply to Bangladesh. Transvestism is a sub-culture in Bangladeshi society and must be seen in the light of this complex. Another measure is fantasy of matricide, which is projected as goddesses who meets violent death, but it is common in Hindu mythology that such goddesses are resurrected, then acquire eternally divine and powerful qualities, in which the devotee may merge himself. Some men renounce potency and prowess and become meek, sometimes subjects of derision. Others take on a rigid symbolic masculine manner, which is also common in the mythology. A variant of this is the rigid separation of gender roles, which provides a bulwark against the feared inner sensitivities; this is the most widespread mechanism in Bangladeshi society.

This is all part of the complex that includes widespread concern in men with semen loss, fear of impotence, and concern to eat foods supposed to promote masculine sexuality. Also perhaps related is the tendency for both adolescence and adulthood to be psychologically delayed, so that the person sometimes acquires his full individual personality only in his or her 40s, the stage of mature adulthood when one gets power and authority so this is recognized as a distinct stage in life.

But actual sexual and reproductive performance may not be inhibited by this complex of characteristics. Bengali culture is highly adapted to the rice-growing peasant traditional economy. The extremely low incidence of infertility among couples in Bangladesh is evidence that these psycho-social characteristics are not dysfunctional, but perhaps even functional in traditional life in this environment.

## ADOLESCENCE AND GENDER ROLES

### *Kaisorer Prārambha* (Pre-adolescence)

Bangladeshi children are socialized to take up their respective male and female roles well before puberty sets in. For this reason, a separate pre-adolescent stage of life is recognized, *kaisorer prārambha*, literally, commencement of 'early adolescence' (*kaisor*). But this is recognized as a distinct stage more for girls than for boys because of the importance of girl's behavior during adolescence to the reputation of herself and her family. Quotations from people in the study area show what is expected during this stage of life: (Quotations or paraphrases throughout this book are followed by symbols indicating the number of males and females, or upper, middle, and lower socio-economic class, who expressed the ideas in open-ended interviews.)

A father cannot show affection for his daughter by embracing her after she is 8 or 10 years old. By then, both the father and daughter feel ashamed to come close to each other, but the father can always caress his son. A mother cannot caress her son by embracing him or drawing him close to herself after he is 10 or 12 years old, because both mother and son would feel ashamed. But the mother can always caress her daughter. (M:7,6,5; F:6,7,8)

A girl in *kaisorer prārambha* is asked to learn to observe *pardā* and is instructed to keep her head under a cover (*ghomṭā*) in the presence of older males. (M:9,8,5; F:7,6,4)

A girl is expected to begin learning proper decorum for a female before the end of childhood (*bālyakāl*) so she can play the part well once puberty sets in. This period of training is the *kaisorer prārambha* stage. This is not just the effect of Islamic ideals of *pardā*, but there is also a pre-pubescent stage recognized in parts of India, as in the Kannaḍa scheme of life stages (Figure 1).

A Bengali girl is in this stage from about age 9,10,11, or whenever her growth spurt begins, and until she attains menarche. Physiological development rather than chronological age is important. There is biological support for distinguishing this as a stage of life. Well-nourished girls in the United States and Europe begin their growth spurt at an average age of 9.5 years, but in lands with poor nutrition it may not begin till 12. According to Frisch (1982) who made a special study of the subject, the growth spurt for girls commences when 16% of the body weight is fat and the weight is 30 kg. If the growth spurt starts at 9.5 years,

the peak velocity of adolescent growth is achieved at 12.1 years, with 19% of body weight in fat and weight of 39 kg. Menarche is then achieved at an average age of 12.8 years, with 24% of body weight in fat and weight of 47 kg. The interval from the beginning of the growth spurt to menarche is an average of 3 years for well-nourished European and American girls, but in lands with poorer nutrition the interval may be up to 4.5 years.

This interval corresponds to the stage of *kaiśorer prārambha*, but we do not have statistical data on ages of these biological changes in Bangladesh. A girl will be considered *kaiśorer prārambha* at least by the time she begins her growth spurt, and becomes *kiśorī* by the time she achieves her peak velocity of growth or certainly by the time she achieves menarche. Then there is a further period before the girl achieves stable reproductive ability, which in Frisch's study in the West is shown to be when 26% of body weight is in fat, and weight is 55 kg. which takes 4 or so more years, and which corresponds to the *kaiśor* stage.

A girl in the *kaiśorer prārambha* stage still wears pants and blouse, or a skirt, but if she attends the Islamic school (*maktab*) she should wear a *sāri* and 'head cover' (*ghomṭā*) while going and coming so she learns to associate these with piety, but after she returns home she can take it off. She is expected to learn now to not roam so freely around the hamlet (*pārā*). She is asked to speak softly and not too much, behave politely, and in some families to perform compulsory prayers and fasting. She may be expected to work in the kitchen and at other domestic chores for hours together.

A boy may play naked while swimming or around the ponds and channels up to the pre-adolescent stage, but then he becomes ashamed to do so. He is expected to learn farming tasks such as plowing, or other work of the family occupation, and as he is in a phase characterized by sexual latency and industriousness, it is not difficult for him to learn these tasks.

As the quotations show, a girl in this stage is not expected to be caressed by her father, and a boy approaching adolescence is not expected to be caressed by his mother. A child above 9 is no longer considered suitable to share a bed with either parent. During this stage children learn whatever they know of sex from their peers or older children, or by observation. They do not usually have sexual fantasies at this age, but playful homosexual or heterosexual contact known as *pundāpundi* sometimes occur. Boys, particularly, form a pattern of sleeping with other boys, which they continue throughout adolescence. Children who have already had the ritual of formal friendship with another child of the same sex are likely to continue this relationship through pre-adolescence, and in the study area a fair number of children age 11 also had the ritual of formal friendship performed. This establishes that by then the closeness of peers and friends the human needs is found in those of the same sex.

### ***Kaiśor* (Early Adolescence)**

The beginning of puberty marks an important transition in life for the people of the study area. A pre-pubertal boy is *nābālak*, but one who has semen is *sābālak*. A pre-menarchal girl is *nābālikā*, but one who has had her first menstruation is *sābālikā*. These terms are derived from Islamic tradition, and Hindus do not use them. However, the Hindu equivalent term for *sābālikā* is *upajukta* (this term implies that the girl has become fit

for coitus) which is derived from Bengali language. Gender roles tend to be associated with piety in Islam for a girl, marriage is preferred only when she is *sābālikā*, and from that point she must behave with decorum.

The stages of early adolescence is termed *kaiśor*, which implies a tender but pubescent age. A boy in this stage is *kiśor*, and a girl is *kiśorī*. The following quotations show the gender role expectations:

A *kaiśor* girl is kept engaged in domestic chores. She is not allowed to go outside the dwelling alone during the night and if it is necessary for her to go, she is accompanied by an elderly woman. (M:6,8,3; F:6,2,7) Some young men may lie in wait, and if they find a girl alone they may attempt illicit coitus by using allurement or force, which will bring disgrace (*kalaṅka*) for the girl. (F:2,3,1)

A *kaiśor* girl is not allowed to speak loudly, and she is asked to talk less and softly, and to move politely. (M:4,6,3; F:6,7,5) Marriage proposals do not come for a young girl who is not well behaved or polite. (F:0,1,0)

A *kaiśor* girl is often restricted from talking and joking with the sons of her father's elder and younger brothers, or with the sons of her father's sisters, or with the sons of her mother's brothers and sisters. (M:6,2,5; F:7,5,6)

If a male youth (*nabajubak*) sees the developed breasts of a *kaiśor* girl, he may say she has become 'one fit for sexual enjoyment' (*māl*). (M:1,0,0; F:0,1,0) A girl develops rapidly after she attains menarche; during this time a girl even from a poor family wears a *sārī* and blouse. (M:2,0,3; F:4,2,1)

A girl in her first menstrual period is forbidden to walk over a bridge, or eat fish, or take betel leaf. If she eats fish then, a bad odor comes out of her body; if she eats betel leaf then, the spot of menstrual blood on her clothes cannot be removed. (M:3,2,2; F:3,1,0)

Upon reaching maturity, girls must wear *sārīs* to keep their bodies and heads covered. It will be sin if a *kaiśor* girl moves around without having proper covering on her body. Such a sin will not be pardoned. (M:1,2,1; F:2,2,1)

In these quotations, the expectations stated by female respondents about young girls' behavior are even stronger than those of male respondents. Partly this is because women are expected to train their daughters in decorum. There is not much difference among the three socio-economic classes in these expectations of gender behavior.

In Bengali, girls are classified as *āuisyā* or *āmuinyā* according to their physical development. *Aus* and *āman* are two varieties of rice which are sown at the same time, but the *āus* is ready for harvest within 3 months whereas *āman* takes 5 months. The girls who reach the budding stage marked by rounding of the hips and development of the breasts are called *āuisyā* girls, and the later-developing one *āmuinyā* girls.

Age of menarche in a small but reliable sample in Khulna District, according to a Netherlands team (1973) is 14.1 years. A study in Matlab Thānā showed it to be 15.8 years for Muslims (Chowdhury et al. 1977:319-24), but this seems to be unusually high because of postwar famine, inflation, and floods. The study does show that preference for marriage is after menarche. Menarche is no doubt delayed in Bangladesh because of less than optimum nutrition. For children in the ages 5 to 14, caloric intake difference between boys and girls is in the ratio of 1.11 to 1, which is not a severe difference considering body build. But the ratio of protein intake is 1.22 to 1, and the nutritional differences tend to be greater in higher ages (D'Souza 1981:8).



For boys, the *kaisor* stage is one of growth spurt and production of semen, which may occur 2 or more years later in Bangladesh than in well-nourished Western populations, though there are no measures of it in Bangladesh. A youth whose secondary sexual characteristics of mustache and voice change are readily apparent may be classed in the next stage, of *nabajauban*.

There is no public ceremony in Bangladesh for a girl on her attainment of menarche, in contrast with South India where the custom is to hold a celebration, with invited guests, and give the girl adult clothes. In Bangladesh the occurrence of menarche is a private matter. The mother of the girl, who has probably given her no sex instruction, may now just tell her to wear a rag when she needs to. However, in rural areas there is often some ritual associated with first menstruation, for it is considered to be more polluting requiring special washing afterwards, and the girl is considered particularly vulnerable at that time. A number of our respondents quoted above said that during the first menstruation a girl should not cross a bridge, eat fish, or chew *pān*. About this time, a girl will begin wearing a *śāṛī* continuously, and when pubic and underarm hair grows she will shave it, which is considered to be cleanliness in Islamic tradition.

There is interest in the folk literature in development of a girl's breasts. Changes in breasts mark 4 stages of life for a girl: "Budding breasts are worth one crore taka, breasts like pomegranates are worth one lakh taka, breasts like marmelos are worth one thousand taka, and breasts which are sagging have no value" (*uṭhite koṭi mūlya, lakṣa mūlya dālīme, belete hāzār mūlya, nāi mūlya jhulanc*). Budding breast belong to the *kaisor* stage, those like pomegranates to late adolescence, those like marmelos (*bel*) to adult women, and sagging breasts to women over 35 or nearing middle age. This indicates the desirability of a *kisori* for marriage.

Parents' attempts to arrange marriage of a *kisori* is a source of great delight to her, according to 11 of our female respondents. It was observed that when a *kisori* daughter started hearing talk about her marriage, she would take special care about her dress and movements. She would know that acquaintances or strangers might come and watch her movements without her knowledge, on behalf of a potential groom's party. She is also aware that information about her physical beauty, manners, and movements might be communicated to the other party by a neighbor, a pedlar such as a bangle seller, or even a beggar woman. A fair complexioned girl would worry less about her attractiveness for marriage than a dark complexioned one.

Illicit coitus in pre-adolescence or early adolescence is not considered as serious offence as in late adolescence. The children are thought to have only partial capacity to distinguish right and wrong, and parental punishment is less than when such events occur if it is thought the persons have full moral knowledge.

### ***Nabajauban* (Late Adolescence)**

The *nabajauban* stage of life is roughly age 16 into the early 20s, but it applies more to males than to females because males usually remain unmarried during the age but girls marry in their middle or late teens. A boy in this stage is called a *nabajubak* or *naojoyān*, and a girl a *nabajubati*, but the term for a girl is not common. This stage begins when physical maturity is easily apparent and continues more or less until marriage.

This is a dangerous stage of life, according to espoused moral standards, so elders are careful to prescribe how the youth should act. The following quotations from the study area show expectations about gender-related behavior:

When a young girl grows up, her parents should keep her movements under surveillance so that she may not talk with any young man. The parents of a grown-up girl should remain cautious that any young man from a different family does not visit the homestead frequently. (M:3,2,5; F:6,5,4)

A mature girl should keep her movements limited to the homestead (*bāri*) area, and should not go visiting neighboring *bāris*. If she goes to visit neighbors, she may make jokes with young men and may develop an attachment. Members of the community will criticize such intimate contacts. (M:6,7,5; F:5,6,4)

A mature girl may go outside the *bāri* along with her own brother or any other reliable and responsible close relative. If she remains out of sight for some time, her mother is likely to take close account of the period in question. (M:3,2,0; F:3,4,2) A mature girl is advised by her grandmother and by wives of elder brothers to remain on the right path. She is advised to keep her body and head well covered so that men cannot see her body and hair, which may provoke sensual desire. (M:0,2,1; F:2,1,0)

When I was a mature (*sābālikā*) unmarried girl, other girls of my age advised me not to mix with bad young males. They warned me not to mix, speak, or scuffle with them. (F:4,3,2)

Sometimes restrictions on movements of unmarried girls outside the homestead impedes their higher education. (M:3,2,4; F:2,1,0)

From the sources of these quotations, we may note that such ideas are voiced as much or more by females as by males. It should not be assumed that *pardā* is just imposed by males on females. It also appears from the above sources that these restrictions are more important to people of upper socio-economic class, which coincides with the function of *pardā* as a marker of respectability for the local landowning farmers or the relatively well-off. But more males than females among the respondents mentioned the effect of this on girls' education. Women are concerned to look after the details of their daughters' behavior as the quotations show. But no control is needed if a visiting male relative belongs to certain categories of kinship: father's brother, mother's brother, father's or mother's father, and mother's sister's husband. These male relatives can be trusted to act the part of the parent to protect the youngster and promote the value system.

Gender role expectations become exaggerated in this stage. Most of the respondents felt that it is not shameful for a male to look at the body of a female with sensuous eyes; on the contrary, it is the female who bears the shame when a male looks at her so. But a young female who looks sensually at the body parts of a male brings shame to herself. If a young male expresses his sensual pleasure to his peers in such a situation, they would share his pleasure. But if a girl expresses pleasure at seeing a male's physical features, her girl friends would criticize her for being shameless (*behāyāpanā*).

A boy of this age has to work and often contributes more to the family income than he consumes, unless he is a student. But it is considered disgraceful (*lajjājanak*) if an adolescent female has to work outside; even the poorest families will hardly permit it. People think that if a girl works in the field sexual mishaps (*aghaṭan*) are bound to occur.

The crucial nature of this life stage is seen in the belief held, derived from Islamic sources, that a person of *nabajauban* age who is self-controlled will be rewarded in the

after-life more than an older person who exercises the same self-control. At this age a person is assumed to have attained a 'sense of right and wrong' (*bibek*).

Parents and other older relatives refrain from communicating direct sex information to adolescent males and females, though the young people have a joking relationship with certain categories of kin, and they acquire considerable knowledge of such matters from their peers (Chapter 10). The parents, by not discussing the subject, emphasize its sensitivity and importance, and the associated moral values.

Parents and elder close relatives usually like to view a female as younger than her actual age, since it is known that a younger female has higher demand as a possible bride, and there is less risk to the reputation of the family.

Biologically, the peak of actual sexual performance is in the middle and later teens, especially for males. The question of the effect of this sexual pattern in Bangladesh on the behavior of groups of young men, as in universities, has not been scientifically ascertained. It might be considerable. In discussing the general question of juvenile delinquency and sex, based on American respondents, Kinsey et al. (1948) stated that the majority of males during the most potential or active period of their lives have to accept clandestine and illegal outlets, or become involved in psychological conflicts in attempting to adjust to reduced outlets. It follows from Freudian premises, that juvenile delinquency might well derive from repressed or diverted sex, evidence of which is that such behavior of youth is uncommon in tribal communities. The more relevant question is the behavior of youth in peasant societies under these circumstances.

In this study we did not interview youth particularly, and did not aim to answer these questions. Adolescent youth enmeshed in the village culture do not become delinquent for the most part, but there is indeed a restlessness, which is intensified by mutual communication in a large group of peers such as on a university campus. Many youths do have sexual experience before marriage, both in rural areas and in universities, but many also are frustrated for years together, and feel even that masturbation is harmful or sinful. The relationship of social sexual attitudes with restless behavior of youth is a separate subject that should be studied.

### Sexual Feelings and Fantasies in Adolescence

The following ideas were expressed by respondents in the study area:

A 'sexually mature girl' (*sābālikā*) worries about conjugal life with an unknown male. After menarche, she thinks that if she remains virtuous, Allah will give her a good husband. She becomes shy and modest in her movements, and talk of her possible marriage or even the sight of an unknown young man makes her feel shy. (F:0,1,1)

When a sexually mature girl finds that most of her age-group friends are married, she feels unhappy and curses her bad luck. When her married friends return for a visit she also eagerly wishes to be married, and if there is no arrangement for it she becomes worried. (F:2,1,2)

When a girl learns of her parents' attempt to arrange her marriage, she becomes delighted and begins to dream of her future husband and conjugal life. She develops greater sexual feelings and begins to behave like an adult female. She thinks she is

already grown-up and that it would be excellent if she is married soon. (M:2,3,4; F:3,2,6)

When a girl (*sābālikā*) sees a boy (*sābālak*) she makes a conscious effort not to look into his eyes. Nevertheless, she may wish for an opportunity to have sexual relations, and may wish to be married. (M:4,3,5; F:3,2,6) When a girl sees a boy she enjoys thinking of him as her husband, and feels excited at the thought of having sexual relations with her future husband. (M:3,2,3; F:2,0,2)

When a *sābālikā* is left alone she has fantasies about events related to sex. She finds it interesting to move near young men and to talk with them. If opportunity arises she develops emotional feelings and takes more initiative. Sexual activities between such young people are entirely from their personal initiative and the matter is kept beyond the knowledge of the guardians. (M:3,2,4)

During adolescence a *sābālak* feels the thrill of joy in his body and mind. Males and females try to gain sexual pleasure by having the company of their partner in fantasies. (M:5,6,4; F:3,2,6)

Many young males and females make various efforts to indulge in illicit coitus. (M:4,3,2; F:5,4,5) During adolescence young people find it difficult to control passion; they may fail to have enough patience and may resort to masturbation. A *sābālikā* or *sābālak* may lose his sense of propriety and is likely to do anything! (M:3,4,3; F:5,2,2)

Sometimes I think of having coitus with a girl and become excited. I cannot pay attention to my activities and even forget to go to take meals on time. Sometimes I attend a folk drama (*jātrā*) which only adds to my sexual excitement. (M:0,1,0)

When I was in school I enjoyed seeing drawings of naked males and females, with their sex organs, on the walls of the school latrine. This was amusing and enjoyable. (M:2,1,0)

As an adolescent I was interested in the size of my penis. I compared it with the size of the penis of some of my friends. I felt my penis was large, and if I pushed it into the vagina of a *sābālikā* she would surely get much satisfaction! (M:1,1,0)

Of the 65 respondents in this study, 15 males and 11 females spontaneously referred to fantasies during youth. Sometimes these were rich or elaborate. The males imagine the breasts, face, buttocks, thighs, and vagina of a female. They would think of a female as food for satisfying their sexual hunger, and always regarded the body of a young female as a personal possession. But because of their difficult economic situation, they would often avoid thoughts of marriage, imagining instead the sexual company of a girl without financial involvement. The girls would fantasize the arms, chest, muscles, and penis of a male. Most of them combined these images with the thought of building a home.

Masturbation is frequently practiced by males and females. However, it is more frequent among males because they are socialized less than females to feel shame and guilt. Under the restrictions imposed on contact between young males and females, some of them have repeated fantasies of a particular desired partner with whom they have imaginary coitus, accompanied by sexual lubrication and masturbation. Both males and females find that one of the best places for such fantasies and masturbation is the latrine. If a young person spends an unusual length of time there a guardian might try to stop it by uttering stinging remarks: "What do you do for such a long time in the latrine? How much fun (*majā*) you must get from the smell of excreta!" This might be said to a girl by her mother,

or to a boy by his father. Masturbation is thought of as a fault (*doṣ*) or 'bad habit' (*kuabhyās*), and marriage is the best way to get rid of it. It is also thought to induce physical weakness (Chapter 5).

Some young men tend to wander from *bārī* to *bārī* hoping to find a female partner. A girl might remain in her *bārī* hoping that a suitable partner would come around. Given the strict surveillance over young people, especially girls, it requires some persistence and planning for two young people to get together. One natural spot is the *ghāt*, the steps into the tank or river where people go for bathing, and women fetch water or wash clothes there:

When I was an adolescent I had to go to the river *ghāt* along with other women of the *bārī* to fetch water. I used to be aware that a few young men of our neighborhood (*āṭī*) would stare at me. I liked one of those young men, but failed to communicate this to him. (F:0,1,0) I used to bathe in the river *ghāt*, but my mother would always accompany me because she feared that certain young men would attract me there. (F:0,1,0)

There is a saying that "The son gets spoiled in the *hāt* (market) and the daughter gets spoiled in the *ghāt*." The word is used in a double sense in conversation, as the "*ghāt* of a river" or the "*ghāt* of an unmarried male." Males would try to see females in their wet clothing, and since they do not wear blouses while bathing the males may become stimulated, and often may masturbate there in the water, or communicate with the girl if possible.

The surveillance of young people breaks down somewhat on special occasions of ceremonies or gatherings. At a marriage adults may be busy discharging their social obligations and the young people may find an opportunity for a tryst. Another such situation is at a drama (*jātrā*), and this was stated by 10 male and 9 female respondents. The *jātrās* are often ribald in any case, and girls may be prohibited from attending. But it was observed in the study area that this was an occasion when couples could often manage to slip away from people and engage in sexual relations at night in a lonely place.

### Age of Marriage

The following quotations show the social pressure to marry off pubescent girls:

Girls should be married at the age of 14 or 15 or when they attain their menarche. By this time, a girl knows about a husband, family, and her role in the husband's house. If she is married at this age she cannot go on the evil path. Girls who get married at an older age suffer from scandals about their supposed pre-marital sexual activities. (F:1,0,2)

A *sābālikā* is a danger for the parents. They do not sleep well if they have a pubescent unmarried daughter in the house. (M:9,8,6; F:10,9,11)

If marriage of a pubescent girl is delayed, the parents feel guilty. Parents, elder brothers, and their wives, and grandparents, have to keep an eye on her movements. The guardians, especially the parents, remain apprehensive and advise the young girl to be careful in her movements, speech, and dealings with young males, because one doesn't know what evil desire might be in their minds. (M:6,8,10; F:8,10,9)

It was observed in the study area that not only the parents of an unmarried mature girl, but the girl herself, feels guilty if she remains unmarried for some time. Parents might begin

to think of her as a burden, and it is said that such a girl is viewed as 'the spine of a fish stuck in the throat' (*galāy āṭkāno kāṭā*). This appears destructive to the self-image of the girl, but in fact it has the function of smoothing the bold edges of her personality so she might be thought more amenable as a daughter-in-law.

In our extended interviews with 65 respondents, 24 males and 27 females said they would feel guilty if they fail to arrange the marriage of a daughter within a few years of the onset of her menstruation. The major reasons for not arranging it would be financial difficulties of the parents, especially as regards dowry, and trouble in finding a groom with the requisite qualities. In the quotations above the females express slightly more concern than the males in having an unmarried pubescent girl around, because the older females mostly have to look out for her.

In the study area, several females in their mid-20s did remain unmarried, from the middle and the low socio-economic groups. Rumors were circulated about their illicit sexual relationships, by neighbors and even by close and distant relatives. The parents are sometimes blamed for their inability to control their pubescent daughters strictly enough to ensure their virginity. But spreading of such rumors usually arises from envy of the family concerned over its income, social leadership, or claims.

However, people caution that girls should not be married too young, and some recommend that it only be about age 20.

When a girl is given in marriage at a tender age, she is likely to become afraid of her husband and scream when he wants to have coitus with her. She may even try to run away from her husband's house. Such a girl may leave her husband's house while he is asleep. When she visits her parental home she may not want to return. (F:2,3,4)

Coitus with a minor girl often leads to discharge of blood through the vaginal passage. This may create panic in the mind of the husband. He may think that his sexual act might cause her severe injury. If a young man marries a minor girl, he must exercise a lot of self-control. (M:3,0,2)

In order for girls to properly understand the husband and wife relationship, the parents should not give them in marriage before they are about age 20. (F:3,3,1)

These quotations show that in the study area people are not very interested now in getting their girls married off before they reach menarche. A similar trend is evident in India. Young men prefer to bring home a wife who can participate in household economic activities without any delay.

But there is a wide range of opinion as to whether a girl should be married off very soon after menarche, or later. Of the 7 women in the above quotations who thought 20 is a good age, most belong to the upper and middle classes; the range of opinion on desirable age of marriage shows that there is flux in the society on this point (Maloney et al.1981:84-9). Parents are very reluctant to marry off a second daughter before the first is married, as otherwise people think there is something wrong with the first one and a higher dowry will be demanded. But this may be not true if only the older daughter is being educated. A Netherlands (1973:40) team found in Khulna District that while the eldest daughter should be married before the younger, this was not so true of elder and younger brothers. However, in our study area people do feel that younger brother should not even express a desire for marriage until the older brother is married, and that it would be a matter of shame and criticism if he expressed such a wish; 7 male and 7 female respondents stated this.

There is a clear rising trend in age of marriage over time (Aziz 1985:25-26). Several studies quoted by Shaikh (1982:6) show that preferred age of marriage for girls rose from 14 or less to an actual age of 17 now, and for boys it rose from between 19 and 22 to an actual age of 24 now. In India the age of marriage, on the whole, increased by 4 years between 1890 and 1970 (Dandekar 1974:38). However, there is a problem of accuracy in these figures, as our respondents state:

The parents and guardians usually like to view a female as younger than her actual age. All parents know that a younger female has higher demand as a possible bride. So at the time of marriage the actual age of a girl is concealed and a lower age is given as far as possible. (M:4,3,5; F:6,7,5)

More women than men made this statement. And most rural older women do not know their own age, and their memory of when they got married may also be more ideal than fact. Therefore these studies about age of marriage based on questionnaire surveys produce unreliable results, though the rising trend is clear. *The Bangladesh Fertility Survey* (1978:14) shows that women married in 1962 were 12.3 years old, in 1972 were 14.3 years, and in 1975 were about 15 years, an increase of 2.7 years of age in a time span of 13 years. In Matlab Thānā data are available based on birth records (M.K.Chowdhury et al.1981:22). In 1976, only .67% of girls were married before age 12, and 13.2% were married in age 12 to 14, but 63.6% were married in age 15 to 19. Average age was 17.7 for females and 26 for males. In past decades marriage of pre-menarchical girls did occur, more among Hindus than Muslims, but it is doubtful that it was to the extent shown in statements of middle-aged and older women about their own age of marriage.

The minimum legal age of marriage in Bangladesh for females is 16 and for males 18, according to the Muslim Family Laws Ordinance, 1961. A girl of 16 can be married with the consent of her guardian but cannot contract her own marriage till 18. A Muslim woman married between 16 and 18 also has the right to renounce a marriage contracted but not consummated, which can then be considered invalid (Alamgir 1977:29). In 1984 through a Government Order the minimum legal age of marriage in Bangladesh was fixed at 18 and 21 years for females and males respectively. Such requirement is hardly known over the countryside and has little impact on behavior.

A girl married in adolescence may quickly find herself as a mother. She is often under pressure to bear a child as soon as possible. Nevertheless, there is a rising age of first births to females in Bangladesh. In Matlab Thānā according to ICDDR,B data, in 1969-70 the fertility rate per 1000 women in age 10 to 19 was 229. But 10 years later, in 1979, it had come down to 130, and in 1980 was 126 (A.Chowdhury 1981:18; M.Chowdhury 1982:17 and 1982a:18). Of mothers' age 15 to 19 who gave birth in 1979, the mean number who had a previous pregnancy was 0.4.

A young man is usually married in his 20s. Several studies in the 1970s show it to be about 24, and in Matlab Thānā now it is 26. The reasons are shown in the following quotes:

A man needs money, a house, and property before he can marry. If a man has good education, he can marry a girl of good family of his choice. (M:2,1,0; F:3,0,1)

Until a son becomes an earning member of the family his parents do not usually take the initiative to arrange his marriage. The proper age for marriage of a young man is about 25. (M:2,1,2; F:3,2,1)

Parents arrange the marriage of their son when he is fully grown, around the age of 20 or 25. Elders feel that a young man should be married at the right time lest he

indulge in illicit coitus. They think that if he is married a few years after reaching sexual maturity he remains satisfied with the company of his wife, pays more attention to family welfare, and tries to earn more. (M:2,3,1)

The marriage rates per 1000 males in Matlab are: under 19, 24; 20 to 24, 161; 25 to 29, 269; 30 to 34, 86. Whereas there is a limited range for age of first marriage of females, males may marry over a wide age range. In the quotations above it is clear that people of higher socio-economic class are interested particularly that a marrying man be able to earn and manage property. Chronological age is of less importance. In the study area, the most desirable traits in a bride were stated to be youth, physical beauty, and lineage, but for the groom, wealth and earning capacity were mentioned most often.

The age difference between bride and groom greatly increases with the age of marriage of the groom. If the groom is 20 or under it is only 5.4 years, but if the groom is 25-29 it is 9.5 years, and if the groom is 40-49 it is 22.8 years, for first marriage (Shaikh 1982:26). The median age difference now is about 9 years, and there is some tendency for it to become less. The main point is that a marrying girl should be young and attractive and fertile.

It is commonly believed in the study area that it is possible for an obedient daughter to exercise self-control up to the age of about 20 without marital company, and a son up to about age 25. It is believed that beyond these ages it is often not possible for young people to exercise self-control.

In terms of life stages, the ideal stage for a female to get married is *kaisor*. But a male usually has to remain unmarried through *kaisor* and *nabajauban* stages, and he is ideally married in the *pūrṇa jauban* stage, when he is responsible as a full young adult.



## ADULTHOOD AND GENDER ROLES

### Adulthood

In the study area it was observed that passage to adulthood is usually achieved on marriage. For a male, this usually means that he has sufficient earning power to support a wife, and when he does, his parents usually arrange the marriage. For a girl, the *nabajauban* stage is usually cut short and she is married in her teens and must immediately take up an adult role, though under supervision.

There are some significant differences in the stages of adulthood in South Asia on the one hand, and in the West on the other. Erikson has identified 3 stages of adulthood: young adulthood, adulthood, and maturity. In Bengali there are 4 stages, which correspond with the reality of life, and also have parallels in other South Asian schemes of the life cycle. In Bengali, young adulthood (*pūrṇa jauban*) extends generally until a person has grown children, by which time he comes into a position of authority in the society. This distinction is not recognized in Erikson's scheme. In Bengali, young adulthood for a male may last to his early or mid 40s, and for a female to her late 30s. Then comes middle age (*madhyamkāl*) when one is theoretically less sexually active but more socially responsible. Erikson's stage of "maturity" is divided into two parts in Bengali and in all the South Asian schemes shown on Chart 1. Old age (*briddhakāl*) is one of retirement, while the final stage (*marañkāl*) has particular religious importance and is regarded as an important transition stage.

"Adulthood, in the psychological study of individuals, is the time when one is expected to have sorted out his inner conflicts and social identity sufficiently to function in love and work. When Freud was asked what a normal adult should be able to do well, he replied, "love and work." He meant genital love and affection, and implied that one should be capable of the intimacy, affection, and genitality of marriage, and also capable of meaningful work. Usually an adult relatively competent and capable in these two activities has acceptable mental health. As Erikson (1977:239) says: "It pays to ponder on this simple formula; it gets deeper as you think about it."

Following clinical studies of personality in South Asia, it has been suggested that in this region of the world adolescence may be somewhat extended (Ramanujam 1979:49). It is suggested that conflicts appropriate to the adolescent phase are often not resolved because

adolescence as a time for role-resolution is not clearly recognized in the society. Therefore such conflicts may be carried over into young adulthood. It also follows, then, that young adulthood might also be extended in South Asia. This is apparent, in fact, from the comparative life cycles shown in Figure 1. Erikson (1979:27) believes that resolution of the crises of youth is a precondition for his two adult stages. The first of these adult stages he defines as "resolution of intimacy versus isolation," and the second centres on "generativity versus stagnation." Erikson's intimacy versus isolation stage implies "psycho-social integration of a variety of intimacies, whether in erotic life, in friendship, or indeed, in work affiliations. The strength to be consolidated in this stage of young adulthood is 'love'." But in Bangladesh it is virtually impossible for most adolescents to develop intimacy with the other sex; the real intimacy is with peers of one's own sex, and in this Bangladeshi society differs from Western societies.

But the ideal in marriage in South Asia is not so much sexual intimacy as a sustaining and supporting intimacy. In the *āśrama* system, when a man becomes a householder (*gṛhasthaya*) he passes from the student stage to a life characterized by caring and supporting-spouse, parents, children, kin, society, and God or Gods. The very word for marriage, *bibāha*, is derived from a Sanskrit root meaning to support or sustain. The husband and wife support each other, and in the course of the marriage their case in sexual intimacy develops. As Kakar (1979:123) points out in his conclusion to a seminar on identity and adulthood in India, the intimacy of marriage is not a goal in itself but a necessary step towards the development of adult care and generativity. Caring gives the householder the central position in the classical South Asian life cycle scheme. It is a kind of worship for a man to earn and acquire wealth and then spend it for the good of family, kin, and society. In the Islamic tradition sexual intimacy is overtly recognized, but there also the role identifying adulthood in support, of family, society, and the moral order.

In Bangladesh a boy usually has a period of some years as a *nabajubak* to establish his identity before marriage. A male who inherits an occupational identity has it much easier than one from a poor or landless family who is unable to establish such identity. The boy who inherits his occupation also has a much smoother transition to adulthood than the young man who is "educated" and then is adrift without the guidance of his parents because they are less well educated and cannot really help him establish occupational identity. A young man who rejects his inherited occupation or passes through an identity crisis in the sense of role rejection also has some years before marriage to achieve psychological stability.

But a girl does not have this opportunity. She is thrust into the role of a quasi-adult in her teens, but in a subservient role. In Erikson's (1968:265) scheme of the life cycle, adulthood begins with the ability to receive and give love and care, and he finds that for a female especially, the transition between adolescence and the integrated female personality is crucial, as determined from psychoanalytic observations. Erikson (1967:282) concludes from clinical observations in the West that there is a "psychosocial moratorium" or a sanctioned period of delay between adolescence and adult functioning. During this time a woman consolidates her "inner space" and is then ready to venture into her "outer space" with the forthrightness and bearing of a responsible adult. But in South Asia, as Veena Das (1979:97) points out, one's identity may be established by playing the role, or by putting on a mask to play the role and in this case there is a distinction between self and the role. It is in

the phase of young adulthood that the woman in South Asia experiences the maximum distance between her true identity and the mask she wears in performing her role. The mechanisms by which this is enforced are discussed in the following sections of this chapter.

Young adults in South Asia who are educated or urban in their outlook have a number of different qualities than older such adults. D. Sinha (1979) found in a study of educated Indians that the younger adults are uncertain and unstable in their choice of role-models. They rarely identify with the great personalities of the past. They tend to vacillate and suspend judgment on social issues more than older adults, and not many of them have an ideological fixation, but rather they drift with waves of groups and ideas. They have a relatively weak superego development and often fail to reconcile changing moral codes with their own upbringing. We may say that in Bangladesh too students learn much role-refusal, for the main purpose of a university education for a rural student is to separate him from the peasant class, which is why one never sees a student in a lungi in the classroom. It often takes years even after marriage before a young person can fully enter into adulthood in the sense of identity, occupation, and caring intimacy.

This constellation of interpersonal behaviors has an effect termed extended adolescence by Ramanujam (1979:49). In South Asia there is absence of a distinct stage in life when the young person can rebel somewhat against his role in life and ultimately find his place in it. The young person without higher education has no opportunity to do so in his village, and the educated person often experiences the frustrations of job uncertainty for years. In the *nabajauban* stage and also in the first part of married life a male, if he lives at home, remains submissive to the authority of father and elders in most decision-making. A girl has hardly any chance to work out her role confusion except through patience and development of inner strength within the confines of the behavior expected of a young female. Therefore many people in Bangladesh may pass through their peak generative years before they have scope to resolve childhood conflicts and let their personalities blossom. A man comes into his real position of authority usually when his children are big, say age 40 or 45, and a woman's personality and authority also blossoms in her late 30s or in her 40s, often when she has a daughter-in-law. This is the reason a distinct life stage of middle age (*madhyamkāl*) is recognized in Bangladesh. And after that are old age (*briddhakāl*) and then the stage of disability (*marañkāl* or *acal*).

### Newly Married Husband and Wife

The split loyalty of a girl between her parental house and her husband's house is well recognized in Bangladeshi society. The girl's parents usually try to find a groom nearby, at least in a nearby village. But the boy's parents usually try to find a bride farther away so she will not have such frequent or intense contact with her natal home but devote herself to her new home. Boys are advised to "Cultivate land near your *bārī* but marry a girl from a distant *grām*."

In the study area, out of 2795 marriages in 1975, both partners in only 2.1% of cases were from the same homestead (*bārī*), in 8.1% of cases from the same village (*grām*), in 10.8% of cases from the same union, and in 40.9% of cases from the same *upazilā* (*thānā*); in 47.9% of cases one was from outside the *upazilā* (Ruzika and Chowdhury 1978:25). Thus, the optimal distance for a bride to come from, at least from the groom's point of

view, is some miles, but not so far that she cannot return home in a day's travel. In Matlab Thānā such travel is by country boat. An excursion home for a few days is an important event for a young bride.

While a new bride is required to satisfy her parents-in-law and meet their requests, she is also advised to make her husband happy. Sometimes she is unable to satisfy her husband because of the household duties placed on her, or sometimes the expectations of the parents-in-law and husband might differ.

Modesty forbids a new bride from meeting her husband in the presence of others. Gradually she comes to know the real moods and behavior of her husband, which helps her establish a proper adjustment. (M:1,0,3; F:3,4,5)

When a bride goes to her husband's house for the first time, the elder sister-in-law tells her that she should not have excessive fun with the husband because his family will not like it. (M:0,2,1; F:1,2,1)

A newly married girl is advised by her parents to talk softly to her husband when she is sent to the bridal chamber (*bāsar ghar*). She is advised by them not to argue when her husband is angry. She comes to understand that a chaste woman is happy to spend her life under the feet of one husband and should never think of having coitus with any person other than her husband. (M:3,2,2; F:1,2,3)

A newly married girl is advised by her mother that she should always remain satisfied with her husband and consider him as the best possible choice. (M:2,1,1)

A girl is advised by her parents to avoid conflicts with her husband and lead a happy and harmonious conjugal life. She should enquire about his welfare when he comes home after a long absence. She should gladly accept whatever he brings home for her use. The wife who is glad to see her husband and praises him earns the satisfaction of Allah. The wife who puts pressure on her husband for personal comfort will not be granted place in heaven. (M:3,2,4)

The husband's role as emotional supporter and sexual partner for the wife is considered secondary to his economic obligations. Similarly, the above quotations show that while the wife has an important role as sexual partner for the husband, this is considered secondary to her integration in the household of the husband's family. She should not meet him in the presence of others, nor have too much fun with him, as this might appear disrespectful to his parents and elders.

The idea expressed in these quotations that Allah becomes happy if a wife makes special efforts to keep her husband happy is not reciprocated by any similar belief that Allah is happy if the husband treats his wife that way. It is an ancient idea in South Asia that a woman's *dharma* is to be a "good" wife, and her future life or after-life is determined thereby.

While more of the above quotations are made by men than women, more women referred to the necessity of a young bride getting to know the moods and behavior of her husband. Mothers advise their daughters in this way. A wife who talks little in the presence of males and observe *pardā* is thought to remain more obedient to her husband and content with whatever provisions he can provide. It is said, particularly by men, that now-a-days such qualities in a woman are rare. Such a wife is a 'gift from Allah' (*Āllār neyāmat*). But a wife who is not satisfied with whatever her husband can give is said to be a 'curse from Allah' (*Āllār gazāh*). During the course of this field research, the first author often heard such

make such remarks. But interestingly, couples in very poor families, who are fully aware of their limited resources, experience little dissatisfaction in sharing them, and trust each other more. They lead happier conjugal lives, on the whole, than couples who own more resources.

A husband is expected to care for his wife, meet her economic needs, enquire about her welfare after an absence, and reciprocate affection privately. A young bride is advised to refrain from criticizing minor unreasonable activities of her husband, accept any gifts he brings her even if they are not to her liking lest she hurt his feelings, and make efforts to gradually correct his minor wrong-doings. In this way, both conjugal partners are encouraged to express attraction and personal feeling for each other. Nevertheless, marriage is not idealized as a relationship of companionship as much as in Western countries, and in many marriages there is virtually no communication about important issues such as sexual feelings or number of children.

A woman marrying a man having one or more wives already has a more complex adjustment to make. We found in our previous study (Maloney et al. 1981:Table 28) that 3.8% of current marriages are polygynous. In Matlab Thānā, data for 1979 and 1980 show that 5.1% of marriages performed were polygynous (M. Chowdhury et al. 1982:22 and 1982a: 24). Most of the grooms in such marriages are in their 30s or 40s or even older. Usually a man who can afford 2 or more wives is in an economically comfortable situation, and there is prestige in being able to show that a man can support more than one wife.

However, sometimes a man marries again because he has no child, or no male child, or for poor health of his wife:

A woman's health may deteriorate as a result of frequent childbirth. Consequently the husband may develop an aversion to her and may take another wife. (M:3,2,5; F:5,6,8)

Women express this more than men because they fear it. However, many women also are willing for the husband to take a second wife because of the prestige and because the second wife may do more of the work.

Separation of spouses is common in Matlab Thānā because men often go off to work, especially during peak agricultural seasons. And because of launch communication established long ago, many men are permanently employed in Dhaka, the army, or elsewhere. ICDDR,B data show that during a 30-month period in 1975-78, out of a study population of 1645 women, 23% were separated from their husbands for more than 14 months, or virtually half the time. Only 13% reported no separation from their husbands during the study period. Of the younger married women, as many as 30% reported that their husbands were absent for half the time or more, and only 2% of the men were at home for the entire period. Most of these younger couples, of course, have small children. In many societies so much absence of the husband as a matter of course would not be acceptable.

In this respect also, we see that the primary role of the husband is as earner, and his role as emotional supporter and sexual partner for his wife is secondary.

### **Decorum Expected of a Young Wife**

Most of the respondents in this study spontaneously expressed ideals about how a young wife should behave:

A new bride should talk softly. She should not let her voice reach the ears of other men. She should walk with small steps. She should keep a covering (*ghomṭā*) on her head as an expression of modesty and obedience in the presence of close kin members. (M:3,2,1; F:5,6,4)

If an outsider visits, the new bride should stand behind the curtain (*pardā*), and if the need arises she should talk only a few words in a low voice. (M:3,4,5; F:3,2,4)

If a new bride eats a full meal, her in-laws will be critical; she should not eat a full meal even if she feels hungry, out of modesty. (M:2,3,4; F:3,3,4)

A young wife is advised not to talk to 'unknown men' (*begānā puruṣ*) without the permission of her husband or mother-in-law. (F:2,1,2)

Talking little and softly is part of the general behavior expectation and decorum which is called *pardā* (purdah). Singing is also disapproved. It is thought in the study area that a young wife who talks little will be able to draw more sympathy and consideration from her husband, who would take pride in her sobriety, and there would be less chance for them to quarrel. But also, it is thought that a young female voice arouses sensual desire in a male, so a young woman should not advertise her presence with her voice much.

Carrying head-loads is disapproved of a young wife in a respectable family. The reasons are that when walking with a load the movement of the breasts and buttocks is thought to create desire in males. Carrying head-loads is thought to be a suitable activity for lower-class women only. Similarly, it is not permissible for a respectable young woman to beat clothes in public places such as a river bank, canal, or tank *ghāt*, because men might find parts of her body attractive. This modesty is part of the symbolic distinction among classes; carrying head-loads and beating clothes is for women of poor families who are paid to perform such labor.

Respondents in the study said that certain parts of the female body are considered sexually alluring and should be hidden: breasts, buttocks, face, hair, and especially the mouth, besides genitals. A modest woman covers her head with a *ghomṭā* in the presence of males of her husband's family, and it is characteristic of self-respecting Bengali women that they also cover the mouth with part of the *śārī* if a respectable male appears. People remain ready to hear the Islamic teaching that a female is required to cover her whole body with the exception of the face, the hands up to the wrist, and the feet up to the ankles.

However, a young mother is also required to breast-feed her infant on demand, and breast-feeding is supported in Islam. Though a woman may not always be able to keep her breasts out of male sight particularly at the time of breast-feeding it is believed that a male should not view the breasts with sensuous eyes. It is explained that this body exposure especially at the time of breast-feeding has been traditionally allowed only because the infant's survival depends on it.

The range of movement allowed to a young bride is much smaller than for an older woman. A young bride's movements are controlled by the parents-in-law and the whole family.

A young wife is advised not to go to the pond in the presence of male members of the household. She is advised to go in the company of a few other women of the *bārī*. (M:0,2,1; F:1,2,0)

A bride is not allowed to visit a family which has young male members. (M:0,2,1; F:1,2,3) A bride can visit a relative's house, but she is generally not allowed to stay

overnight or more than a day or two. An overnight stay may offer scope for sexual intimacy. (M:3,2,0; F:3,2,1) I was not allowed to visit the house of my husband's married sister for about a year. (F:6,4,2)

A young wife cannot go outside the *bārī* without the consent of her husband, his parents, or his elder sisters. (M:2,3,2; F:4,5,4) She cannot visit neighboring houses alone without the consent of the mother-in-law and an escort acceptable to her. (F:2,3,1)

A young wife cannot work outside the *bārī*; even in a poor household this is important to protect the honor and the lineage. (F:2,4,1)

When a young wife visits her parent's home she cannot move about freely, lest it be reported to her in-laws and will damage her status. Once a daughter is married, she becomes answerable to her husband and in-laws for her behavior everywhere. (M:2,1,3; F:2,0,3)

Many respondents feel that visits of a young wife to neighbors' houses might bring about changes in her behavior and attitude. They feel that then she might become less enthusiastic in performing her routine duties for husband and parents-in-law and somehow she might become less loyal. This is an important part of the socialization of a young bride into the household of her husband.

We may note that women respondents even more than men emphasize these behavioral qualities expected of a young bride. It is incorrect to assume that such restrictions are imposed by males just to keep females subordinate. They are part of the process of the socialization of the young adult, and in line with the values expressed by most of the people of the society.

### Shift by the Young Wife from Parents to Parents-in-Law

During the course of this research, respondents expressed at length their expectations, and their life experience, of how a young bride should behave to her parents-in-law and other household members. Work and service are much expected from her:

A daughter is advised by her parents to consider the work in her parents-in-law's house as her own. If she does not do it well, she gives her own parents a bad name. (M:1,2,0)

A young wife performs all the domestic chores in her husband's house: cooking, child tending, house-keeping, washing clothes, and drying and storing paddy and other food products. Her work may be praised for efficiency by the in-laws. But she is not given any controlling authority over the husband's resources within or outside the household. (F:3,2,5)

After marriage, a girl is advised to take care of her parents-in-law. She should bring them their water for ablution and put down prayer mats before being asked. She should wash the clothing of the parents-in-law, oil and pick lice or dandruff from the mother-in-law's hair, and occasionally massage her arms, legs, and waist for her comfort. In winter, she should sometimes serve them hot water. A good young wife does not allow her mother-in-law to undertake many household duties. (M:2,1,0) McCarthy (1967:26-7) also observed in Comilla District, that a daughter-in-law with "good" qualities is one who can work well in the *bārī*, dry, parboil, and husk the paddy,



Busy in cooking



Busy in serving the evening meal to children





Drying paddy in the homestead (*bāri*) courtyard



Wrapping cow-dung around jute sticks to be used as fuel

grow some vegetables, care for the house, care for the chickens, dry rice, straw, sweep, clean, etc. Sometimes the mother-in-law does not hesitate to overload the young wife with duties to increase their own prosperity. Some mothers-in-law try to get more work out of the young wife by appreciating her qualities of head and heart and referring to her as daughter of so-and-so lineage. The following indicates what is meant by a "good" wife:

If a bride remains satisfied with little food and clothing she is praised in her husband's household as a 'good bride' (*bhāla bau*) and she is said to have been born in a 'good lineage' (*bhāla bangsa*). If, in spite of mental agony, she can put up with ill treatment by the parents-in-law and husband, she will be rewarded in the after-life. If she takes care of the mother-in-law's relatives when they visit, she becomes very dear to her. Occasional gifts from the young wife's parents also make her popular in the parents-in-law's house. (M:6,5,2)

In the study area it was observed that an adolescent female usually looks forward to becoming a wife and an obedient daughter-in-law. This is the only identity she can aspire to in most cases, and she is socialized to accept the conditions imposed on her. A young wife is expected to have the qualities of patience (*sabur*) and obedience *bādhyatā*. It is an Islamic ideal that women should have the quality of patience (*sabr* in Arabic), as Dwyer (1978:231) points out, for instance, for women in Morocco. Traditionally, the parents-in-law would test a bride and consciously criticize her. If the bride could tolerate all these comments she is called a good bride who has patience and emotional stability.

Shame or shyness is a necessary quality for a young bride. In behavior, this means, according to McCarthy (1967:28) who studied the situation of women in Comilla District: to keep the movements confined to the *bārī*; to keep the head covered; to not use cosmetics because using them is not thrifty; to work hard without complaint; to not quarrel with family members; to talk softly so other males may not overhear; to not have much dealing with people outside the circle of kin of the husband's family. It is thought that control of a young wife by her parents-in-law ensures the welfare of the young wife, and ideally the control is to be accepted as a blessing from the elders. If the control is very intensive the in-laws might advise her to accept it in exchange for peace and happiness in the after-life, and they would emphasize the importance of showing patience.

According to people in the study area a young wife should be polite. This means that she should not take food before her husband and parents-in-law, and not go to bed before the parents-in-law. She should try to meet their requests, and if they are displeased for her to go around without a head cover she should wear one. She should be quiet, but able to talk when spoken to. It is said that the relationship is reciprocal and that by developing a good relation with the mother-in-law the young wife can get things done which are necessary for her welfare; for example, if she is favored it might be alright sometimes for her to eat before the others with permission. Through such expressions of respect, peace, and cooperation within the family can be achieved, it is believed.

A young wife is also expected to treat other members of her husband's family with proper respect and affection. She is expected to treat her affinal kin according to the accepted pattern of dyadic relationships (see next Section). The people of the study area especially mentioned the following:

A married young woman is instructed to show respect to grandparents-in-law and to the wives of her husband's elder brothers. She is asked to show affection (*ādar*) to

all the 'sexually immature' (*nābālak*) members of her husband's family, particularly her husband's siblings. (M:1,2,0; F:2,3,1)

A young woman is asked to behave politely with her parents-in-law, and with her husband's elder and younger brothers and sisters. She looks on them as her own brothers and sisters. (F:2,1,3)

A young bride who is fair complexioned and attractive may receive better treatment than one who is not. Physical beauty and charm are advantageous for gaining the goodwill of some affinal kin. A dark complexioned woman would probably consider herself deficient in physical beauty and might remain ever cautious in her behavior with her in-laws.

A young wife having all the above mentioned qualities is said by the in-laws to have good lineage. The honor and prestige of the girl's parents and their lineage depends to a large extent on the behavior of the daughter in the parents-in-law's house:

A young girl can move freely at her parents' house, but she has to be polite at her parents-in-law's house. She is advised to address her parents-in-law as father (*ābbā*) and mother (*āmmā*). (M:2,4,3; F:5,5,3)

A newly married girl is taught in her natal house to show respect to her parents-in-law by touching their feet and obeying them. The parents' honor and prestige depend on her behavior. Before a girl leaves for her father-in-law's house she may be warned by her parents, elder brothers, and sisters, that if any complaint is received from her father-in-law's house, they will never allow her to come back to their house and will cut her into pieces and throw the pieces in the river. (M:2,1,1; F:3,2,4)

In practice, it was observed that the door of the parental house is never closed to the married daughter, and the warnings are given only to emphasize the importance of her cautious behavior. A girl is raised in her natal family with the expectation that she will be given away, but for this reason she might be loved all the more, as compared with parents' love for their sons. Her parents remain interested in knowing the difficulties of the married daughter and are usually willing to assist her to overcome them. But the parents of higher socio-economic class are particularly concerned about reputation of the family and lineage.

The young bride is expected to consider her parents-in-law as replacements for her parents, at least in some respects, as the quotations show. On special occasions she is to touch their feet as she would the feet of her own parents to seek their blessings. If she earns their blessings by her behavior her mental and physical well-being will be enhanced, it is believed.

The ideas expressed in the above quotations are more from female than male respondents. Females of high socio-economic class also have stated that lapses in personal behavior of the young wife could not be expected to be forgiven easily since she was not born to any woman in the lineage of her husband's household, but no males in the study made such statements. More female than male respondents also asserted that women are more conscious than men of how much the honor and prestige of the daughter-in-law's parents and lineage depend on the quality of the young wife's behavior. A dissatisfied mother-in-law would not hesitate to make a 'disgraceful remark' (*khoṭā*) pointing out the low lineage of the girl's parents, and allegations might even be made that people of the girl's lineage are ignorant of appropriate and courteous behavior. In such cases the parents-in-law might magnify small lapses on the part of the young bride to undermine her

position.

Conflicts between the two families linked in marriage often arise. Though the parents of a girl make the best efforts to arrange her marriage with the best available partner, such conflicts over dowry, treatment of the girl by her affines, absence of gifts from the parents-in-law, or behavior or non-support of the husband, may arise. The initiative to settle such conflicts usually has to be taken by the young wife's own parents, as they are usually in the weaker position. This may involve expenditure, such as extending an invitation or giving gifts to the son-in-law.

When such efforts to mend relations are not fruitful, a young wife might be taken back to her natal home. Her parents might not return her after a visit, or she may just go herself if the distance is not far. Sometimes a young wife is unable to bear her husband's treatment and has to find a way out. If efforts to improve the situation do not bear result, the parents of the girl may make a move to get the young couple divorced.

Another solution to problems of a young wife with her in-laws is to get the young couple to set up their own household. Her parents might even request this. In cases of separation of the joint family, it is often said by the elders that the disobedience of the daughter-in-law was responsible for the separation, as she is originally an outsider. Such separation of the joint family is more significant and potentially troublesome in the houses of locally wealthy families, who are more concerned about prestige and holding the property together. They often prefer the family to remain joint as long as possible.

Bengalis are patrilineal, in contrast with Gāros, Khāsis, and most of the peoples of the Chittagong Hill areas. One inherits one's lineage (*bangśa*, Skt. *vaṁśa*) from one's father. A girl retains her *bangśa* for life, but marries into the 'kinship segment' (*guṣṭhī*) of her husband and is expected to be loyal to it. The *bangśa* has hardly any function except in name, and is not usually more than 3 or 4 generations deep. But the *guṣṭhī* functions as a corporate group in local functions and perhaps in politics (Hussain 1981). However, in many parts of Bangladesh people do not distinguish between *bangśa* and *guṣṭhī*. Wherever the *guṣṭhī* or kinship segment of the husband functions in a corporate sense or as a faction, a wife is expected to be loyal to it. All these adjustments on the part of a young wife require versatility and creativity that belie the quiet facade a bride is expected to have. Marriage is truly the major turning point in the life of a female, and few males have to experience such an abrupt change in life.

### Dyadic Relations in the Family

In Bengali society the relationship between any two family members is more prescribed than in many societies. This pattern of relationships is the core of the larger kinship network and gender role expectations. Expected behavior with close kin changes during the life cycle, but the following list shows the general expectations. More detailed descriptions of each dyadic set are given by Aziz in *Kinship in Bangladesh* (1979: 110-20).

#### For a Male

- |    |                                      |
|----|--------------------------------------|
| FF | joking, informal                     |
| MF | joking but less so (they live apart) |

FM	protection, guardian
MM	protection, training (they live apart)
F	respect, discipline
M	deep affection
MB	respect and affection; MB gives favors
W	H dominates, provides economic support
eBW	joking (possible marriage, especially Muslims)
yBW	avoidance, obedience (especially Hindus), she avoids direct address
WySi	joking, playfulness (marriage possible if wife dies)
FBSO	cooperation for lineage and property
FBD	distance enforced till one is married (their marriage possible among Muslims)
FSiD	distance enforced till one is married (their marriage possible among Muslims); Hindus treat as B. and Si

**For a Female**

FF	joking about sex
MF	joking but less so (they live apart)
FM	protection, training for marriage
MM	protection, training for marriage (they live apart)
F	affection
M	deep affection
eSi	care
co-wife	conflict
HM	tense, most discussed relationship

eBW	difficult to be accepted, tries to keep HuSi satisfied
HyBW	obedience with affection, but conflict if in joint family
HySiH	joking

(H = husband, W = wife, F = father, M = mother, B = brother, Si = sister, So = son, D = daughter, e = elder, y = younger)

The contrast between joking and avoidance relationships is found in many societies in the world, and there have been many comparative studies of this phenomenon in anthropology. With whom one has a joking or avoidance relationship depends on the specific kinship system, but these are always related to sexual matters. The dyadic role expectations are more pronounced in Bengali society than in many because of the extreme gender role expectations in this society, which have ramifications in the whole constellation of inter-personal contact within the family as well as outside.

In Bangladesh, a child or young person respects his father and gets no training in sexual matters from him. To complement this, the FF provides this in an informal joking way, and a girl's FF will openly joke with her about their imaginary marriage or sexual relationship.

Similarly, a young man must respect his elder brother and defer to him. But to balance this, his relationship with the elder brother's wife is the most potent, not only in Bangladesh, but across North India as well. It has ancient roots in polyandry in the Himālayas and Panjāb. The true or untrue allegations about sexual relations between a man and his elder brother's wife are not so serious as between other sets of kin, theoretically, because if the elder brother dies the next younger brother may marry her and keep the children in the lineage. The people of the study area are aware of the sensitivity of this dyad, as follows:

A young wife should not have fun with her husband's younger brothers and other young men because they may touch her body to derive sensual pleasure. (M:3,4,3; F: 4,5,6) A bride maintains a light-hearted relationship with her husband's younger brothers till they are married. (M:0,1,2; F: 0,0,1)

It was observed in the study area that 'husband's younger brother' (*debar*) and the 'elder brother's wife' (*bhābī*) have verbal communication with an emphasis on jokes, and the relationship usually ends there. However, according to Islamic teaching, a *debar* and a *bhābī* must be segregated. Because of the joking relationship and because it is stated that on the death of the elder brother the younger can marry her, the Islamic sanction is widely ignored. In the absence of the elder, the younger brother might poke the body or pull the *śārī* of the *bhābī*, and if she tolerates the behavior, intercourse might result. Upon the marriage of the *debar*, his wife would try to put an end to the joking relationship, realizing that if the elder brother dies her husband might prefer the *bhābī*. Therefore the *debar's* wife would try to end the relationship and have coitus with her husband whenever he wishes it. It is believed that the lesser the opportunities of mixing with the opposite sex, the more one is attracted to his or her conjugal partner.

Similarly, a woman avoids her husband's elder brother, who commands almost as much respect from her as her father-in-law, and if she fails to give the respect she is

criticized in the household. But she can balance this by having a joking relationship with her elder sister's husband, who is also a possible marriage partner in case of the elder sister's death. Another joking relationship for a woman is with her husband's younger sister's husband, who may try to draw her into a relationship, but she is advised to be cautious in her behavior with him.

Relations between grown but unmarried cousins of opposite sex are monitored by the elders to avoid any undue behavior, particularly among Muslims where they are potential marriage partners. But among Bengali Hindus they are expected to treat each other like brother and sister, and should not marry.

It was observed in the study area that when a male past puberty communicates with a female past puberty who is neither a lineal nor affinal relation, he usually addresses her by using the kin term appropriate for mother or sister. This is to discourage thoughts of possible sexual relationships. This is but one example of the wide network of fictive kin a person can build up within his village and outside it (Aziz 1979: 76-82; 127-36; P. Sarker 1983). By this mechanism any individual can place all other individuals of the opposite sex in an appropriate category of marriageable or non-marriageable.

### Husband-Wife Relations

Respondents in the study area were quick to vocalize the duty of a wife to obey her husband. This is balanced by the duty of a husband to support his wife. Ideals of female behavior are so symbolically important for the family they are often discussed.

The husband is the controlling authority, and the wife remains dependent on him for knowledge of various worldly matters. The husband is more knowledgeable in worldly matters since he is older than the wife. (M:2,1,3; F:1,2,1)

The duty of a wife toward her husband has priority over everything else. She must first perform the duties instructed by him and only then can she do work for others. She may say prayers only after fulfilling the instructions of her husband. When she prays she must seek the blessing of Allah for her husband first, and only then for others. (M:4,4,3; F:3,2,1)

An organizer is necessary to ensure order in the family life. Islam has chosen the father and husband as general head of the family to take these responsibilities. It is the duty of the wife to be obedient to her husband. But it is also the responsibility of the husband to be cooperative with his wife in building a beautiful, ordered, and peaceful family life. (M: 0,1,0)

During daytime, a young wife should not talk with her husband in the presence of the guardians. If she does so, it will be considered shameful. (F:2,1,3)

If a couple fails to have any offspring, the wife is criticized for lack of capacity to bear a child. (F:2,3,2)

While the husband has responsibilities toward his wife, to earn money, provide food, clothing, shelter, and protect her, it is the injunction of Allah that a wife must serve her husband to his full satisfaction. If a wife who pleased her husband dies before him, she will surely be given a place in heaven. (M:3,1,4; F:3,2,5)

The people in the study area believe that it is proper for a man to take initiative in sexual relations, but not the woman. If a husband makes any sign (*isārā*) of desire for

coitus, the wife will not usually express any reluctance even though she might be exhausted. It is generally believed that if the wife is not sick or menstruating, or if it is not Ramzān, she should not show unwillingness for her husband's desire. Most husbands might not accept fatigue as a valid reason for the wife's refusal to engage in coitus. Whether a fatigued husband would do so depends on his choice, but many respondents said it is bad for his health to do so. People in the study area said if a wife refuses to engage in coitus with her husband without a valid reason, she would be cursed (*abhiṣapta habe*) by the angels (*pher-estā*) until she satisfies her husband's desire.

It is also said that a wife is like a fish kept in a vessel full of water which the husband can eat any time he wishes. Another interesting simile is of the clitoris with the mast of a country boat. Males in the study area have no word for clitoris, but they have no difficulty in identifying it as a mast (*māstul*), implying that it is the mast of the boat-like vagina. The job of plying a boat is exclusively male work, and thus the vagina, like a boat, is something to be controlled by the male.

The following quotations concern taking initiative in sexual relations:

A married woman usually does not indicate her wish to have coitus with her partner. She waits for sexual initiative from him. Psychologically she remains prepared to surrender to him and does not play an active role while engaging in coitus. She wishes that her husband would remain sexually active during coitus long enough for her to achieve her climax. (M:2,0,1)

After bearing several children a woman loses interest in coitus. But though she is reluctant she has to engage in it to satisfy her husband. She makes an effort to live with the same husband, who provides her food, clothing, and shelter, and she feels obliged to satisfy his sexual needs. A woman's interest in sex is submissive and self-sacrificing, and she has a better capacity to tolerate suffering without much complaint. (M:1,0,0)

My husband is a well-to-do man, I offer my sexual company whenever he wishes, and I feel good when he is sexually attracted to me. As a wife it is my compulsory duty to keep him sexually satisfied. If I fail to do so he may show me indifference, which I would not like at all. (F:1,0,0)

Allah may forgive a woman for not saying her prayers, but he will never forgive a wife for not obeying her husband. If a husband wants the sexual company of his wife, even though she may be exhausted after hard work, she must have it with him to satisfy his needs. (M:1,2,3)

Whether a wife uses family planning methods or not is entirely dependent on the wishes of her husband. (M:2,4,5; F:1,3,3)

Though most of these quotations are by men, and they are socialized to express such opinions, women are socialized in youth to have the same expectations. But a woman in middle age becomes more bold in expressing her wishes, and may become dominant in household affairs.

It was stated by 8 female and 10 male respondents that "Heaven for a wife lies under the feet of her husband." It is believed in the study area that this saying is from the *Hādīs*. It is believed that Allah might forgive a person for disobeying His instruction, but He will not forgive one who violates the right (*haq*) of another human being. Obedience to a husband's instructions, if they are within social norms, is his *haq*. But only a few people in the study



area felt that husband and wife could really fulfil their duties to each other according to prescribed Islamic rules.

Wife-beating may occur, and the wife should remain silent and tolerate it without bringing it to the notice of others for redress. It was stated by 8 male and 19 female respondents that as a result of wife-beating miscarriage or stillbirth might occur; most of these respondents were of the low socio economic class, in which family members may take out their frustrations on each other. From interviews with women, it appears that wife-beating usually occurs when a fatigued husband returns home after long hours of work in the sun and perhaps finds his wife sitting unoccupied, or perhaps he hears her say some 'unguarded words' (*bephās kathā*). It was understood that wife-beating might involve the husband kicking the wife on her ribs, abdomen, waist, or buttocks, or hitting her with his fist, a stick, or a cane. Sometimes this might cause even the death of a wife, especially a pregnant one, though this is rare. It is also felt that wife-beating occurs at the hands of intolerant husbands who could not be controlled by the elders of the homestead and who are commonly thought of as head-strong men. In such circumstances, the parents of a married daughter will advise her to watch her words when her tired and hungry husband returns home.

It is said that the best way to deal with the problem is for a woman to serve her husband food and water when he returns home. 'First rice, first water; this is the medicine I know' (*āge bhāt, āge pāni, ci dāru jāni āmi*). If the husband really injures his wife, after his anger cools down he might seek forgiveness from her and wish for the continuation of 'happy domestic life' (*sangsār sukh*). The passivity expected of a wife in such a situation shows the formal gender roles, especially for a young wife, but as always, there are subtle reciprocities.

|| As Ramanujam (1979: 48) says of women in India, based on psychiatric clinical work, the dependence of a woman towards her father, husband, and son in turn calls for remarkable adaptational capacities. The woman must be on continual guard of her status. "I feel the woman accomplishes this by very subtle manipulations. She is the passive one but she also determines the level of intimacy, gratification of affectional needs, and assurance of relative harmony in the family."

The social expectations about a "good husband" and a "good wife" are similar to those in India. Poffenberger (1975:27-30) records the responses of people in a village in Gujarat: 83% of wives mentioned that the first characteristic of a good husband is that he provides an adequate income, and 29% also thought a good husband is one who avoids extra-marital affairs. As for the husbands, 54% first mentioned sexual fidelity of the wife, and then 50% mentioned obedience.

The Hindu theoretical basis of a woman's role is that it is her *dharma*, or her duty and her righteousness, to behave with respect and obedience toward her husband. The ideal wife in the Hindu tradition has been discussed at length by Kakar (1981). The formal attitude about female roles has been carried over from Hinduism into Islam in Bangladesh, and further reinforced by Islamic ideals. However, the quotations given above do not hint at the complexity of interpersonal relations within the household. The pattern of dyadic relations listed above is part of this constellation, and a woman works out her relations especially with her son, and with other household members, to achieve a balance and often to achieve a pivotal role.

### Gender Roles in Adulthood

There is no distinction between males and females in the scheme of life stages set forth by Erikson. But we have already noted that in the Bengali scheme, *kaisorer prārambha* pertains largely to girls, and *nabajauban* pertains largely to boys. Erikson's scheme also does not deal with some of the most important areas of personality resolution in Bangladesh, such as for a woman shame or inferiority versus adequate status within the family, or for a man, whether or not he achieves the authority and economic status expected of him in middle age. *madhyamkāl*, between about 41 and 55. Another feature of Bangladesh society that could not be accommodated in Erikson's scheme is difference in age of marriage. In Matlab *Thānā*, mean age for all grooms is 27.1 and for all brides is 18.5, a difference of 8.6 years (but other studies have shown a 9 or 10 year difference). The difference for couples in their first marriage is less; age for males is 25.0 and females 17.8, a difference of 7.2 years (M. Chowdhury et al. 1982a:24-5)

If we consider the social characteristics that mark out different societies in general, one that stands out very clearly for Bangladesh is prescribed gender roles. The socialization for this occurs in all childhood stages, and leads to a society in which there are few jobs or behaviors thought appropriate equally for men and women.

All respondents in the study area viewed man's work as outside the homestead, and women's work as inside. Women are responsible for child care, cooking, processing rice, pulses, vegetables, and other foods, cattle feeding, kitchen gardening, may be goat and chicken raising, and may be work in certain jobs in cottage industries. If a family needs more labor for these jobs than it has available, poor women are hired, for which they get food plus a small quantity of the goods processed. Men's work is agriculture, office, tending to business matters, going to shops or *bāzār*, and going to the mosque or to public meetings of any kind. Men do all the agriculture, with a few exception, such as weeding or occasionally other work done by very poor women or tribal women, or old women. Shopping is not women's work at all, except for modern educated females in the cities; many rural women never have occasion in their whole life to handle money. Women are hardly ever to be seen in 'periodic markets' (*hāt*) or *bāzār*, but if one is seen she will be an old widow who has no other livelihood. It is difficult for Bangladeshis to comprehend that this is an unusual pattern, by world standards.

Thus, women in most families earn nothing and they usually have no control over the earnings of the husband. However, it is believed, and was stated by people in the study area, that by tending to household duties and to the personal needs of family members, a woman keeps her husband fit for earning, and helps her sons become earners.

A popular theoretical basis of such structured gender distinction is that division of labor is based on biological differences. People state that because women have pregnancy, childbirth, breast-feeding and menstrual flow, with perhaps accompanying pain, nausea, or headaches, they are prevented from undertaking duties outside the home alongside men. It is also said that women in such weakened condition might be easily overpowered by men with sexual desires. If one suggests that women could participate productively in agricultural work, a humorous response might come back, about how it would look for a woman with a large belly to be pushing a plow behind the oxen! When women bear and nurse an average of 6 or 7 children, this viewpoint has some reason.

Another theoretical basis of this belief is that there is an inherent analogy between land and the human female, and between seeds and the human male. We have discussed the linkage between land fertility and human fertility in our previous work (Maloney et al. 1981:11-12,61). In Bengali and other Indian language, *śakti* means strength, and *śakti* is also the generative principle of the universe, and it is inherently female. It is personified in the goddess *Śakti*. In a large number of Hindu myths, the great power or generative capacity of the goddess has to be released or controlled by her male consort, but it is the female who has the power. In Bengal among Hindus goddesses are more popular than male gods.

The perception that gender roles lead to one-sided repression of the female is far too simplistic, for humans as much as for the pantheon. It is true that early in marriage there is unequal division of power; the young wife is under her husband and his family, and has hardly any access to public activities and events, or to cultural stimulation. Some observers view this, like Kate Millet in her *Sexual Politics* (1970:23), as a "set of stratagems designed to maintain a system," implying male dominance. This is truth, but not the whole truth. The system is not just one of power, but of complex male-female role differences; the essence is gender roles, not power of one gender over another. A woman often acquires a subtle dominance, and in later life even more so.

|| The complex of male-female relationships goes back to the mother-child relationships, as discussed in Chapter 2. The mother is beloved (the "good mother") but also this leads her son in particular to a dependency, to a fear of being devoured by her sexual and emotional needs (the "bad mother" as discussed by Kakar 1981). So when the male grows up he devises stratagems to keep women's power at a distance. These stratagems include: difference in age of marriage, insistence on sexual prerogatives; traumatic socialization of the young wife into the household of her husband; attribution of men's social status by women's chastity and behavior; belief that sexuality is in some way evil and that women have more desire for it than men do; and belief that in case of childlessness the woman is responsible.

Ramanujam (1979:48) reports that in India in psychiatric clinical work males often have a sense of loyalty to their mother so great that they reject any probing or interpretation of their anger towards her. If dominance-submission is not effective between mother and son, a more subtle and more sure method is generation of shame-guilt. But because of the constant care offered by the mother, the son is unable to consciously direct aggression against her. Behaviorally he might direct aggression against her in little ways, and she might also accept it, but she could not accept his verbal expression of hostility toward her. A child develops ambiguous feelings toward the father. The father may be idealized, or perceived contemptuously, and it is easier for a child to express anger toward the father than toward the mother. Therefore, males grow up feeling able to deal with the power of males, but not with the power of females. These are some of the complexities behind the gender role expectations and the importance of *pardā* in Bangladesh.

### ***Pardā***

In the study area segregation of women from men not only in public, but even within the family, enhances its 'prestige and honor' (*mān o izzat*). Families who claim middle or

upper socio-economic status take stricter measures to seclude their women, especially if the family needs to use this device to support its new economic claim to higher status. The subject of *pardā* (the word originally referred to the curtain dividing the house) has already been discussed by the present authors (Maloney et al. 1981:59-74) as regards its historical functions, connection with religion, prestige, and fertility, and a scale for measurement of degree of observation of *pardā* was applied in that study.

A man's honor is believed to be related to the sexual purity of his mother, wife, sister, and daughter. But it is not related to his own sexual purity. There is a Bengali saying, "Chastity is a woman's best ornament," but the task of defending female virtue lies with the males. For this reason, the symbolic importance during the Bangladesh war of independence, of the rape of Bengali women by Pānjābī men was such a national issue. The behavior of the Pānjābīs was considered to internationally insult the status and virtue of Bengalis as a whole. This type of thinking is held more in Afghanistan, Pakistan, and western India than in Bengal, but because of centuries of Indo-Āryan infusion it exists to some extent in Bangladesh also. This attribution of female virtue as a symbol of status is complementary to the male wielding overt power; it is a form by which the male controls the *śakti* and sexuality which he as a child had come to recognize in his mother and in other female relatives.

In the study area it was observed that women have almost no participation in public events, politics, meetings, or sports programs. It was observed that a wife of low socio-economic status, who has several children and a husband who cannot earn enough money to feed the family, might be compelled to work outside the *bāṛī*. She might work as a domestic helper in another house, or might go to the fields to glean paddy following a harvest, pluck chilis, or dig out potatoes, in exchange for a share of the crop or a little money. Women of poor weaving families wind yarn for richer weaving families if they have to, for a pittance. Women of poor potter families work in richer potter families beating half-dried pots. But none of the wives in high or middle social class could be found supplementing their family income with labor outside the homestead.

It is believed that *pardā*, in its wider meaning of maintaining the order of society, is supported by religion. Karim (1970:689) says that in Islamic tradition both men and women could go out of their houses. The women were to 1) cast down their eyes, 2) guard their private parts, 3) avoid displaying their limbs, leaving only hands and face exposed, and display their ornaments only to near relatives, 4) cover themselves with a wrapper or overcoat, and 5) avoid wearing ornaments on their feet as these may make audible sounds.

It is worthwhile noting that in a number of other Muslim and Arab cultures, even in the Near East, the movements of women are not so restricted as in Bangladesh. Yorborg (1974:137) writes that "women continue to make very significant contributions to production in agriculture in Arab countries. They sow seeds, clear weeds, prepare and carry fuel, tend domestic animals, and help in house-building." Such conditions often prevail in Turkey, Iran and Egypt, and in most of Pakistan too women often work outside. The fact that Muslim women in Bangladesh observe more strict regulations about going outside the homestead or neighborhood reflects the high value placed on gender roles in this country. *Pardā* swept through the country with Islam because it was a potent force for display of local status and piety without a lot of conspicuous consumption or conspicuous giving.

However, the definition of status entirely in terms of positional control or autonomy

might be misleading, as Mukherjee (1975:29) points out. A wife who sacrifices her individuality or interest to achieve a culturally prescribed relationship with her husband and family is not necessarily a woman deprived of self-respect and status as an individual. She might feel that her status (*mān*) is low if she is denied certain rights commensurate with her position as wife in the family.

But degree of observation of *pardā* varies in the life stages of an individual, as well as by socio-economic class, family tradition, and piety. The female in middle age becomes more powerful within the household because she is closer to the children and knows more about what is going on at home and among kin. Her increasing position relative to that of her husband is shown in her increasing freedom to wander about:

A young wife cannot visit neighbors' houses without permission. She can visit them after she becomes a mother, and then, because she has to assume additional responsibilities in the interest of the child, her movements become wider. (F:2,2,1)

After the birth of a few children, the restriction on a woman's movements are relaxed so that her visits to neighboring houses are no longer criticized by members of the community. (M:6,8,5; F:3,5,6)

It has not been sufficiently pointed out in rural Bangladesh studies that older women may take up their own professions, as healer, midwife, craft specialist, or on occasion even as money-lender. Such women, if their children are grown or away, or they are widows, may say they don't care about prestige any more.

Finally, we should note the great force and tenacity of gender role expectations in the society, even contrary to other pressing and powerful trends. For example, in the midst of gripping poverty, *pardā* prevents most women from earning anything, or contributing to economic productivity of the country in any work outside the home. Moreover, the burden of *pardā* in causing the isolation of women and small children is heavy, because of ignorance of basic information such as vitamin needs and diarrhoeal remedies. Ignorance of the real outside world is perpetuated by the women on their children. Gender roles, indeed, are a stronger cultural force than many of these socio-economic "needs."

And the people of the study area admit that *pardā* tends to lead to high fertility:

The women who observe *pardā* think that to accept family planning methods, a woman has to receive the help of men, which is against *pardā* rules. Contact with unrelated males is sinful. (M:4,5,4; F:6,3,5)

Women who observe *pardā* will not undergo sterilization by a male doctor. Showing of private parts to any male other than the husband is an act of sin, and a woman thus seen by a doctor would commit a sin equal to 'illicit coitus' (*zina*). (F:2,3,2) The wives of some pious people would accept sterilization from a female doctor. Some of them take contraceptive injections or pills from female workers. (M:2,3,5; F:3,3,5)

Some respondents said that *pardā*-observing women do learn about birth control methods from husbands or female relatives, and sometimes express opinions nowadays about the benefits of having a small family. But in general, it may be observed that very few women who are destined to spend virtually their whole life within or around the *bāṛī*, would be willing to stop with two children.

### Symbolism of Menstrual and Postpartum Pollution

A significant symbol of gender distinction in Bengali society is ritual pollutability of

females. The people in our study area have the following beliefs about the ill effects of coitus during menstruation:

The contact of menstrual blood with the husband's body is sinful. Menstruation is a female ailment, in which there is a discharge of blood which is impure. It is forbidden to have coitus at time of menstruation and to do so indicates poor taste and lack of aesthetic sense. (M:6,4,8; F:7,6,9)

Coitus during menstruation affects the health of the husband. The impure menstrual blood may cause sores or itch on the male organ or even gonorrhoea (*meha-prameha*). It causes giddiness and burning in the eyes. The impure menstrual blood carries germs which would be transmitted to the husband during coitus. (M:3,4,6; F:2,4,7)

The illness of a female during menstruation is aggravated if she has coitus then, causing stomach ache, profuse bleeding, and frequent urination. (F:2,4,2) A woman who has coitus then may become possessed by evil spirits, develop a tendency to vomit, have a biting pain in hands and feet, and suffer from constipation. Also, the offensive smell creates an ill effect in the body of the male. (M:4,3,6; F:6,3,4)

The mouth of the uterus remains open during menstruation so a conception may occur if there is coitus. The resulting child will be unhealthy as it is conceived in impure blood. (F:1,3,4)

Females are so socialized in this society that they more even than men believe that menstruation is an illness, that the blood is impure, and that coitus at that time is harmful, as shown in the above quotations. But many men too are afraid of its ill effects on health. It is believed in the study area that when people drink water it comes out through the urinary passage as urine; similarly, when people eat food it turns into blood, and this remains pure as long as it is in the body, but when the blood passes through the vagina it becomes impure. This is linked with the traditional Hindu idea that all that comes out of or that comes from the human body is ritually as well as physically impure. Of the respondents, 13 males and 13 females said that they feared disease through contact with impure menstrual blood if they would have coitus during menstruation. And 18 male and 22 female respondents thought that coitus then would at least affect health. Those who did not believe it could lead to conception still tended to believe it could disturb the woman's menstrual cycle.

Avoidance of coitus during menstruation is widely practiced in different cultures though not in all. It was often condemned in Europe prior to this century, and still is by many people. The Kafa men of Ethiopia keep away from their wives for at least 7 days during and after menstruation because they fear contamination from any stray blood which might still be in the woman's vagina (Orent 1975:79). Some people in both India and Bangladesh also avoid coitus for some days after the end of menstruation for the same reason. It is also firmly established in Islamic tradition that coitus should not occur during menstruation. In contrast with these beliefs, it is now known medically that menstrual blood is not harmful to either male or female, and in fact some women feel a heightened sexual desire during menstruating days. The reasons for the prohibition are not biological, but are symbolic of gender differences.

Coitus during the postpartum period is also prohibited, as the following quotations show:

Coitus is forbidden (*hārām*) during the 'postpartum period' (*nefāz*) for 40 days.

(M:2,3,4; F:1,3,2)

If there is coitus during *nefāz* the wife may have problems such as giddiness, burning in the eyes, and general weakness. (F:3,1,4)

The Qur'ān affirms the danger of coitus during menstruation and postpartum bleeding (Karim 1970:669), and Islam specifies 40 days as the time of postpartum prohibition. Hindus observe a period of 30 days or more, depending on caste. People in the study area observe this, and may abstain even longer.

Most respondents in this study also volunteered opinions about what a menstruating woman should not do. The woman voice these as much as the men:

A menstruating woman should not be in the kitchen if she has a mother-in-law or any other woman to do the cooking. Otherwise she should enter the kitchen only after having a morning purifying bath, after which she can also perform all other domestic duties. A menstruating woman commits sin if she sits in the place where elder family members sit and sleep. (M:5,6,3; F:4,5,2)

A menstruating woman is forbidden to enter the kitchen or to cook. It is an act of sin if elders in the family eat meals cooked by a menstruating woman. (M:1,0,1; F:0,1,2)

A menstruating woman is forbidden to enter the cowshed. Her unclean touch may cause the cow to die or may reduce the quantity of milk. If she touches the udder, it will smell and the milk will change from liquid to solid. (M:2,1,2; F:3,2,1)

During menstruation, a woman is forbidden to visit the delivery room because she may harm the newborn. She is forbidden to visit the houses of newly circumcised boys. (M:6,5,8; F:5,6,9)

A menstruating woman cannot contact a sick person, such as one with eye disease, measles, or smallpox, lest her contact aggravate the sickness or even cause the patient to die. (F:9,8,7; F:8,9,11)

During menstruation, a woman is forbidden to go to the field. Her contact will cause crops to give low yield or even to be burned. (M:6,9,5; F:7,8,3) I do not allow my wife to work in the field. One should do one's specific duty. The male is created to work in the field because he does not menstruate. (M:3,4,6; F:4,6,9)

During menstruation a woman is forbidden to go to the river. A boat carrying passengers may capsize if a menstruating woman is in it. (M:3,4,2; F:5,3,2)

A menstruating woman cannot visit the house of someone possessed by an evil spirit, because she also may become possessed by it. (M:6,4,5; F:5,3,5)

A menstruating woman is restricted from moving outside the *bāri* during midday, sunset, and midnight, because she might get a touch of 'inauspicious air' (*ālgā bātās*). Certain male evil spirits (*jīn, bhūt*) may want to possess her, and she may then suffer from excessive bleeding. (M:4,5,7; F:5,6,8)

A menstruating girl is instructed not to go near a graveyard, or near certain trees such as *gāb, seorā*, tamarind, cotton, banyan, or bamboo groves. These are the favorite places of evil spirits, who become active at midday, sunset, late night, and before the morning call to prayer – these four specific times. (M:6,5,8; F:7,8,10)

She should not go near a dead body. If she visits a graveyard, she tortures the deceased. The angels of peace are disturbed by her presence. (M:3,4,7; F:5,3,8)

During menstruation a woman cannot offer compulsory prayers, nor fast, nor go

- to the mosque for religious education, nor read or touch the Qur'ān or other scriptures, nor participate in *milād māhfil* recitation. She should not climb on any high place lest the Qur'ān might be lying somewhere below. (M:9,10,11; F:8,10,9)

Nowadays only a few women rigidly observe the recommended restrictions during menstruation. (M:2,3,2; F:4,5,4)

The above quotations cut across social class and gender. A menstruating woman is called sick (*śārīr khārāp*) or impure (*nāpāk*). In South Asian tradition, at least among higher castes which are much concerned with ritual purity of food, such a woman is not permitted to cook or use the usual household vessels, and in India and Nepal among some castes she sleeps on the veranda. In Bangladesh often she can work in the kitchen after taking a bath, as the quotations state. But her avoidance of the cowshed and of fields with standing crops is widely observed. Almost all of our respondents said she cannot visit a sick person, and all agree that she cannot say prayers or touch a holy book. A menstruating woman is often kept within the *bāpī*, though sometimes it is within the *pārā*. At this time avoidance of coitus is observed, and apart from ritual pollution, another reason given is that in case of chance conception the baby will be damaged (Maloney et al. 1981:149-52).

In many diverse societies in the world the idea of menstrual pollution is present; it is also believed in many that menstrual blood is poison to crops (Bullough 1977:118). It is deeply rooted in Hindu and Muslim tradition. In the study area, Hindus observe menstrual pollution rules more strictly than Muslims, but many of the avoidances mentioned in the quotations above are of pre-Muslim origin in Bangladesh. In the study area, Muslim religious leaders told the first author that the Prophet of Islam ate from the same plate with his menstruating wife, and also lay his head on her thigh, and that there is no ground in Islam for a menstruating woman to avoid household tasks and keep apart from animals or other people. But most Muslims in the study area are not aware that Islamic literary tradition is less strict on this than they are; rather, 7 male and 13 female respondents gave an opinion that nowadays fewer women are observing the recommended restrictions.

The whole matter of menstrual and postpartum pollution is symbolic of gender roles. It is not true to simply state that women are stigmatized because they have monthly menstruation. More fundamentally, this phenomenon has been siezed upon in several cultures as symbolic of male-female innate differences. In Hindu tradition, anything that comes out of the body is ritually polluted. Even semen therefore is polluting, but it can edify the female, as it often happens in the Hindu hierarchy of ritual that what is polluting to one rank is edifying to one of lower ritual rank. But menstrual blood is edifying to nobody. The fact that so many respondents feel that menstrual blood, if it gets on a male, can shorten his life span, crystallizes the difference in ritual rank between males and females. The excuse of menstrual pollutability is used to keep women from being priests or religious intermediaries, in Hinduism and Islam, as during menstruation they cannot say prayer, read holy book, do *pūjā*, or visit temples. In ritual rank males are supreme.

However, the division of power between the genders is not the same as ritual rank. We have noted already that in home life the woman tends to set the tone of the emotional relationship, and the fact that she is subject to this attributed pollution is a further way in which she controls the relationship. The role of mother in South Asian society was discussed already, produces a quality in males which fears women as well as responds to them. This fear is partly compensated for by all the ritual and symbolic differences in



male-female status mentioned in this chapter. Kakar (1981:93) refers to the hoary tradition of menstrual pollution in South Asia, going back to Manu, who wrote, "the wisdom, the energy, the strength, the might and the vitality of a man who approaches a woman covered with menstrual excretions utterly perish." Kakar believes that in South Asia the figure of the mother is omnipresent in the psyche of men, and in fantasy they regard her as both a nurturing benefactress and a threatening seductress:

- The image of the 'bad mother' as a woman who inflicts her male offspring with
- || her unfulfilled, ominous sexuality is not just a clinical postulate, supported by mythological evidence; it is indirectly confirmed by the staunch tabus surrounding menstrual blood and childbirth.

### Divorce and Death of Spouse

Close to 1 in 5 marriages in rural Bangladesh end in divorce. In the Matlab ICDDR,B survey area in 1980, over 16% of males and females who married had been divorced. If a couple divorces usually it is before they are married very long; 28 months in average. The mean age for women to divorce is 20 and for men 30. The fact that about half the females who are divorced are still in their teens suggests that not all young wives are able to observe the behavioral expectations we have described for them. Childlessness is also believed to be a common cause of divorce:

If a couple remains childless because of the wife's infertility, the husband and other members of the family may in some cases initiate a divorce. (M: 2,3,4; F:4,3,5) If a couple is childless, the wife does not initiate a divorce because of her husband's infertility. But if the wife is considered infertile, the husband may divorce or may take a second wife. (M:3,2,4; F:5,3,2)

The above ideas are cited more frequently by women, who often fear divorce as it is customary in Islamic tradition that divorce be initiated by the husband. But according to the Dissolution of Muslim Marriage Act of 1939, a Muslim woman may initiate a divorce on grounds of 1) lack of knowledge of the husband's whereabouts for 4 years; 2) failure of the husband to provide maintenance for 2 years, whether he is unwilling or unable; 3) sentence of imprisonment of the husband for 7 years or more; and 4) failure, without reasonable cause to perform his marital obligations for 3 years or more (Kapadia 1972:205). Thus, coitus and maintenance by the husband are the main factors thought to keep the conjugal partners together. Even though traditional Islamic laws give a man easy right of divorce which is denied to a woman, a woman who really wants a divorce can behave in such a way that her husband grants it.

It was observed in the study area that in case of divorce all the children born to a couple are left with the husband; a breast-feeding child can go with the mother only temporarily. Only with the husband's permission can the mother keep one of the children. Children inherit their father's lineage (*bangśa*) and are born and raised in his household, so it is thought they belong there. Following a divorce, all the children born to a couple are viewed as assets. This is even more the case with a husband who decides not to marry again, since an unmarried daughter can manage his household, and even after her marriage she can make frequent visits to him. In the matter of child custody, therefore, women are definitely in weak position compared with men.

However, a divorced young woman without dependent children might well get married again, especially if she is in her 20s, but if she is in her 30s or older remarriage is not very likely. Divorced men are more likely to remarry regardless of their age, another point of gender difference. Of those who remarry, two thirds of men and 40% of women do so within a year. Of the divorced women who remarry, 15% marry a polygynous husband and 18% a widower, and most of the rest marry another divorced man (Shaikh 1982:65-8).

Gender differences are particularly apparent in case of death of a spouse. There is no stigma attached to a man whose wife dies, but the position of a woman whose husband dies is difficult, as shown in the following quotations:

It is a matter of great distress if a woman becomes a widow while young. People hold her responsible, saying she has eaten her husband. Such a woman is termed as *bhātārkhāki* (one who has eaten her husband). (M:2,1,3; F:3,2,1)

Young widows are kept under surveillance by members of the community. If they move about they are viewed with suspicion, and if a young man talks with them a false scandal may arise and be circulated without hesitation. (M:3,4,2; F:4,4,3) Without a guardian, a young widow is helpless. Some men might take advantage of her situation. They might offer her a loan or material assistance with the objective of sexual relations. (M:3,2,3; F:5,3,2) A man from another family would not take up the job of repairing a young widow's house because this might create a scandal. It may be assumed that he would charge her less, or not charge her at all, with the expectation of gaining sexual intimacy. (M:1,2,2)

A young widow should be modest because she is still youthful. But when the husband dies the entire responsibility of the family shifts to her, and it is difficult for her to be rigidly modest. (M:2,1,0; F:0,1,0) A widow will not have the same modesty she had before her first marriage because of the experience of her marriage. But the prospect of remarriage is greater for a young widow who demonstrates modesty. (M:2,1,0; F:2,0,1)

In the study area it was observed that sometimes young widows established sexual relations with financially solvent men who provide them with material support. But if a widow is really insolvent members of the lineage and in particular her brothers usually come forward to support her. A widow with one or more sons often does not get married again, and expects ultimately to live on their earnings.

A young widow without children usually considers remarriage favorably, and in most cases will get married. But if she has children her position is more difficult. Most widows dress plainly and use no cosmetics unless they remarry. A widow is considered to be inauspicious until she remarries. In a wedding ceremony, a widow is not allowed to touch any objects to be used by the bride or groom.

This inauspiciousness of a widow came into Muslim Bangladesh culture from its Hindu background. Muslim widows may remarry without any religious stigma, and nowadays some Hindu widows also remarry, particularly if they are of low caste. Nevertheless the general position of widows in the society is poor, and there is always the vague feeling that something they did or neglected to do might have caused the death of the husband.

The remarriage rate of widows is much less than that of widowers. In Matlab Thānā in 1980, according to ICDDR,B data, 4.6% of men marrying were widowers and only 1.6% of women marrying were widows. Widowers may remarry at virtually any age, and usually,

they want a young bride. Of widows who remarry, half are under age 24. A widow in her 30s with children is not very likely to get married again, and a widow in her 40s has virtually no expectation of it. In this respect, gender distinctions considerably disfavor a woman's welfare.

Some implications of gender differences and differential age of marriage for the family life cycle are as follows. Out of 100 marriages in which the husband is typically age 25-29 and his wife typically age 15-19, about 75 would continue with both partners living until the wife reaches the natural end of her reproductive period, about age 44 (Shaikh 1982:59). Out of these 100 original couples by that time there would be 2.5 times more widows than widowers (16.9% and 6.7%) if none of them remarried. Only about 1.5% of couples would both die leaving orphaned children, and most of those children would be in their teen age. In most such cases of orphaned children the relatives or fictive kin will support the children. But women have 2.5 times more chance than men to be left alone to raise their children, with the added disadvantage of slight chance of remarriage. A woman who declines remarriage to raise her children expects their support later in return. If it is not forthcoming she may comment: "Looking at the deserving face of my child I did not glance in any other direction" (*bāccār mukher dike cāiyā āmi āi kona dike cāi nāi*).

### Middle Age (*Madhyamkāl*)

This stage, beginning in the 40s and continuing well into the 50s, is the time of life marked by respectability. Besides this stage, Bengalis have a further 2 stages, whereas for these Erikson's scheme has only one, "maturity." The Bengali *madhyamkāl* begins somewhat earlier than Erikson's "maturity" because *madhyamkāl* usually denotes that one's children are grown or married, there might be grandchildren, and one has reached a different level of respectability and authority in life. The distinction is more marked than in the West, where the term "middle age" is less specific.

It is interesting to see in Figure 1 that the last 3 Bengali stages of life are exactly parallel to those in the Kannada language of South India, and in fact this pertains to most South Asia. There is a little difference in terminology in the Tamil scheme as shown in the table, in which middle age (*naḍataruvayasu*) begins in the 30s and is not so clearly defined as a stage of having grown children, but rather a stage of competence, more like "middle age" in English. But in the classical Sanskrit *āśrama* scheme there is no such stage distinguished, as the householder (*gṛhasthaya*) stage of family and profession extends up to the stage of retirement (*vānaprastha*). In each of these schemes, the stages identified are real for the culture.

Whereas for a man the *madhyamkāl* stage begins in the mid-40s and extends through the 50s, for a woman it begins earlier, late 30s or early 40s, because of her childbearing pattern and the age differential in marriage. The symbolic importance of women's behavior is again reflected in respondents' comments about this life stage:

About age 40 or 45 a woman's youth begins to decline. She has grown-up sons and daughters and the rigidity with which she observes *pardā* relaxes. (M:2,3,4; F:5,4,6) A woman who has grown-up children can go to the fields to collect chilis or vegetables. After she is a mother-in-law her movements are not viewed so critically. She can make frequent visits to neighbors' houses. If she is a widow and very poor, she

can walk through the village asking for alms. (M:2,1,0; F:3,2,0)

A woman does not need to feel shy when she becomes a widow in old age. The body of an older woman is loose and nobody watches her movements with sensual desire. Unlike young widows, old ones may visit houses of their relatives at will. (M:2,0,1)

An older woman becomes cautious in the presence of her son-in-law so that he may not find fault in her behavior. Sometimes a woman practices habits such as rising early from bed or putting a cloth over the head which are fitting for a female, before she asks her daughter-in-law to acquire such habits. (M:3,2,4; F:3,4,6)



An old Hindu widow carrying a load on her head. Such activity does not bring any shame at this stage of life.



An old Hindu widow wandering alone in the *pārā*. Such activity which ensures support for livelihood is socially acceptable.

In this stage of life a woman may even take up a profession, such as healer, midwife, or even money-lender or manager of an enterprise (through a male agent), or she may be a craft specialist in families that do basket-making, mat weaving, etc. She may busy herself with care of the grandchildren. When the first grandchild is born the parents of the wife are more pleased than the parents of the husband because they think that now the marital bond is secure. She no more needs to have children on her lap to feel respectable among other women. Indeed, it is shameful for her to become pregnant after her own child is married, and it is also something of an embarrassment to her grown child.

A man in *madhyamkāl* tends to spend a lot of time with friends in his network of personal relationships as in the mosque, tea shop, or profession. More attention may be given to religious duties, and procreation is considered not very desirable, though a fair number of men in this stage do marry a young wife start another family.

It is commonly believed that this stage is one of decreasing libido, and that a healthy and successful person must apportion his libido wisely. A male's sexual energies are thought to be diverted by thinking of the problems of marrying off children, caring for the family or managing the assets or farm. A female is thought now to have sagging breasts which cause her to be worthless sexually, and she is also thought to be "dried out" if she is thin besides. A woman goes through menopause, though this is biologically no reason to mark a change in sexual behavior. We have discussed in our previous work (Maloney et al. 1981:143, 321) that both males and females claim to have coitus 2 or more times per week even after age 45 that is, if they have it at all; for males, this is only a little less than for the age group 35 to 44. For women, there is a tendency to inflate claims of frequency of coitus to ward off any tendency to give the husband cause for initiating divorce.

Whereas in the *pūrṇa jauban* stage generativity is the chief characteristic, as Erikson states, during the *madhyamkāl* and *briddhakāl* stages the social concern of the individual is widened from the family to the larger community. A man now is more concerned with public affairs, and a woman also has more concern with the wider contacts of family members. In Hindu terminology, during the stage of young adulthood one is obliged to practice dharma, but in the later stages one may also teach dharma. This broadening of concern from family to society is, as Kakar (1979:9) suggests, a widening concept of generativity.

### Old Age (*Briddhakāl*)

This stage, beginning in the middle or late 50s, or for men may be in the 60s, begins later than Erikson's stage of "maturity." It is considered in Bangladesh to begin with retirement from some of the responsibilities of middle age, and to continue as long as people are capable of normal movement and not disabled. The other 3 South Asian life cycle schemes shown in our Figure 1 also have this stage, between middle age and a state of disability; in Kannada a person of this stage is addressed as grandparent, and in Tamil with a term meaning "oldster" or as grandparent. It is equivalent to the Sanskrit *āśrama* stage of *vānaprastha*, which is retirement to pursue religious activities.

In Bangladesh, care of old people is not usually regarded as a burden; rather, it is a responsibility. It is done in gratitude for past assistance, and in fear of the curse (*bad-doyā*) of the old person. An old person is venerated as a carrier of wisdom and treated with almost religious devotion.

It is expected that a person in this stage loses interest in coitus and procreation. He or she should devote himself to prayers and advising others. If one in this stage has a child it is common to give it to someone else to raise as one is concerned that he might die during the child's dependency. If a man procreates at this stage and a visitor comes to the house and sees the child, he will think it is a grandchild, and the father will be embarrassed at the wrong identification.

But in fact coitus continues in this stage, at least for many couples. The capacity of

older people for sexual performance has been popularly under-rated in the West as well as in South Asia; in the West it is now observed that one who has been sexually active through life may continue through the 70s and even the 80s. In Bangladesh, the expected sexual abstinence in this stage is a carry-over from the Hindu ideal of life stages. The concept in Sanskrit tradition of the *vānaprastha* stage, literally "forest-living," is one of renunciation; one is to leave family (*kula*), home (*grha*), and village (*grāma*), live in a forest (*vana*) and eat only fruits and vegetable foods, and avoid meat or sweets; one is to wear no cloth, but bark and deerskin. One is to live under a tree, with no attachment to place, celibate, though husband and wife may embark on this life together. One is to make sacrifices, study the Upanishads and *srutis*, and practice penance (*tapas*). One is to give up *kāma* and *artha* as aims in life and prepare for *moksha*. Some texts also say it is permitted to skip this stage and go to the next stage, *sannyāsa*, in which one leaves behind even his wife and become a wandering ascetic. These two stages are the last two rungs of the ladder by which one reaches Brahmā or *moksha* (release). Actually, this ideal was highly theoretical and abstract and even in ancient times very few could have followed it. The ideal was functional in that it lent sanctity to the role of *sādhus*, *sannyāsins*, and ascetics in Hindu society. These ideals have left a residue of attitudes about old age which are important in Bangladesh society even today.

A more practical approach to old age is what Mines (1981:117-8) described for modern Tamils. He observed that none of his informants defined the later life stages in terms of the *āśrama* scheme, but they do sense a sacred order in life, which is part of the sense that they live in a sacred universe of which their lives form a part. This gives rise to a Tamil man's desire to contribute something to his society: a temple, a school room, help to a benevolent society, or to the poor. This is especially done in old age using the resources collected during life, a partial renunciation of wealth with religious and ethical motives.

But in Bangladesh renunciation as a philosophy is seldom held among Muslims and is not considered to be Islamic. A Muslim retains property till death, which it is divided up according to Islamic law. A Hindu in Bengal also retains property till death, according to the *Dayābhāga* system of law that developed in ancient Bengal, whereas in other parts of North India a father is encouraged to divide up his property well before his death. This is another reason for the high respect given to aged men in Bengal and enshrined in the poetry of the land.

In the study area, it was seen that people perform religious duties on behalf of their aged parents; if either parent is disabled or cannot offer the compulsory daily prayers or observe Ramzām fasting, the sons and daughters might offer charity to the poor as a substitute which is allowed according to religious rules. Such duties are known as payment of *kāphfūrā*. It is also seen that charity may be given by offspring on behalf of parents who had been regular in their religious duties when they were able-bodied. Thus, for an old person offspring are important not only for economic and physical support, but also in religious duties. A Hindu should have his funeral pyre lit by his eldest son, according to strong tradition.

In Bangladesh one can look forward to a fulfilled old age and a peaceful death if his duties toward offspring are completed, which means that they are married and capable of leading independent lives. This philosophy encourages a man to stop procreating during middle age so that there is still time left for him to fulfil his duties toward all his offspring.

Through life one looks ever outward. As a youth one thinks of himself. As a young adult one thinks of family. In middle age one thinks of society and community. In old age one thinks of moral and ultimate matters. In the final stage one prepares for death and *moksha* or heaven. One's generative capacity expands from sex, to family involvement, to social involvement, and finally to ultimate generativity and fulfilment of self.

### Final Life Stage *acal*, or *maraṅkāḷ*

The term *acal* implies inability to move or function; *maraṅkāḷ* means time of death. This stage is considered to begin whenever an old person becomes disabled. It has a parallel in the other Indian life cycle schemes in Figure 1; in Kannada, *aralu maralu* implies doddering behavior, and in Tamil also the final stage is one near the point of death. In the study area it was sometimes said that a person in the *acal* stage already has 'one leg in the grave' *ek pā kabare*, meaning he could die at any time.

These ideas of the final life stage are a little different from what is implied by the English term "senility," which denotes primarily mental or verbal disability. In Bangladesh some physical disability often sets in before mental or verbal senility because fewer people live to be really old in chronological terms. According to ICDDR,B data (A. Chowdhury 1982:13) a person aged 40 can expect to live to be 65.5; one aged 50 could expect to live to be 67 and one aged 60 could expect to live to be 68.8.

It is believed, however, that when people become very old they regain the mental disposition of their childhood; parents who are disabled are viewed in some sense as children (*polāpān*). Thus, it is believed that they cannot have any sexual urges, for the stream of vigor is dried up in them. Females and males are considered to be more comparable in body structure at this age. Special care is given to a disabled parent because it is believed that if he or she could be satisfied during the last stage of life, his blessings would ensure prosperity and happiness to the children who take care of him. Considering the crucial importance of this stage, the children offer the disabled parent any specially desired food items, at any cost, if possible, so that the last wishes of the parent may be fulfilled. With further disablement the care of a parent is usually intensified.

In the Hindu *āśramadharmā* scheme, the last stage is *sannyāsa*, in which a man detaches himself from all worldly concerns, leaves even his wife, and spends his last days as a wandering ascetic. He has achieved *moksha*, or release, from all the cares of life, and this prepares him for his final *moksha*. One renounces selfish actions and the expectation of results of actions, and detachment leads to the realization of *svadharmā*, one's own unique dharma in this life.

Muslims do not have such a philosophy or renunciation, and in fact even in classical India this ideal was confined mostly to the Sanskrit texts, practiced by very few men and practically no women. Nevertheless, the belief that the final stage of life is one of inner fulfilment rather than senility or vegetation is characteristic of Bengal also. The fulfilment is expected to be expressed in the blessings a person on the point of death is able to bestow on his children and family.



## SEXUAL RELATIONS OUTSIDE MARRIAGE

### Pre-Marital Sex: Social and Religious Control

The respondents in this study expressed firm ideas about pre-marital-sexual relations, according to social expectations, though in fact these statements have to be balanced in the light of actual behavior :

Those who engage in pre-marital coitus humiliate the other members of the community. The act brings disgrace (*kalaṅka*) for both the partners and their parents. The parents may be boycotted by the society. Sometimes a young male is beaten on the spot by a member of the community. (M:2,1,2; F:4,3,5)

Before marriage a person maintains self-control for the honor (*izzat*) and prestige (*mān*) of self, parents, and members of the community. If the prestige and honor are damaged, that person and his parents are likely to suffer in their social relations, business contacts, and earning capacity. (M:2,1,3)

It is fear of physical punishment by influential members of the community that makes some young males avoid illicit coitus. Sometimes they may even have to leave their homes. (M: 6,5,2; F:5,6,3)

Social control of sexual behavior has 2 phases, for both males and females. The first is control by parents, family, and lineage elders, which extends through the *kaiśor* stage. *Śisukāl* is a stage of nonreason (*abujh*) and *bālyakāl* is a stage of 'partial reason' (*polāpān*), which extends also through *kaiśorer prārambha* and *kaiśor* stages. It is left to the parents and other family elders to train one who is considered too young to take full responsibility for his actions.

¶ The second phase of social control is by members of the community, in addition to parents and elders. This begins with full adolescence (*nabajauban*) and continues through *pūrṇa jauban* and *madhyamkāl*, for males and females. For males, social control also extends into old age, *briddhakāl*, but a female who has passed into *briddhakāl* is thought of as incapable of harming the community through sexual offence. Males are considered incapable only when they reach a state of partial disability.

This two-stage division of life is considered by the people to have a biological basis also. It is believed that one who is 'sexually immature' (*nābālak*) does not pose any threat to the community by his sexual behavior, but one who is 'sexually mature' (*sābālak*) is

controlled by the community for the good of the community. But in fact, if anybody seeks formal justice from community elders for an objectionable sexual act of persons up to about age 15, the usual response would be that since the event occurred between *polāpān* partners it should be referred to the respective parents.

The people agree that the sexual organs are shameful because they are related with human birth. The sense of shame is thought to not be inherent, but must be socialized in the individual. The sexual organs are the focus of beliefs and feelings without reason. Therefore it is left to the parents to socialize the child in this area until he passes out of the state of nonreason, and thereafter if an individual fails to be controlled by his own reason the community may take action.

Community action against sexual offences in the study area is taken by the body of elders. The headman (*pradhān, miji, māṭbar, sardār*) of a *pārā* may take action himself, or sit with a body of elders, or call a meeting of a larger 'body of elders' (*pradhāniyāra* or *darbārīrā, p̄acjan* meaning a traditional body of 5 elders, or on the Comilla side *samāj*) which might come from a number of contiguous *pārās*. Cohesion within the body is usually strong. The functioning of the *samāj* in Comilla District has been discussed in detail by Bertocci (1974). We have discussed in our previous work the importance of the *pārā* (also called *kāndi* in Comilla District) as the main unit of settlement and the most important social unit beyond family and kin, and we have shown how the *pārā* headman or elders are able to control sexual offences and other breaches of morality. Several anthropological studies (specially Zaman, also Thorp, N. Hussain, S.H. Khan, and P. Sarker) have discussed the micro-level political system. In different parts of Bangladesh the term *samāj* has different meanings (Maloney et al. 1981: 274). But almost everywhere there is a functioning body of elders who maintain moral behavioral standards.

These bodies may function as a community court, as has been described in a thesis by Zaman (1977); they act either to make judgment (*bicār*) or to effect compromise (*sālis*), depending on the case. Judgment is usually decided in cases of sexual offences, but for persons of high social status in the community sometimes compromise is more expedient. They often decree that a person involved, or the entire family, be socially ostracized (*ātak*) as the quotations above show, or that he pay a fine, drag his nose on the ground to be humiliated, or be beaten with a shoe. Expiation often consists in the family giving a dinner to the body of elders. Out of our respondents, 9 males and 27 females, from all socio-economic classes, mentioned that for an illegitimate pregnancy the parents of the girl would be ostracized or restricted in their religious and social dealings, because they are considered to have been careless.

Religion is an important means of sexual control for Muslims. On this subject, people tend to utter pious statements which are intended to express their ideal rather than their actual behavior:

Young unmarried persons who prefer worldly enjoyment and do not think of the after-life indulge in illicit coitus. According to Islamic injunctions, if any event of illicit coitus is proved beyond doubt, each partner should be whipped 100 times. If a young male and female engage in it they may even be killed. (M:4,3,5; F:5,3,5)

Those who engage in pre-marital coitus will not get the blessings of Allah; He will punish them with disasters (*gazab*). The merits gained by religious performances are struck off when one engages in pre-marital coitus, and such debauchery will be

weighed on the Day of Judgment. Debauchees will be asked to walk over a certain bridge (*pulserāt*) on that Day, and they will fall down in the fire underneath the bridge and cry loudly. A stick with flames will be pushed through the sex organ of a debauchee in the after-world. (M:3,4,6; F:2,4,3)

The mere wish to have coitus with one not a marital partner is equivalent to illicit coitus. Pre-marital coitus is also illicit. (M:3,2,4; F:2,1,3) For the sin of illicit coitus one will suffer both in this world and in the after-world. (F:2,1,2)

The amount of sin in pre-marital coitus may not be so great. One attains the peak of youthful vigor before marriage, and sometimes young males and females may fail to control their sexual urges. If one apologises and repents for the sin, Allah may forgive. (M:4,1,0; F:2,3,2)

Of the respondents, 13 males and 9 females stated that for pre-marital coitus both partners would be burned in hell-fire. Such a statement is found uttered more commonly by those in the lower socio-economic class. They need to express such pious opinions to bolster their status image. Actually, the tough punishment purported to be awaiting one in the Day of Judgment was viewed by the respondents rather lightly, but the possibility of harm to honor and social prestige when such a deed is made into an issue in the community, is taken very seriously.

Adolescent love often does not lead to coitus, but may be limited to gesture and imagination. Sometimes also there is no physical contact. This is partly because of the anticipated reaction, but perhaps more so because the young people have not developed adult self confidence and sexual identity; as in western countries, many young people do not immediately try to have coitus, but first try to test themselves in their relations with the opposite sex. Adolescents attempt to define their own identity by projecting their ego images on another and seeing their own reflected. But because of the continual social tendency to segregate young males and females, many youths cannot even do this before marriage, and enter marriage without a firm ego image.

A good proportion of young people do have pre-marital sexual experience, as we discuss in the next section. Boys have more opportunity because their age of marriage is so much higher. But it is interesting to note the last quotation, in which 5 males and 7 females state that pre-marital coitus is a lesser offence than extra-marital coitus. Adolescent sexual offenders, even those in the *nabajauban* stage, do not usually receive severe punishment. This is so for males and females. It becomes important when it is publicized and made into an issue, usually part of a larger social issue. The dire statements about adolescent coitus are belied by actual social response to it.

In fact, it was observed in the study area that many adolescent unmarried males and females felt that pre-marital coitus was acceptable if it occurs between two people who like each other and if nobody is hurt in the relationship. This is possible only when it occurs secretly. There are some changes in attitudes on this subject which have come with the easy availability of modern contraceptives, though they are not usually used except in a continuing relationship. Talks with adolescent males show that they felt guilty during the first few occasions of coitus, but this feeling gradually disappeared. The partners have guilt feelings when their sexual activity becomes known and is an issue.

Sometimes parents know of sexual relations and tacitly approve, but not so much in a tightly ordered rural situation as among the uprooted, or where the youngsters are living

apart from their parents. A study in Calcutta showed this to a surprising extent (Seal et al. 1978). Of 300 unmarried women attending public and private clinics in the city who were studied, a third were widows. They were not mostly of the coolie class, for two thirds were literate, although 37% of the male partners had no proper income. Parents or guardians approved of these liaisons in 87.4% of cases, or were at least indifferent. Only 8.4% were strongly against the liaisons, and 5% had driven the females from their homes. Of these females, nearly half had had a previous pregnancy. Only 29% of these females said such liaisons were immoral or a vice; 71% approved of the sex relations and also of abortion when necessary. The approval was for enjoyment of sex or/and for money.

### Incidence of Pre-Marital Sex

Despite the dire social and religious consequence of pre-marital sex quoted above, the behavior as narrated in this section is probably typical in Bangladesh. First, we note respondents' general statements about the circumstances in which pre-marital sexual relations occur:

Before marriage, young males and females have a strong sexual urge. From the age of 15 or 16 a young male wants to have coitus when he sees a female, but such an opportunity rarely occurs. (M:4,4,1; F:4,2,4)

If parents cannot give their daughters in marriage soon after puberty, these daughters sometimes have illicit coitus to satisfy their sexual urges. Some males and females develop the habit of pre-marital coitus and cannot give it up even after marriage. (M:5,3,4; F:6,4,5)

There are some young men who make sexual advances at any available opportunity, and they force females to have coitus with them. Young girls and women cannot move freely without an escort because of the presence of these men. (F:2,2,1)

Sexually mature males and females become restless when they come close to each other, and may develop intimacy leading to coitus. (M:3,2,4) There are several stages of such a sexual relationship; the male initiates the act, and will first hold the hand of the female, then touch her breast, and after further advances, they might have coitus. (F:3,2,4)

To persuade a female to have sexual relations, customarily a young male will promise marriage: 'I swear in the name of God.' 'I swear by touching the earth.' 'I promise by turning my face toward the *kābā*,' or 'I swear by touching the Qur'ān. He may also say, 'If I do not marry you, then it will be proved that I was conceived out of marriage.' (M:0,1,0)

Some young unmarried females agree to have coitus in obligation for receiving small gifts of cosmetics such as scented hair oil, talcum powder, facial cream, or lipstick, or after expressions of affection toward the younger siblings of the girl, or after some assistance to her parents. (M:5,3,4; F:3,4,2)

The actual incidence of pre-marital sexual intercourse can be judged from the following quotations, taken from our 65 respondents of whom 32 were males and 33 females. In our study we found people more willing to talk about sexual matters than would be expected by the urban educated elite who tend to be prudish. In these quotations there may be omissions, under-statement, or even exaggeration, but we believe these statements are more or less proportionately representative of the population.

### Males

Before attaining puberty at the age of 15, I had coitus with several girls on different occasions. I had it in the garden or in the agricultural field. (M:1,1,1) Before my marriage I had coitus with one married and two unmarried girls. (M:1,1,0) By starting discussion on sex, I got an opportunity to have coitus with an unmarried girl. (M:0,0,1) I had pre-marital coitus with one married woman and several unmarried young girls. The married woman was the wife of a rickshaw-puller. (M:0,0,1) I had pre-marital coitus with an unmarried neighbor, and the relationship continued for about 2 years. Before marriage I also had coitus with a married woman. (M:0,1,0) I had the experience of pre-marital coitus, and procreation was not the objective. (M:3,0,6)

I had pre-marital coitus with several married and unmarried girls. My sexual partners included a domestic maidservant, a neighbor's daughter, a friend's wife's younger sister, a paternal cousin, my classmates in school and college, a nurse, a distantly related "sister" of my father, and prostitutes. (M:1,0,0)

I had coitus with some girls in a standing position. The advantage of the standing position is that the couple can disengage quickly whenever there is chance of being detected. (M:0,0,1) I had coitus with a girl when she was out in the field taking care of goats. (M:0,0,2)

I had coitus with a 12 year old daughter of my father's elder brother. (M:0,1,1) Before my marriage, I had coitus with my own elder brother's wife. (M:0,0,1) When I was 15, I had coitus with a girl of 12. This relationship continued for several months while she was on a visit to my elder sister's house. I also had coitus with my mother's sister's daughter and mother's brother's daughter. (M:1,0,0) I had coitus with an unmarried daughter of my father's elder brother. This relationship continued for several months. (M:1,0,0)

### Females

I had a love affair with my house tutor, but since he came from a poor family, my father just put a stop to it. (F:1,0,0) I loved a young man. But the elder members of my family put a stop to it because they thought about the evil consequences. I was married to a young man of my parents' choice. (F:0,1,0) I had a love affair with one of my classmates. Our intimacy remained secret. If it had become known, I would have been beaten and abused by my parents and teachers. (F:1,0,0) I was compelled to have coitus in a standing position with a young male in a jute field. (F:1,0,0) Before my marriage, one of our tenants, in collusion with a woman, compelled me to engage in coitus in an abandoned shed. (F:1,0,0)

When I was still a minor girl, one day on my way back to my room from the toilet I was caught by my father's brother's son who forcibly had coitus with me. After this, I kept away from him and after reaching puberty did not come close to any young males. (F:0,1,0) One of my cousins attempted to have coitus with me, but he failed because I was unwilling. My parents restricted my movements with that cousin. (F:0,1,0)

Among these respondents, there is a slight preponderance of males admitting to pre-marital sex from the lower socio-economic class, and more girls are from the upper class. In fact, probably there is not so much class differentiation as some people wish to believe, at least in the pre-marital stage. However, 9 women respondents, mostly from the lower class, referred to roving males moving from *bāfī* to *bāfī* hoping to find a partner, while the girls would remain within but keep eyes open for a suitable partner. The two would communicate in gestures, after which further initiative would be taken by the male. But family surveillance on pubescent girls makes it difficult and one has to scheme to find such an opportunity.

Considering this difficulty, some young people prefer to find a person of the opposite sex within the circle of kin. The most common is between cousins, which among Muslims may be married. Sometimes a youth would have sex with his older brother's wife, for this is the most active joking relationship.

Of our 32 male respondents, 17 admitted to having had pre-marital intercourse. Of our 33 females, 6 did. This coincides with our earlier estimate (Maloney et al. 1981: 68) that perhaps half of all young people have intercourse before marriage, but it is obviously more difficult to ascertain this for girls, for some will never admit it.

It appears that many people do not care to follow the religious principles, though they might state piously that violation of these principles would incur punishment in the after-world. But they care about punishment in this world, which occurs when the offences are made public issues and the elders have to display their piety and authority by inflicting punishment.

### Extra-Marital Sex: Social and Religious Control

The following quotations about social and religious sanction against adultery are types of comments expected from respectable people in the society, though these comments may not represent actual behavior:

If a young bride engages in illicit coitus and the event becomes known, she may be slapped, whipped, or beaten with shoes on the spot. Her husband and mother-in-law will take steps to throw her out of their house. (M:3,3,4; F:4,2,3)

If a married woman engages in illicit coitus, she may be divorced by her husband. If he does not divorce she suffers constant mental anguish. (M:3,2,4)

If a woman engages in extra-marital coitus, her dead relatives are tortured in their graves. Her husband shares the sin if he tolerates it without giving any punishment. It is forbidden to take food cooked by a woman who engages in illicit sex. (M:3,4,2)

I will not excuse my husband if he engages in illicit coitus. If the wife does not forgive the husband, Allah will not forgive him either, because He made the husband and wife partners to share joys and sorrows together. (F:0,1,0)

Even if a husband has illicit coitus, it is not forbidden for the wife to continue having sex with him. But it is forbidden for a husband to continue having sex with a wife if she has had relations with another man. (M:0,1,1; F:1,2,0)

If I engage in illicit coitus, my children will also develop the same nature. This is a kind of expiation of the sin committed by the parents. (M:3,2,4)

If a married woman engages in illicit coitus she cannot continue the marriage without fulfilling the religious requirement of *hillā* marriage. After marriage to another man for at least 3 months, the husband can marry her again. (M:3,2,4)

I engaged in sex with my father's elder brother's son's wife, which became known. She was tortured privately, and I was severely beaten and compelled to drag my nose on the ground in a straight line drawn by my father's elder brother. (M:0,1,0) In my adolescence I felt an intensive sex urge, and touched my younger brother's son's wife. She said this is not good, and that she would be divorced if anyone saw. (M:1,0,0) I allowed my wife's unmarried sister to stay in our house for some time, and I presented her with clothes and cosmetics. One day against her will I had coitus with her. She told my wife, who became furious with me and threatened to tell my parents. I promised not to do it again. Then she became quiet, but she sent her younger sister home that very day. (M:0,1,0)

In the study area, it was observed that if a woman has illicit sex her husband or parents-in-law are usually blamed for being unable to prevent such occurrences. Members of the community tolerate a husband beating his wife in such circumstances. If a wife is caught by family members having illicit sex the event is privately communicated to her parents, and she is compelled to return to her parental house. She might not be brought back for 6 or 12 months, with a threat that she might not be brought back at all, and she has to suffer from inadequate food and clothing, and tolerate abusive words hurled at her, especially by the mother-in-law. This is the usual social response to such activities by a woman. In the case of a young married man, if the event becomes known it may be taken up by the council of elders or the *samāj*, but if the man is an important person action is hardly taken against him. Several instances of the immunity of local big men to such disciplinary action are cited in the village study *Jhagrāpur* (Arens and Van Beurden 1977).

The religious sanctions cited in the above quotations against extra-marital sex are fearsome, but the effect is less. People are aware that Islamic tradition prescribes that stoning is merited by an adulterer and adultr<sup>ess</sup>, but the event has to be seen by 4 eye-witnesses, and that is hardly ever possible. In our quotations 9 males stated that an adultress has to undergo *hillā* marriage, without which she cannot continue her original marriage. In *hillā* marriage she must be married to another man for at least 3 months, and such a marriage must be consummated to be valid. This is a rule in *Śariyat* which people know. But they also say it is difficult to determine if such a marriage is consummated unless the woman gets pregnant, but use of contraceptives may prevent that.

The more common response to adultery is to try to keep the matter hidden from others, and if it does become known, to send the wife home to her parents if she is young, or to beat her. In case of husband's illicit sex, our women respondents give different opinions; some say they should forgive him, but others say they would not forgive in such a case and Allah will not forgive either. But in Bangladesh society, the response of husband or wife to such an event is often determined more on the expectations of family and society instead of on the relationship between husband and wife.

### Incidence of Extra-Marital Sex

The following quotations are about the circumstances in which adultery may occur, and

they show that the quotations about the social and religious sanctions against it are observed in behavior by only a section of the population.

Married persons indulge in illicit sex more than unmarried persons. If there is any illicit conception nobody will realize it, though some women use contraceptives. Though one may deceive one's husband, one cannot deceive Allah. (F:3,1,3)

After marriage women are seldom interested in illicit coitus. They do not have evil desires, but they bear children and develop love and affection for their husbands and children. (F:2,1,1)

Those who indulged in coitus before marriage are far more likely to have extra-marital affairs than persons with no such prior experience. (M:6,4,7; F:0,2,1)

Communication of love and feelings through coitus is a virtuous act, and when couples are blessed with children, Allah is happy. But if persons not married to each other engage in it, it is sinful, and Allah is unhappy. (M:3,2,4; F:2,4,5)

Man is fond of novelty. There are men who do not remain satisfied with one wife but cannot afford another, so whenever there is opportunity they have illicit coitus. (M:2,1,3; F:3,1,0) Some people have strong sexual urges and are not satisfied with one partner, so they have sexual affairs. (M:5,3,5; F:4,1,5) Some women engage in adultery for money, sweets, clothing, hair oil, soap, or cosmetics. (M:2,2,2) Sometimes men offer gifts to woman to have sex with them. (F:0,1,0)

If a husband does not keep company with his wife for a long time she feels compelled to go to other men to satisfy her sexual needs. (F:0,0,1) A dissatisfied married woman goes to other men for sexual pleasure. (M:1,1,0)

In the study area, while the first author was collecting data for this study, he came to know about a number of incidences of adultery, particularly in cases where husbands were away from home for some years. The following examples were volunteered in the life-history interviews with the respondents.

I had sexual relationships which remained unknown to my wife. (M:3,3,6) I had the experience of extra-marital coitus, for pleasure only, and I did not have any feeling of guilt. (M:0,0,1) Once while returning from the city, I had coitus with a nurse I know. (M:1,0,0) In the absence of my wife from home, I had coitus with a married daughter of my father's brother. (M:0,1,0) After marriage, I had coitus with my wife's sister and step-sister. (M:1,0,0) After marriage when I went on a visit to my father-in-law's house I had coitus with his brother's son's wife. (M:0,1,0)

One day a friend of my husband came to visit while my husband was away. Late in the evening he made sexual hints to me. I did not agree, and threatened to tell his wife. Then he said he was not asking for a sexual favor, only joking. He also told me that if anyone knew of our conversation it was myself who would be affected and my husband would not be willing to keep me. (F:0,1,0)

Of the 32 male respondents, 17 admitted to having extra-marital intercourse. But none of the 33 females admitted it. Obviously, the women feared that this might be communicated to their family members, with serious consequences. In the study area, and in Comilla and Noakhali Districts, there is much seasonal migration for work, or men are employed in careers elsewhere, so both they and their women at home have more opportunity for sexual encounters.



### Gender Distinctions in Illicit Sex

Respondents in the study area view sexual offences of females more seriously than offences of males, and they remember those of females longer. This is indicated by female as much as male respondents:

If parents learn about illicit coitus of their grown-up daughter, for the sake of her good name they do not bring the event to the notice of the members of the community. Rather, they sometimes hurriedly arrange her marriage, for fear of exposing themselves to criticism by members of the community. (M:3,4,2; F:4,3,3)

A girl is more disgraced than a young man if illicit coitus is exposed, for it is not likely to occur if she does not have her consent in it. The disgrace cannot be wiped out with any amount of money. False rumors about a girl can ruin her prospect of marriage in a good family. Spreading false rumors about the sexual conduct of a woman is a grave sin. (M:2,3,5; F:2,4,3)

When an unmarried young man has a disapproved sexual experience which is discovered he may be able to disassociate himself from the allegation by using his parents' or his own influence. But since a girl is confined to the household and has no personal influence outside she has to bear the blame if there are allegations. This also comes out clearly in the narration of sexual allegations in a village in Kushtia District, observed by two Dutch anthropologists (Arens and Van Beurden 1977).

As a practical matter, males have more opportunity than females because of the difference in age at marriage. According to ICDDR, B data, in Matlab Thānā 78% of females are married between 15 and 17, but only 8.3% of males are, 13.3% of females are married between 20 and 24, but 41.4% of males are, and in fact an equal percentage of males do not get married until 25 to 29. This delayed marriage for males is partly the result of increasing economic pressure combined with the ideal that a male should be able to support a family before marrying. The age difference in marriage is explained by the people as necessary because the girl has to be protected, but the man must be able to earn. But in fact there are also psychological reasons for this age difference, because of the nature of male-female relations we have already discussed.

The pressure on young males is often very heavy. They are supposed to be denied the company of females till they can earn, but they often can't find a way to earn respectably, and meanwhile they are dependent on their parents and under their control. This tension may continue for 10 or 15 years after a young man becomes pubescent. This tension is recognized in the society, which is why illicit coitus is termed 'follies of youth' (*bayados*), and a young man might be excused for his misdeeds, or get away with just tendering an apology in the presence of the elders. If the female is of low status, or low caste, or an outsider, there is not much chance that action will be taken against him. In fact, quite a number of parents quietly approve of their sexually mature offspring engaging in experimental sexual activities. A middle-aged man who has a position of power is likely to bear no punishment for illicit coitus if the female is of low status; only his reputation for piety may suffer a little.

The symbol of female honor is chastity, but the symbol of male honor is power. This leads to different modes of conduct. For a female, loss of honor is a blot that may be difficult to erase, but for a male it may even be an achievement. In many peasant societies

the ideal woman does not strive to break the bonds of male control (Wadley 1977:121-2). The difference is ritualized in the concept of pollutability. In India it is sometimes said that illicit sexual activity by a woman is like an earthen pot which is defiled and can never be purified, but for a man it is like a brass pot which can be easily cleaned. In the Bangladesh context the female sexuality, with its negative properties, can be transformed into positive power within the familial and community circles if harnessed appropriately through chastity and fidelity.

This is only part of the whole constellation of male-female relations. They begin with the roles of mother and son, and of father and daughter. An adult female is often considered to have more sexual desire than a male, and she inherently has *sakti*, but this has to be balanced by age difference in marriage, *pardā*, sense of greater ritual pollution, and poor treatment in widowhood. The key concept in Bangladesh is not so much the status difference between males and females, but the gender role distinctions.

### Illegitimate Conception and Fate of the Child

Bangladeshi society has a number of ways to deal with an illegitimate pregnancy and with the child. But none of them suggest acceptance. It is a disturbing event, and the society really cannot accommodate an illegitimate child:

When an 'illicit conception' (*peṭ lāgāni*) takes place, the parents of the girl are held responsible. She and they are boycotted by the members of the community. (M:2,3,4; F:4,5,4) The girl damages the honor and prestige of her parents. She should not be given food and clothing, but should be driven out of the house. (M:1,0,0; F:1,0,1)

In case of an illicit conception, efforts are made to arrange a marriage between the partners. But if the family of the male partner does not agree to marry, they are fined by the elders of the community. Or he may be given a good thrashing and his family boycotted by the members of the community. Sometimes such an event is brought to the law court. (F:4,3,5)

If an abortion is procured for an illegally conceived child, people frequently use abusive language to the woman in referring to it. If an unmarried girl of a rich family becomes pregnant, the parents try to suppress the news with money, but in a poor family an abortion cannot be arranged. Ultimately the conception comes to the knowledge of others. (M:2,2,4; F:4,5,4)

When a pre-marital conception occurs and the partners get married, if the baby is born earlier than normally expected the members of the community whisper about how it could be born so early. They joke and say that such a quick birth is the result of a miracle of Allah! The members of the community view it critically until the woman bears another child. (M:1,0,1)

A widow who worked in a flour mill became pregnant after having intercourse with a worker over there. When the event became known, the members of the community exerted pressure on them to get married, which they did. The illicit pregnancy resulted in a stillbirth. (M:1,0,0)

I had illicit coitus with a girl which resulted in pregnancy. My father decided to arrange my marriage with a different girl, and would not agree to the demands of

others pressuring him to get me married to the girl I made pregnant. But he had to apologize to the father of the girl and pay Taka 200. She had an induced abortion. According to a decision by the members of the community my father had to bear all the expenses of the marriage of this girl. Then my father threatened both me and my mother, saying he would drive us out of the house, but in fact he did not drive us out. (M:1,0,0)

As the quotations show, if a family can afford it they will get an abortion for an illegitimately pregnant girl. The procurer of such an abortion is called *peṭ phālāni*.

The local community is organized to handle such events if they become issues according to traditional methods. The elders form a body under the leadership of one called variously *mātabbar*, *prāmāṅik*, *maṅḍal*, or *sardār*, who should merit it in terms of influence, wealth, and piety, but it may also be hereditary. The most common unit that is so organized is the *pārā*, the hamlet which people identify as their place of residence and which may also have some corporate functions. In some cases the whole village may come under one body of elders, but in Bangladesh for the most part the village is an administrative entity consisting of an area of land and all the houses in it. The body of *pārā* elders, called *pradhāniyārā* or *mādbarrā* in the study area and *samāj* elsewhere in Comilla District, is given authority by the people to deal with moral behavior, as we have discussed.

In the case of illegitimate pregnancy, if the community court delivers a verdict and the young man involved pays no heed, the parents of the pregnant girl might resort to the law court, according to 12 female respondents, but no males mentioned this. And 9 male and 13 female respondents referred to wealthy people having abortions, while poor people could not cover up the illegitimacy in this way. Also 8 male and 13 female respondents referred to the abusive language that an illegitimately pregnant girl would endure.

An illegitimate pregnancy may be a destructive event in the life of a girl, as the following quotations show:

It is difficult to arrange a marriage for a girl who has previously conceived. The parents have to spend a lot of money to arrange it. (F:6,5,4) Such a girl might be married to an old man, or to a young man of wicked nature. Fear of this may prevent girls from engaging in extra-marital coitus. (F:0,0,1)

A young man blamed for illicit conception cannot marry into a good family. (M:1,0,0; F:1,0,1)

A girl pregnant before marriage might take herbal medicines to induce abortion, and the medicines might make her infertile. After marriage, if she fails to conceive her husband may initiate a divorce. (M:2,0,1; F:0,0,1)

A girl who is illegitimately pregnant remains guilty in others' opinions for the rest of her life. The event disgraces parents, near and distant relatives, and the community. Sometimes such a girl feels compelled to commit suicide by taking poison or by hanging. (M:4,3,5)

My father-in-law's sister had an illicit pregnancy. Her elder sister's husband took her to his house in a different village, and there arranged an induced abortion. (M:1,0,0)

It was suggested by 12 of our male respondents that in such a situation a woman might even kill herself. In the vicinity of the study area a few years ago a widow who was pregnant killed herself by taking poison. The suicide occurred as a result of deep emotional

disturbance related to the pregnancy. After her death, a judicial enquiry was made, and a married man who was responsible for the widow's conception was taken into police custody, but subsequently through court verdict he was released. One reason for such concern is that once an unmarried adolescent female, or a widow, loses her sense of shame, it is believed she might engage in coitus again, or habitually, and bring ill name to the family.

It was observed in the study area that the enduring values of the community are violated by illicit conception; it is considered highly threatening to the community itself and to the families concerned. Community elders make judgments based on their view of the principles of respect for others and the well-being of the whole community. It is believed that the whole structure of society, the fabric of inter-personal relations, is torn asunder by such events, and that the purpose of *pardā* is to maintain order in the society. The elders thus impose guilty feelings on all those having erotic emotions toward a person not a spouse. The elders thus ignore these emotions and prefer to support the social norms and stereotyped preferences of sexual behavior within marriage, even at severe cost to particular individuals.

The position of an illegitimate child in the society is equally difficult, as these quotations show:

An illegitimate child has no place in the community. Such a child has no identity with regard to his father, is belittled by members of the community, and does not get good parental care. (M:1,0,0; F:1,0,1)

If conception occurs before marriage, the child is put to death soon after birth by putting salt in its mouth or by choking. (M:2,3,4; F:4,5,3)

I know a case of an unmarried girl who gave birth. The baby was killed by the birth attendant immediately after birth. This kind of crime may escape the eyes of the law in this world, but will not go unpunished in the after-world. Nobody has the right to kill a live baby, whether legitimate or illegitimate. (M:0,0,1)

Of our respondents, 9 males and 12 females said they know of an instance of infanticide in the study area. This is about a third of the respondents, a higher rate than we found in our previous study (Maloney et al. 1981:211-3), but probably more accurate. In the previous study we found that men tend to cite cases of infanticide in which poverty is the cause, but women know more cases resulting from illegitimate pregnancy. There does not seem to be preferential infanticide of girls.

Infanticide has been acceptable in most societies, if not in the present, at least in the past. It was common in antiquity in Near Eastern and Mediterranean civilizations, and in Europe it slowly reduced only during the Middle Ages. Infanticide in cases of illegitimacy continued regularly in Europe right into the 19th century (de Mause and W. Langer, in Kakar 1981:229).

In the study area, it was found that an illegitimate baby is usually killed immediately after birth either by the mother herself or by the birth attendant. The birth attendant is usually a close relative in such cases, and the infanticide can thus be hidden. The baby is usually killed by suffocation since then it is silent. Even if such a child remains alive it might soon die as a result of rough handling or neglect.

These cases of infanticide and child neglect prove that honor and social position are more important than preservation of a human life. The social force required to cause a

mother and close relatives to reject a baby, and over-ride the natural drives, must be really strong. But the killing of such an infant is not the most unethical point. Rather, the ethical problem is the presence of an illegitimate child, which leads the community to a desire to be rid of its presence. There is no legal provision in Islam for adoption, though we have found that it does occur; usually adoptions are of legitimate children by kin for one reason or another. A Bangladeshi community has no mechanism to accommodate an illegitimate child!

## CHAPTER 6

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# RANGE OF SEXUAL BEHAVIOR

### Seminal Emission

Many of the 65 respondents in this study, during their life-history interviews, brought up points covering a range of sexual activities. Once they established rapport with the investigator, they did not have so much prudishness in such discussions as the urban middle class might expect. This is generally true of studies of sexual behavior in South Asia. The following are the comments on fantasies and nocturnal emission:

Males and females past puberty have wet dreams. Usually it is through nocturnal emission that boys experience their first ejaculation. In their dreams they meet their favorite partners of the opposite sex and have coitus. When a *nabajauban* boy takes a fancy to a girl but fails to have her, he imagines coitus, which results in nocturnal emission. Such dreams are only illusions created by devils (*šaytān*). (M: 5,3,6; F:1,0,3)

In nocturnal emission, twice the amount of semen is discharged as in normal coitus, affecting one's health. Excessive nocturnal emission leads to gonorrhoea, a biting feeling in the hands and feet and pain in the waist. (M:1,2,1; F:1,0,0)

In the study, 14 males and 4 females stated that an adolescent male, in fancying a girl, might experience nocturnal emission. Some indicated that the imagined female partner could be his junior or senior, and this was true in the case of females also, indicating that the age difference expected in marriage does not necessarily carry over into other heterosexual behavior.

Emission of semen is often a cause of concern in South Asia. For a girl, lubrication is often considered emission of female semen. Nocturnal emission is referred to as *swapnadoš*, meaning dream-fault. The term *doš* implies any fault, illness, or bodily mal-function. *Swapnadoš* is shameful, but unlike masturbation, nocturnal emission is thought to be involuntary, and therefore does not induce much guilt, but causes a feeling of shame in both males and females if the bed sheets are wet. This tends to suppression which may lead to more masturbation, particularly in the pre-marital period. In the study area, it is believed that the best way to get rid of the fault (*doš*) or 'bad habit' (*kuabhyās*) of both nocturnal emission and masturbation, is to get married.

Several males in the study area said that a young person might have fantasies about an individual of the opposite sex. They said that both males and females might take a bolster

(*kolbālis*), a long pillow, in their lap in bed, imagining it to be a sexual partner, and embrace, kiss, bite, and rub it. These actions resulted in ejaculation for males and lubrication for females. Because of segregation of young people of *kaisor* and *nabajauban* age, they often have no alternative but to engage in sexual fantasies, as then no restrictions could be enforced. Still, people in the study area believe that such things occur at the instigation of a devil (*šaytān*) as quoted above, or an evil spirit. Similarly, for the Trobriand Islanders, Malinowski (1952:330-1) noted that: "Erotic dreams are the response of certain charms. Dreams of sexual or erotic nature are in fact always attributed to magic. A boy or girl dreams of a person of the opposite sex; this means that this person had performed magic love. A boy dreams that a certain girl enters his house, speaks to him, approaches him, lies beside him on the mat, though before she had been quite unwilling to talk to him or even to look at him." Among those people as well as among Bangladeshis, these fantasies are attributed with reality to the extent that they are said to be caused by supernatural evil powers.

### Masturbation

Despite the Islamic teaching that all sexual activity outside marriage is sinful, many respondents in the study were willing to talk about masturbation (*hāt mārā*) or the 'bad habit' (*kuabhyās*).

Young males take recourse to masturbation to satisfy their sexual urges, and get into the habit at age 16 or 17. (M:2,1,3; F:4,3,1) A boy generally learns about masturbation from his friends and tries it out in a lonely place while thinking about a girl. While masturbating, he may imagine himself enjoying sex with a beautiful young girl. (M:4,7,0)

A young man who masturbates becomes timid and cowardly, and if he does it habitually he will fail in health. Purity of sexual feeling is destroyed; sexual instinct and self confidence decrease. Such a young man will not be able to satisfy his female partner following marriage because of reduced sexual power, will lack mental strength to accomplish coitus, and have a feeling of impotency. Moral and mental suffering will separate him further and further from women and he will satisfy his desire by more masturbating. (M:4,3,2; F:3,1,2)

A young girl masturbates when she gets very excited, using her fingers to reach orgasm. (M:2,2,3; F:4,1,2) There are many girls who gratify their sexual urges by pushing eggplants, cucumbers, or candles into their vaginas. By such practices they lose the strength of the semen. (M:3,4,2; F:5,2,3)

Masturbation is commonly practiced by males and females, but because of the guilt associated with it, some respondents in this study did not admit to it. One has to seek out a lonely spot to masturbate, and in rural settings the most convenient one around the *bārī* is the latrine. Sometimes elder women of the household are concerned that a young woman does not spend a long time there for this reason. In school and college hostels the latrine walls have ample drawings of sexual fantasies, produced by both men and women, and viewers of these impromptu art works appreciate the genuineness of the sexual expression in them.

It was commonly thought in the study area that males masturbate more than females,

and that it is more common before marriage. The subjective opinion that males do it more than females may or may not represent the truth, but the opinion arises from the greater feeling of shame among females. The vagina is sometimes referred to as the "place of shame" (*lajjā sthān*), while no such attribute was made to the penis. However, 9 males and 10 females in the study also discussed female masturbation.

Many males, it seems, do not hesitate to masturbate whenever they feel like it, ignoring the moral sanctions, for they make such statements as: "As long as I have my own hand, I will not seek the sexual pleasure of a woman. By using the strength of my hand, I will keep my good name."

Females often use some object as a dildo. The objects mentioned are eggplant, green bananas, small cucumbers, small bottle-gourds, long redishes, and candles. At the peak of sexual excitement dangerous objects might be used. In the study area two females had to have medical treatment for this. In one case, a 17 year old unmarried girl used the seed of a mango, which had to be removed by a physician using forceps. In another case a woman of about 25 inserted the haft of a heavy knife, and had to be treated for sepsis in the vagina. Gregersen (1983:299) notes, "Masturbation with the aid of a device like a dildo is widely reported cross-culturally for women. Anal and urethral masturbation, which also require the insertion of some foreign object, have not been discussed in primitive cultures; in the western world, an amazing number of items have been used—from hair-pins to Coca-cola bottles."

It is commonly believed that a masturbator gradually loses his or her moral faculties and also becomes incapable of intellectual exertion; 9 male and 6 female respondents expressed such an idea. The supposed ill effects of masturbation were mentioned more by persons of higher than of lower socio-economic class. Several males and females also stated that for fear of this, their parents had not allowed them to stay long in a lonely place. Buddhadeb Basu (in *Monthly Gonoshasthaya* 1981:17), a noted Bengali writer, has narrated his own experience about the guilt felt after masturbation, imposed by social disapproval, and admitted that after doing it he could not look at his parents eye to eye but remained inactive.

Aside from the belief in moral and mental disability resulting from masturbation, physical ill effects are also expected. It is thought that a male will suffer from seminal weakness and that the penis will get thick in the head and thin in the stem. The preoccupation with semen loss in the society, as in South Asia generally, enhances such fears. It is believed that a female will suffer from general physical weakness which might decrease capacity for future lubrication, aches in the stomach and abdomen, loss of appetite, and a burning sensation during urination.

In practically all peasant societies the social stigma against this practice is so strong that guilt feelings are engendered, and many young people suffer for years under the burden. The strong opinions about it in Europe and America in the last century and well into this century are well known; in Europe, the Arab World, China, and India, one masturbating fears that he will suffer moral and mental disabilities, which is an aspect of the general control of sexuality outside of marriage in such societies. In tribal societies it is also often condemned, but not so much for its presumed moral ill effects as because a good man should be able to attract the company of a woman. This attitude is exemplified by Malinowski (1952:400-1) for the Trobriand Islanders: "It would be done only by an idiot or



one of the unfortunate albinos, or one defective in speech; in other words, only by those who cannot obtain favors from women. The practice is therefore regarded as undignified and unworthy of a man, but in a rather amused and entirely indulgent manner."

We have discussed in our previous work also (Maloney et al. 1981) that many people in Bangladesh consider masturbation "unnatural," and to cause all sorts of physical and mental bad effects, and the arguments are almost the same as those given in Europe up until modern times.

However, it is now clear that the practice in itself has no biological ill effect whatever; rather, in view of imposed late marriage, it serves an important function of keeping sexual capacity alive, and the only danger is from the mental pressure and guilt imposed by social disapproval. However, in the case of Bangladesh, social disapproval of all sexual activity outside marriage may have some further function in restraining heterosexual activity in youth and therefore perhaps slightly restraining fertility. Probably relaxation of disapproval against it can only be part of a wider change in social attitudes about sexuality, contraception, and relations between the sexes.

### Male Homosexuality

Sexual play or union among adolescents of the same sex (*pundāpundi*) is relatively common, and is a corollary of the heavy restrictions on heterosexual mixing. But this should not be interpreted as homosexuality in the sense assumed in some Western countries, that it tends to produce a whole class of people having a continuing preference for sexual relations with the same sex. Rather, it is isosexual activity, play and experimentation with the same sex, not a continuing preference. There are, of course, some individuals who are genuinely homosexual.

Homosexual union (*pundāpundi*) is the act of the penis (*sonā*) penetrating the partner's anus (*pund*), or an attempt to do so. Homosexual union also takes place among females, but males are more interested in it. (M:3,2,4; F:1,1,2)

Teen-age (*kaiśor*) boys of a homestead (*bāri*) share the same bed in the sitting room (*kācāri* ghar). This closeness in the absence of elders sometimes encourages them to indulge in homosexual relations. (M:5,2,6; F:0,1,4)

Homosexuality is stigmatized. One engaging in it is not always punished, but he becomes the object of jokes, ridicule, ostracism, and discrimination by the members of the community. For a minor partner it means only shame. For an adult, it means loss of position, disgrace, shame, and guilt. (M:4,3,2; F:5,4,6)

Homosexuality is prohibited by religion and is an act of vice and moral degradation. Homosexuals waste their semen and therefore beget fewer children, or they may not even have children. (M:2,4,3; F:3,2,4)

Homosexuality in males leads to loss of memory and loss of general health. This is reflected in changes in facial appearance of the homosexual. (M:5,2,6; F:0,1,4) When a boy indulging in this reaches sexual maturity, he lacks the aesthetic and ideal impulse that attracts one of the opposite sex. (M:1,3,0)

Homosexuals suffer from constant mental agony. The males run short of semen and lose their sexual strength. They lose interest in females and do not feel like having

coitus with their wives. (M:1,4,0; F:1,0,0) A man who wastes his semen thus will have thin and weak semen. During coitus with a female such a person will ejaculate before penetrating the vagina so he may not be able to complete coitus with a woman. (M:4,2,0; F:2,4,6)

Homosexual practice is prevalent among school students and cattle boys. While I was a student in Class IX I had such a union with a boy of Class VII in my school. Some senior students allure younger boys to participate in these acts. (M:1,0,0) Sometimes I engaged in homosexual activity. In spite of having coitus with my wife, I cannot keep away from occasional homosexual practice. My wife knows, but she has failed to restrain me so far. I wonder why I cannot keep away from it. (M:1,1,0)

Among the 32 male respondents in this study whose life-histories were recorded, two may be termed bisexual in that they have a compulsion to engage in sexual activities with other males even though they are married and also have heterosexual relations. None of the respondents was exclusively homosexual in his sexual preferences.

However, many males and females in the study area referred to the possibility that the unmarried boys and young men might engage in such activity. Usually all of them in a *bāfī* sleep in the sitting room, of which there is often one for the *bāfī*, a place for men and their visitors to talk. Sometimes even younger children, age 8 to 10, might engage in playing the 'game of husband and wife' (*jāmāi bau khelā*). Or a child might invite another of the same or opposite sex to a familiar lonely spot and engage in play-like sexual relations. However, isosexual activities in the sense of casual exploration and play, even if fairly frequent, need not necessarily be thought of as leading to development of permanent homosexual preference. But it was observed in the study area that if a male is not married in his 20s he is sometimes ridiculed about relying on the anus of a partner because he has no access to a vagina. Because of the near universality of marriage, a man not married in the first half of his adulthood may be thought of as having homosexual preferences.

In the case of a male having homosexual preference, the partner would often be a younger boy, may be age about 10, and only the older one would derive pleasure from it. If the penis could not be inserted in the anus, it may be placed between pressed thighs of the younger partner, through which ejaculation may be achieved, according to males in the study area. In case of age difference between homosexual partners, the elder often gives a small amount of money, sweets, or a banana to the younger boy, and treats him affectionately. The process of seducing a sexually immature male is known as *bhulāna*. In the study area a few male students in schools and colleges are identified as actual homosexuals. Some of them have regular homosexual relations with one other students, and in such cases their names in parentheses and joined by a plus sign might appear on the walls of school buildings or in latrines. Some students also regularly have homosexual relations with bearers or cooks of the hostel.

Other places are sometimes recognized as providing opportunities for homosexual contact, particularly sometimes tea shops in the local market. The tea shop boys sometimes offer themselves as sexual partners for money, and the tea shop owner also might be homosexual. The second author, in his study of people of the Maldiv Islands (Maloney 1980:371) noted that there too homosexuality is mostly carried on around the tea shops as the waiters and cooks have a reputation for it. Other opportunities in and around the study area are at ferry *ghāṭs*, where some young partners provide homosexual services. Also, in

motor launches boys frequently offer services such as 'head massage' (*māthā mālis*) 'body massage' (*śarīr mālis*), and 'cleaning of the ears' (*kān pariskār*), and in so doing may hint that they provide further services.

But a married homosexual man might become an object of ridicule. People might say, "You are a homosexual; you cannot sit in audience in the village arbitration meeting." His family members might also suffer, being called 'son of a homosexual' (*polā pundāinyār put*), daughter of one, or 'wife of a homosexual' (*polā pundāinyār bau*). Under such pressure only those men who have a strong inherent urge to the practice continue it, as did two of the respondents, and they say they cannot stop it.

The scientific debate on the causes of homosexual behavior has not been sharpened by any research on the subject in Bangladesh. The debate goes back to Freud's opinion that the human infant is born "polymorphously sexually perverse" with sexual drives striking out in all directions, and that the socialization process forms our sexual object orientation, and the adult modes of sexual expression. Many scholars still seek exclusively environmental determinants of such behavior in an individual, such as that patterns of heterosexuality and homosexuality represent learned behavior which depends upon the mores of the particular culture in which the individual is raised. But sociobiology suggests genetic and fetal environmental causes also (Reproductions 1976:3): "It is on this biologic base of genetics and initial neuro-endocrine orientation during the early days of fetal life that the psychosexual personality of the future adult is built. The child from the moment of birth, and perhaps even before birth, is programmed and conditioned by the environmental experiences to which he is exposed," and on this is built his interaction with mother, father, and others in building up his psychosexual preferences.

None of the people in the study area indicated that they thought of homosexual practice as a fertility control measure. For married males it is recognized as an evil compulsion a few individuals have, and for unmarried youths or for married men away from home for a long time, it is viewed as a method of gratifying the sexual urge.

### Female Homosexuality

None of the females interviewed in this study admitted to any practice of homosexuality ever in their lifetime, and in the study area none of the married females were publicly known as homosexuals. In contrast with the cases of the few genuinely homosexual men quoted above, homosexual or isosexual activity on the part of a female is not usually tolerated within the marital bond. However, respondents knew of it, and had some opinions about it:

Some homosexual women, because of their mental or physical weakness, abhor men. (M:2,0,0) A woman indulging in homosexuality loses interest in coitus with her husband and develops general weakness, resulting in fewer pregnancies. Although a homosexual woman may conceive following heterosexual coitus, the child born to her will be unhealthy. (M:2,4,3; F:3,2,4)

Rearing of a daughter is considered to be a difficult task. Because of the need to keep her segregated from young males and trained in the decorum of *pardā*, she is kept under strict surveillance and has little opportunity to engage in either heterosexual or homosexual acts. Proper behavior according to the ideal of *pardā* also excludes women's sexual

affection with other women. The situations where this might occur are especially between a woman and her husband's younger sister, sisters, cousins, or women in neighboring houses. Two girls sleeping in the same bed might engage in hugging, pressing breasts, biting breasts and cheeks and mutual rubbing of clitorises, leading to orgasm. Cases of lesbianism are referred to in *Monthly Gonoshasthaya* (1981:20), but it is clear from the findings that masturbation is the more convenient way for females to gratify sexual urges before marriage.

Because none of the women in this study admitted to having ever had homosexual experiences, we incorporate herein three examples of female homosexuality which were recorded by a physician friend of the first author. The only reason these activities were brought to light was because, in these cases, venereal disease resulted.

#### Case 1:

While in my final year of medical training two young females came for medical attention. They were sisters, one about 17, a student in college, and the other about 16, preparing for SSC examination. One had an ulcer on the corner of the upper lip, and the other had deep blister-like eruptions on the back of the right forearm.

Neither was married, and they belonged to a respectable family; their father was a senior government official. I took normal steps to examine them, and was at first tempted to prescribe a routine antibiotic. However, they were very pretty, and as a young 23 year bachelor boy, I desired to keep them around me longer and bring them back again, so I decided to request a routine blood test, and took them to the senior physician. He took them to the professor, who asked me to include a VD test as well. This request disturbed me very much. In my young romantic mind, I could not accept even the possibility of these patients suffering from VD. It was to me like suspecting the nastiest worm in the most beautiful flowers. However, the professor smiled at my reaction and requested me to be patient till the blood tests were available.

The VD test was reactive for both, and we were curious how they could have contracted syphilis. The senior physician requested me to talk with them. I had assumed that both had had contact with males. But despite talking for an hour and explaining the laboratory findings, to both at the same time, neither sister changed her original position that either had ever had any sexual encounter.

Exasperated, I went back to the senior physician for help. He was busy elsewhere and suggested that I talk with the younger sister alone and explain the consequences of the disease. When I did, she suddenly started crying. She admitted that the elder sister had had sexual relations with a cousin who had been interested in her for the last 3 years, and had stayed in Calcutta for 3 months after the liberation war. As for her disease, she then assumed that because she shares the same bedroom and toilet with the elder sister, she contracted syphilis. But I explained that using the same toilet is very unlikely to transmit the disease, and she continued to deny any contact with a male. Suddenly it occurred to me that they might share the same bed, which she confirmed. Only then did I form an opinion about the case, and decided to proceed very cautiously.

First I told her the importance of prevention and treatment, and the potential

social and medical effects; which might make her an ugly person. Then I asked if in sleep the sisters embraced each other and she said yes. I asked whether they fondle and caress each other. Her reply was a hesitating yes. With hesitation on her part and constant probing on mine, I came to know that they fondle each other's "chest," kiss on the lips, insert fingers in each other's vagina, and kiss each other's vagina.

Though I had met the epidemiological interest of the case, I continued to exercise my human interest and found that the two sisters started this when the younger was about 10 years old and the elder 11. They shared the same bed, but engaged in this kind of activity only once or twice a month because they both knew it to be "bad for health" and a "bad thing" to do. However, sometimes the elder sister insisted and the younger could not avoid it. On further questioning, these facts were established with the elder sister as well.

### Case 2:

One of my physician friends was Thānā Health Administrator in the southeastern part of Bangladesh, and when I was visiting there in the line of duty a girl of about 12 was brought by her elder brother and sister-in-law. It was said the girl had trouble in urinating the past two days, felt a burning sensation, and had "some kind of discharge." Microscopic examination showed presence of gonococcus.

We obtained permission of her brother to examine the genital area. We agreed that she was about 10, not 12, and her hymen was intact so she would not have got the disease from intercourse. We did suspect the possibility of attempted but incomplete rape. We proceeded to find the facts from her sister-in-law. She denied that the girl had ever had sexual intercourse, and also that she might have been subject to attempted rape, because the girl remained almost 24 hours a day with her mother or with one of her two sisters-in-law. The girl was the smallest child in the family and seldom wandered out alone.

At this stage the possibility of lesbianism came to my mind and I decided to proceed very cautiously. I explained the disease and circumstances to the brother, and suggested that in absence of contact with a male the only possibility is that she might have got the disease from a female. I could not talk with the girl directly because of dialect difference, but the brother said the girl is very much liked and sleeps with all 3 adult females in the house, but mostly with the mother. But the mother was "about 60" and neither sister-in-law had ever had problems of urination. I kept insisting on our line of questioning, and suddenly the sister-in-law said that about one week ago the girl had spent a night with one of her maternal aunts who lives in the adjacent *hārī*. We found out that she was about 20 and her husband about 30, and that he was a sailor and comes home only once a year for about a month. He had recently come home and left about 3 weeks earlier. Our suspicion was more crystallized at this.

We then brought the girl into the room and asked if on that night the aunt had expressed affection (*ādar*). The girl said yes, the aunt had fed her very affectionately, put her to bed, and slept with her. In answer to the brother's questions, the girl said the aunt rubbed her body on the girl's body, awaked her at night rubbing her "waist" on the girl's "buttocks," embraced, and then the aunt pulled up their *ṣārīs*, touched the

girl's *talpeṭ*, meaning vagina, and put the girl's hand on hers and caused the girl to masturbate her. Then the aunt had the girl sit on her and continue to rub, and at this stage the girl also had a pleasant feeling. They embraced and fell asleep. Four days later the girl developed the disease.

We treated her for gonorrhoea, and asked the brother to bring the aunt for treatment also, and her husband next time he comes home. But the aunt could not be persuaded to come to the Thānā Health Centre. The brother said they would take precautions to see the girl or others do not become sick again.

### Case 3:

In the same Thānā Health Centre there was a similar case in which a young girl was given only routine treatment. The THC doctor and I decided to investigate, and went by motorcycle to visit the family. We explained the purpose of the visit to the father, who agreed to cooperate. The girl was about 14, one year past menarche, with developing breasts, pubic hair, and hymen intact. We asked the girl if she had had intercourse with any male, but she was very shy, annoyed, and puzzled. Her elder sister said she had taken religious education from a pious man, meaning she could not engage in a sinful act. We did not press the point as the physical finding was negative and because we had already formed an opinion. At the suggestion that someone had made an incomplete attempt to rape her she started crying and said she had never been near any boys. At hearing the explanation of her disease, she became very frightened and insisted that she had never had coitus with any male.

I then asked about females, whether she had ever had 'sex act' (*jauna kāj*) with any females of the house. The fear of becoming disabled from sickness led her to disclose, "I often sleep with my 'middle sister-in-law' (*meja bhābī*)." She admitted hesitatingly that she had engaged in *jauna kāj* with her, and this had been going on for 3 years.

To find out why the girl had not contracted the disease earlier, we asked more questions. They used to rub their vaginas together clothed because they slept in the same room with others and were afraid of being caught naked; they would mutually masturbate. However, at the visit of an elder sister both were put in another small room, where they were able to do it without clothes, and the first night there the elder woman sat on the younger and their vaginas were moist from each other's 'sweat' (*ghām*), meaning secretion.

The elder woman, a sister-in-law, was married and about 25 or 27. She had been married for 7 years, but her husband worked in a factory in a town and came home once or twice a month. She was childless, and admitted suffering from urinary trouble quite often since marriage, for which her husband would bring some medicine ("capsule") and she would "get cured." She might have been infertile because of repeated infections of gonorrhoea transmitted by her husband on his periodic visits. Laboratory tests confirmed the disease. Nine months later the husband had also been treated and advised to use a condom when away from home, but the wife was still childless.

### Sexually Transmitted Diseases

The people of the study area are generally aware of sexually transmitted diseases, and that such diseases may be acquired through extra-marital intercourse and from prostitutes, as shown in these quotations:

Sexually transmitted diseases like gonorrhoea (*meha-prameha*) and syphilis may cause miscarriage and stillbirth. They are acquired in extra-marital coitus and from prostitutes. (M:3,2,3; F:2,3,4) Such diseases are sometimes transferred to a child if it is born alive. However, the child is likely to die young. (M:1,0,0)

Males who have excessive nocturnal emission may suffer from gonorrhoea and even from impotence. When a young man or woman suffers from gonorrhoea the very sight of a young person of the opposite sex may cause discharge of semen from his or her sex organ. (M:2,1,2; F:2,1,0)

A 'mal-functioning penis' (*dhaja-bhaṅga*) is an ailment in which the head of the penis becomes thick and the root thin. Such a penis loses its utility and discharges semen before penetration into the vagina. (M:0,1,0)

Venereal diseases are called hated diseases because of the emphasis in the culture on preservation of moral character and because these diseases can affect the descendants. Therefore, it is commonly advised that a Muslim should have a marriage partner who is chosen conscientiously so that no infection is transmitted to the children. Many people in the study area are aware of the symptoms of gonorrhoea (*meha-prameha*) in males, and its description is in Āyurvedic medicine, but the disease is often left unidentified in females.

A qualified medical opinion concerning prevalence of venereal disease in the study area is that relatively few cases have been identified; most of them were among young people working in towns. Actual prevalence rates may be statistically related to fetal damage and infertility. The spirochets of syphilis will be transmitted to the fetus during the last half of pregnancy unless an infected mother receives treatment, and without it syphilis may cause fetal damage or death (Jones et al. 1977:227). Widespread effect of this disease has not been noted in the rates for miscarriages and stillbirths, respectively 102.0 and 41.1 per 1000 live birth pregnancies, recorded in Matlab in 1980 (M. Chowdhury 1982:17).

In the case of gonorrhoea, an indicator of the prevalence of the disease is the rate of secondary infection, especially when infertility in general is low (WHO Chronicle 1976:230). However, the rate of tubal occlusion seems to be low. The *Bangladesh Fertility Survey* showed that in the cohort of females age 45 and above, only 2.7% were childless. A comparable rate was found in Matlab (Samad et al. 1979:23). The actual rates would be even slightly lower than this because of female deaths during pregnancy and childbirth.

Female infertility in Calcutta was shown by Nag (1962) to be high because of venereal disease. Mobility of the population might be thought to contribute to this. But in the Matlab area also there is widespread seasonal and also long-term migration of men for work. But infertility in the study area, and in Bangladesh, remains very low compared with most world areas.

### Sexual Unresponsiveness

The following views on male impotence represent ideas current in the study area:

Impotency has a detrimental effect on the feeling of well-being, mental freshness, activity, self-confidence, and imagination of an individual. Sudden loss of virility may induce severe melancholia. Such a person may be morose, spiteful, jealous, and cowardly, with little self-respect or sense of honor. (M:2,3,2)

Impotence is the inability of a male to satisfy a female of ordinary health, and premature ejaculation is a sign of impotence. (M:0,1,0) Love depends on sensual desire; it is only possible between persons of opposite sex capable of having coitus. If a young man is incapable of this, then a young woman, it is said, 'will not eat his rice in his house.' (M:2,3,1; F:3,2,3)

Daily coitus in the initial stage of marriage leads to heavy loss of semen and may ultimately cause impotence. (M:2,1,3; F:3,2,1)

In weak persons, 'loss of virility' (*dhaja-bhaṅga*) is more noticeable. (M:2,1,1) Fear of being detected in an illicit affair causes failure of erection of the male organ. (M:0,1,0) Fear of being judged sexually inferior, or of being involved in an illicit pregnancy and being afflicted with venereal disease may cause failure of erection of the male organ. (M:2,3,2)

In the study area, if a husband fails to have an effective erection when attempting intercourse, the wife sometimes makes verbal slights. She might call him a 'male in name only' (*nāme mātra puruṣ*), or a 'husband only to see' (*kebal mātra dekhhbār khasam*), or a 'useless male' (*ākāmā puruṣ*). If a husband lacks manliness, his wife might ask him, 'what do you have?' (*tomār ki āche?*). A husband spoken to in this way can make no reply and feels ashamed. It was observed in the study area that women talk among themselves about the manliness of their respective husbands. If a husband cannot satisfy the sexual needs of his wife he might not object to her engagement in extra-marital coitus. If pregnancy should then occur, the husband would be identified as the father.

Respondents in the study area talked less about female frigidity, though some cases of it are locally known:

Only a few women may not experience orgasm in their whole lives. One girl here was married 3 times, and following each marriage she was divorced by her husband within a few days and sent back to her parental home. I was told by an elderly woman of the neighborhood that the girl's vagina remained dry even after penetration of the husband's penis. The girl was advised to use oil, but this failed to satisfy her successive husbands. (M:1,0,0) A woman of this neighborhood got married but could not tolerate coitus with her husband; she considered it to be dirty and immoral, and she could not have orgasm. Through the husband's brother's wives this news reached the parents-in-law, and finally the parents also. The parents felt embarrassed and called a herbalist (*kabirāj*) and *mullā*, who provided herbal medicine and consecrated water to increase the woman's sexual capacity. After this she was able to assume the normal role of a wife. (M:0,1,0)

It appears that frigidity is less common in rural Bangladesh than in urban society in the West. This is probably part of the same phenomena as very low rate of infertility, marked seasonality of births, and seasonality of early resumption of menstruation after birth, discussed later in this chapter.

Male impotence is a much more frequent subject of discussion and concern, but actual incidence is not recorded in any Matlab data. However, many local tonics and medicines



are advertised as remedies for this condition, for which there seems to be a constant market regardless of their effectiveness. In other parts of South Asia also concern over impotence is widespread, along with concern over semen loss through any means, and interest in body vigor in the sense of "heat" and classificatory "hot" foods. The concern springs partly from the mother-son relationship we have described in Chapter 2, in which the devouring mother is somehow feared but the fear is not voiced except in myth and legend. Males' concern to have females considerably younger than themselves, the cultural insistence on female pollutability combined with the virtual defecation of the little virgin girl (at least in Hindu tradition), and the attitude toward widows, are all part of this behavioral complex. Obeyesekere (1977:213) believes that in Sri Lanka, where a similar set of sexual anxieties prevail, "impotence anxiety" is manifest in rituals where the male genitalia are represented in exaggerated fashion.

Erikson (1977:238) characterizes adulthood as the life phase of resolution of "intimacy versus isolation." Only in adulthood can full genitality develop. This consists of "unobstructed capacity to develop an orgasmic potency so free of pregenital interference that genital libido is expressed in heterosexual mutuality" which results in discharge of tension from the whole body. "Satisfactory sex relations thus make sex less obsessive, overcompensation less necessary." Pregenital interference and overcompensation are considered in the West to be amenable to marriage counseling or psychotherapy, or both (Hastings 1967:226-7).

### **Sexuality, Health, and Semen**

In Bangladesh, impotent males may not marry. In the study area, the first author came across some celibates who were popularly known to be impotent. But he also came across a few cases in which impotent men did marry, resulting in divorce. Under the Dissolution of Muslim Marriage Act of 1939 a woman married under Muslim law can obtain a decree of divorce on the grounds of the husband's impotence since the time of marriage (or on grounds of leprosy or venereal disease)(Kapadia 1972:205-6). Sexual non-responsiveness or infertility could not be discerned in a woman before marriage, but in such cases the husband might divorce, or might marry a second wife, which would be socially condoned.

There is a corpus of beliefs about sexuality, health, and semen prevalent in Bangladesh which is common to all South Asia. These beliefs are organized into a system in the Sanskrit Āyurvedic texts (Filliozat 1964). The beliefs are strongly rooted in India today (Carstairs 1957; Mani 1970; Wyon and Gordon 1971; Poffenberger and Poffenberger 1973; Mandelbaum 1974); they also prevail in Sri Lanka (Obeyesekere 1976) and the Maldives (Maloney 1980). They are firmly established in West Bengal, in world view (Inden 1976) and in sexual practice (Nag 1962). As for Bangladesh, the authors of this work have discussed most of these beliefs in Maloney, Aziz' and Sarker (1981). We provide a few representative quotations from the study area:

The male supplies the seed and the female provides the fertile land for the seed to grow. God does not want man to ejaculate semen outside the female organ, for He has blessed man with semen to make the best use of it in coitus. (M:2,3,5; F:4,5,8)

Semen is made in the brain, so with excessive loss of it a man feels giddy and loses health. Without semen a man has no energy, finds his work of no interest, and wants

to pass his time lying down. (M:2,3,5; F:4,5,8)

A man who experiences coitus for the first time in adulthood will continue to have it frequently because his stock of semen is intact; and therefore the first baby will be born soon. After this the sexual urges of the couple decrease because of loss of strength and semen resulting from frequent coitus. (M:3,4,1; F:5,2,5)

Semen endows a man with physical strength and charm, which attracts the opposite sex. Semen is made out of blood, and 80 drops of blood are required to make 1 drop of semen. A man without semen does not have the power to desire for coitus. (M:3,2,4; F:2,1,0)

As stated above, many believe that semen is made from blood, but others believe it is made in the head and flows down the spinal column; one of the objectives of some yoga practices is to force it back up into the head where it provides the individual with a reservoir of vital strength. But our respondents said 80 drops of blood make one drop of semen. In Sri Lanka it is said to be 60 drops (Obeyesekere 1976:213) and it is practically universally believed among the Sinhalese that semen is more important than blood, and that these two form two *dhātus*, a number of which form the essences of the body. In the Hindu literary tradition of West Bengal, the body has 7 *dhātus*, or sustaining substances, of which blood (*rakta*) gives rise to semen (*śukra*). For a conception to occur, 'male semen' (*bīrjya*) and 'female semen' (*ras*) must combine, and these transmit the genetic material which distinguishes one hereditary caste (*jāti*) or lineage (*bangśa*) from another (Inden 1976:18-24). In India, Sri Lanka, and Bangladesh, semen loss causes great anxiety, whether by nocturnal emission, masturbation, or "excessive" coitus. It is also believed that semen deteriorates, which causes impotence and poor offspring. People in the study area often made allusions to the production of unhealthy offspring for this reason:

The more semen a man has, the more energy he has and the more frequently he will engage in coitus. Semen represents the essence of a man's body energy. A person with much semen can have offspring without delay, and they will be healthy. (M:4,2,1)

If semen is perfect, the child will be also. If the husband's sexual power is low and his semen is thin and weak, the offspring will be unhealthy, deformed, or susceptible to disease. The offspring of subsequent generations will have similar characteristics. (M:2,1,3)

Initially when semen is formed it remains thin; later it becomes thick. With excessive use the thick portion is exhausted and only the thin portion can come out. Conception with thin semen will result in the birth of an unhealthy child. (M:2,1,0)

A man with much energy and semen thinks only of how to entice a girl into having coitus, and because of extra-marital sex his body is drained of vital energy through semen loss. Excessive loss causes deterioration in semen quality and such semen will produce weak offspring. (M:3,1,1; F:1,0,1)

Obeyesekere (1976:209-10) observed medical diagnoses in Sri Lanka, particularly by Āyurvedic physicians. All the Āyurvedic doctors interviewed believed that females as well as males exude semen, and these doctors treat not only men but also girls who have complaints of discharge or vaginal wetness. He noted that a number of childhood or early adolescent complaints such as swollen joints, genital discharge before menarche, sediments in urine, and thin and weak body, are diagnosed as gonorrhoea-like ailments. The belief that

children are incapable of sexuality is widespread among educated Sinhallas, so the physicians assumed that such ailments in children are caused by bad living of their parents. The same kind of reasoning exists in Bangladesh.

Āyurvedic theory of disease etiology has a number of similarities to the Iunāni (Islamic) system, except that the former is based on the theory of three main body humors and the latter, derived from Greek medicine, theorizes four body humors. Therefore the original Hindu or pre-Islamic theories of sexual matters and illness generally carry over into the Muslim population. But both Muslims and Hindus, as well as Sinhallas, believe more strongly in the ill effects of bad living and sexual promiscuity than the Sanskrit texts suggest.

Also, Indian Muslims and Hindus, and Sinhallas as well as Bangladeshis tend to believe in the ill effects of semen loss more than the ancient Sanskrit texts show. This is because with increasing social complexity of the peasant societies the gender role expectations became more rigid. Fears about semen loss were engendered by the society to enforce codes of moral behavior. The effects of this remain today, so that one of the most common complaints made to doctors is any kind of repeated male or female semen loss or vaginal discharge. This is but part of the psychosexual complex of traits that are socially structured with important values of the social order.

### **Coital Moderation, and Desirable Conditions.**

The idea of asceticism is not widespread in Bangladesh, and it has no basis in Sunni Islamic tradition. Many respondents in the study area believe that limited coitus is necessary and good for health.

Coitus in limited frequency helps maintain the purity of blood. It keeps skin diseases such as scabies and itch away, though these diseases also are caused by poor quality blood as a result of excessive coitus. (M:4,5,8; F:6,3,9) Though excessive coitus is harmful, total abstinence is not conducive to health. (M:4,3,1; F:2,4,5)

Frequency of coitus which is bad for an unhealthy person may be quite normal for a healthy one. It varies according to health, mental happiness, and age. A young male has a lot of strength because he has a lot of semen and he will have frequent coitus. That which is reasonable in adulthood might be excessive in old age. (M:6,3,3)

Many people in the study area are concerned, however, about the presumed ill effects of "excessive" coitus or sexual activity. What is excessive is not defined, but many people are sure they know the symptoms:

In the past people were moderate in having coitus; by practicing self-control they had time for useful activities and had sound health. One who engages less in coitus acquires mental peace and happiness, develops qualities of kindness, love, and affection, and can contribute more to the community welfare. (M:4,5,8; F:6,3,9)

Within a few months of having too frequent coitus one becomes weak and thin. There is excessive loss of semen and energy, and loss of health for both conjugal partners. (M:4,3,5; F:3,2,4)

Too frequent coitus causes general weakness, giddiness, loss in libido, and burning in the eyes. Nowadays more people than in the past engage in too much coitus and have poor health. (M:4,3,5; F:3,2,4) With excessive coitus one's mental disposition is affected; he loses cheerfulness and dislikes company. (M:1,0,0) Too

frequent coitus causes ugly facial features. (M:3,4,1; F:5,2,5) Males who indulge in too frequent coitus may suffer from loss of semen during urination, and cannot give full satisfaction to their wives. (M:2,0,3)

A wife having too frequent coitus loses enthusiasm for household activities and may also have incomplete menstrual discharge. Then impure blood may collect in the abdomen and cause discomfort and pain. Excessive coitus makes the woman's semen thin, and as a result the male does not get satisfaction in coitus. (M:3,1,0; F:2,1,2)

There is also widespread concern that one should not engage too much in coitus when tired, which is a corollary of the concerns expressed above about the importance of semen to health and strength:

One should avoid having coitus when one is exhausted, or does not want to take a meal; when one is tired it aggravates the weakness and affects the lungs. One should have it when one is cheerful and in a happy mood. (M:3,2,5; F:1,0,2)

By having coitus when tired further strength is drained out by passing semen. It is self-torture to have coitus after hard work without taking enough rest. It causes a breakdown in health and a reluctance to work. (M:3,2,4)

Coitus while exhausted affects a male more than a female but if a wife engages in it after hard work, she can satisfy neither herself nor her husband. (M:1,3,4; F:2,3,1)

To be able to produce a healthy child, a male must possess strength and must use it during coitus, which he cannot do if exhausted. (M:2,3,1) A baby conceived when the sex partners are exhausted will grow up with ill health and a bad temper. This is natural, because what is sown shall be reaped. (M:3,2,3; F:2,4,1)

These ideas about the importance of sexual moderation are further supported by belief that there is a relationship with religious performances:

Allah has endowed man with sexual power. In Islamic teaching, the less one engages in coitus, the healthier one will be. Frequent coitus becomes an obstacle in saying prayers and following religious instructions. (M:2,1,3; F:0,3,1)

In Bangladesh there is a large number of beliefs about desirable conditions and times for sexual activity (Maloney et al. 1981:141-73). These include abstinence on various religious and lunar days, at times of the day considered to be dangerous, after physical exhaustion, or if one is in a bad mood, and conception in all such cases is thought to possibly lead to the birth of a deformed child. There are many preferred conditions for having sex also, such as preference for night time and a mosquito net. The respondents in this study also tend to avoid coitus during nights of the new moon and full moon (observed mostly by people of middle age and older), and during eclipses. The people believe that on these occasions evil spirits (*jin*, *bhūt*, *peṭni*, *deo*, *dānab*) move about, and a child so conceived might have an "evil nature" (*kusvabhāb*) and deformities at birth. Islamic tradition supports avoidance as far as possible in nights of the new moon, full moon, and at the end of the lunar month (Karim 1970:668, quoting Imam Gazzali). These ideas have a marginal effect on coital frequency among the older generation.

Six males among the respondents made the analogy between depositing semen and sowing seeds; if the seeds are strong and healthy the yield will also be healthy. The quality of semen is affected by too much sexual indulgence or by over-eating. It is commonly believed that ejaculation other than with one's wife causes the semen to become thin and less effective. A male who exercises self-control in having coitus accumulates body strength;

his semen is thick, his blood quality is high, he has a charming face and disposition, and females are attracted to him. But one with poor health and unattractive features may be thought to have thin and weak semen.

It is believed in the study area that both males and females deplete their full quantity of semen by sexual activity, but they can replenish it by taking classificatory "hot" foods such as meat, fish, eggs, milk, butter, and *ghi*. But people believe the process of replenishment becomes increasingly difficult as one grows older. This causes possibility of decline in body strength as an individual passes through the four life stages of adulthood and old age. To conserve the health of older people, and also to enable them to provide moral leadership in the community, the society expects declining sexual activity in middle age and old age, as discussed above. But for those in young adulthood coitus in limited frequency is thought to be good for health, as long as it is with one's legal partner; some respondents also stress its necessity as a procreative activity rather than as a pleasurable expression.

In our previous study conducted in different parts of the country, we tried to ascertain coital frequency by asking how many times it was done in the preceding week. Excluding those who did not do it in the preceding week, frequency average was 2.5 times. For men under 24 it was 3.3 times, those aged 25-34, 3.0 times, those aged 35-44, 2.3 times, and those aged 45 +, 2 times. Women claimed a higher frequency than men, particularly in age 35-44. This can be explained in that women of this age desire to show that they are still attractive to their husbands and to forestall any reason for divorce. These figures suggest that coital frequency does not drop off in middle age as much as is culturally expected (Maloney et al. 1981:142).

Coital frequency in the Matlab area was studied by Ruzicka and Bhatia (1978:25), but data are available only from women. Excluding women who did not have coitus within the month, the frequency per month for women under 15 was found to be 16.2 times, for women 16-19 it was 8.6 times, for women of 20-24 it was 6.7 times, for women 40-44 it was 5.2 times, and for women 45 + it was 4.8 times. These are somewhat lower rates than are cited above, but the computation on a monthly basis should be lower because of abstinence for menstruation. In both studies the rate declines with each age cohort. And in both studies it is clear that people in *madhyamkāl* and even in *briddhakāl* do not stop having coitus, so the warnings voiced in the quotations about expected behavior in middle and older life stages are not observed in fact.

The expectation about declining coitus in middle and older ages is in line with the ancient Indian ideal. In the *āśrama* system, the student stage was one of celibacy, and only the householder stage was one of sexuality. Asceticism was the ideal for the *vānaprastha* and *sannyāsin* stages. Bangladesh society still accepts that in the later life stages religious activities should replace sexuality.

But the ideal of celibacy through life as found in traditional India is not found much in Bangladesh. Only a few Sūfī and Hindu saints hold this ideal, and it is not found in orthodox Islam. But it exists in India. Mani (1978:11-2), writing about Tamil Nadu says: "A celibate is respected. He is able to conserve his energy by refraining from the sexual act and thus is able to prevent the loss of his semen, 'the energy of his life.'" "The examples of yogis and gurus are often cited to emphasize the point that these men who are physically strong and spiritually active from eating vegetarian 'cold' foods are to abstain from sexual activities." In India, celibacy is believed to lead to power over self and thereby to power over others.

and this is a rival form of power in North India to the Rājput model which emphasizes wealth and military force. It is the form of power Gandhi chose:

“Gandhi maintained that the brahmachāri who had developed complete self-control need never be afraid of mixing freely with women or of taking daily baths and massages. The best ways to develop such self-control were by regarding every woman as a blood relative, by exercising regularly and doing physical work, by avoiding erotic literature and indecent talk, by feeding the mind with good and useful ideas, and by constantly repeating the name of God” (Mehta 1977:12).

But these ideals of celibacy and sexual restraint in India are balanced by a vibrant and earthy sexuality which is considered appropriate among certain people or at certain seasons and stages of life. Lack of sexual restraint is thought to characterize tribal or some low caste people compared with high caste Hindus. Women have lower ritual status than men which is thought to have a corollary in their greater sexual inclination and their pollutability. The practice of explicit sexual activities in Buddhist and Hindu Tantric worship in the eastern part of India is well known. But these extremes of behavior and philosophy regarding sexuality are absent in the tradition of Bangladesh peasants today.

However, the beliefs about semen loss— which arose along with these other beliefs about sexuality—are very strong, as our quotations show. While the ascetic ideal is largely absent, the beliefs about semen retention provide a theoretical ground for sexual restraint which is thought to be necessary to maintain the social order. Damage to both the body and the spiritual condition are said to result from pre-marital sexual activity, extra-marital coitus, and “excessive” coitus particularly in middle and old age. This is a strong force for social control over youth, over the institution of marriage, and over the fertility of people in middle and older ages.

But biologically, no amount of sexual activity in youth or in later ages impedes sexual capacity. The premise is false. Masters and Johnson (1963:85-96; 1965:512-34) found, as further discussed by Rubin (1967:254-5) that with regular coitus a man could remain sexually active into his 70s and sometimes into his 80s, and they also concluded that no time limit could be drawn regarding female sexual capacity. The Bangladeshi belief that loss of semen drains vital strength and affects semen quality is also false, and in fact the opposite is true, as stated by Jones et al. (1977:331):

The length of time that a person can expect to be sexually functional is directly related to frequency and regularity of sexual activity, and regularity supports rather than suppresses both sexual desire and sexual performance. Like any other part of the body when it is not used, the sex organs may atrophy and lose their ability to function when they are not used. (This is the reason that members of religious orders and others dedicated to some ‘unworldly’ ideal are able to remain celibate for a lifetime.) Some men erroneously believe that they have just a certain amount of sperm, and when it is used up, so are their sex lives. Men continue to produce sperm continuously throughout their lives, and ejaculated sperm are efficiently and easily replenished. Also, orgasm cannot occur so often that another can never again be experienced. There is a refractory period after each male orgasm during which another is physiologically impossible, but within a period of time (variable according to age and individual) sexual desire and orgasmic ability always return.

In chapter 10 of this book we have summed up these and other biologically false concepts and beliefs prevalent in Bangladesh.

### Seasonality of Sex and Reproduction

Because Bangladeshis live more in tune with the environment and climate, or for other reasons not fully understood, they have more seasonal peaking of fertility than people in most parts of the world. Opinions on this seasonality from the study area are as follows:

There is a close association between the seasons and human taste. Because of differences in individual taste, sexual urges vary from person to person and season to season. (M:2,1,2; F:3,3,2)

Seasonal changes make no difference in sexual behavior. Regardless of season, sexual urges remain the same. (F:3,2,4; F:3,3,2)

Some respondents think coitus is more in summer, in the monsoon, or in the fall, as the following quotations show, but this is not borne out in the birth records.

Sexual urge becomes stronger in summer because temperature is high. Excessive heat creates sexual excitement among conjugal partners. Also, in summer, compulsory bathing is not unpleasant as it is in winter. Conjugal partners engage in frequent sex in the months of *Caitra* (March-April) and *Baisākh* (April-May). (M:2,1,4; F:3,1,3)

Frequency of coitus is high in the rainy season when flood waters and rains confine people to their houses. Rain on the sheet-iron roof creates a rhythmic sound which makes couples emotional and facilitates coitus. Also, in the rainy season, during the months of *Āṣāḥ* and *Śrāban* (June-August) the men do not do much agricultural field work. (M:4,3,4; F:3,2,4)

Sexual urges increase and couples engage in more coitus during *Āśvin* and *Kārtik* (September–November). But during *Agrahāyaṇ* and *Pauṣ* (November–January) one remains extremely busy with agricultural work and hardly engages in coitus. Hard work makes one tired and reluctant to have coitus. (M:4,6,5; F:7,6,8)

Because of severe cold in winter, sexual urges remain dormant. For this reason, coitus in *Pauṣ* and *Māgh* (December–February) decreases. Moreover, during a severe winter, coitus means a 'compulsory bath' (*pharaz gosāl*) in cold water afterwards. (M:3,4,2; F:5,6,3)

The following quotations, which claim that coitus is more frequent in winter and early spring, are borne out by the birth statistics:

Frequency of coitus is lower in summer months of *Baisākh* and *Jaiṣṭha* (April–June). Though a couple share the same bed, they will avoid close physical contact because of the heat. During this time one does not even enjoy meals, and the question of coitus does not arise. (M:5,3,6; F:3,4,5) Because of heat and humidity in summer couples prefer to sleep in separate beds; they engage in coitus less frequently in these days. (M:3,1,2; F:4,3,4)

Coitus is more frequent in winter than any other season. During *Agrahāyaṇ* and *Pauṣ* (November–January) couples sleep under a quilt, which encourages body contact, so coital frequency is highest in winter. (M:4,3,4; F:3,2,1)

The months of *Fālgun* and *Caitra* (February–April) are the most comfortable of

the year. This spring season is neither hot nor cold. Coitus is most frequent in this season because the days are temperate. The 'breeze of spring' (*basanter hāoyā*) creates enthusiasm and exuberance in young couples. (M:6,7,8; F:8,9,9)

The last statement, with which 47 of the respondents, or two-thirds of them, agree, is correct according to birth records, though there are obviously some individuals who prefer sex in hot weather, the monsoon, or the fall, for the reasons given in the quotations. September-November is also favored by many respondents. According to 14 persons, intercourse in winter, December-January, is impeded by the necessity of taking a bath; according to Muslim rules it is necessary to take a complete bath after sex before prayers, and without heated water this may indeed be troublesome. The solution is to neglect morning prayers and wait for the sun to heat the ponds at mid-day.

A study in Matlab Thānā during 1970-71 based on vital statistics for a population of over 120,000 (Chowdhury et al. 1980) found the peak of births occurring October through December (see also studies by Ruzicka and Chowdhury 1978; Becker 1980; Chen et al. 1974). The number of births January through May is less than half what it is in the last 5 months of the year.

It is interesting that there is also variation according to birth order, according to these studies. The largest number of first births and births to younger women are in September-November, whereas others tend to peak a month or two later. For first births, the peak of conceptions is December-February. For 2nd and 3rd births it is January-April. For subsequent births conceptions peak in January-March.

The reasons for this pattern of peaking of conception given in the above quotations are: weather is cool and invigorating; couples sleep under a quilt; there is less work. Other reasons shown in our previous work are: men are less absent for work; resumption of menstruation is quicker in the fall and winter; men tend to sleep inside; winter nights are longer; there is more food after the fall harvest (Maloney et al. 1981:145-9).

It was observed in the study area that in spring time (February and March) a gay mood prevails, and there is a congenial atmosphere between the sexes. This was also expressed by 21 male and 26 female respondents in the study. Moreover, people also believe that in spring bodily attraction increases. This is also the most popular season for marriages.

It seems that Bangladeshis are highly responsive to the environment, more so than people in countries where they are cut off by building and "development" from the natural phenomena. It is interesting that young people tend to get married in spring, but there is a peak of first conceptions in late winter, whereas other conceptions peak in spring. More mysterious is the fact, shown in the above-mentioned studies, that resumption of menstruation after a birth is quicker in the fall and winter. These factors combine with the low rate of infertility, long breast-feeding, a sensitivity to the body and sexual feelings, and high actual fertility, along with land fertility, animal fertility, and sensitivity to rain, as discussed in our previous work. In a biological sense, then, Bengalis are highly adapted to their ecological niche.



## RECIPROCAL RESPONSIBILITIES WITHIN THE LIFE CYCLE

### Reciprocal Expectations

Among the people of our study area, both in theory and in behavior, parent-child relationships are based on mutual obligations. The obligations of children when they become adults also extends beyond their debt to their parents, to the community. In old age, the parents may become disabled and are themselves viewed rather as children, increasingly sexless, and dependent especially in the last stage (*maraṅkāl*). Children repaying the debt they owe their parents for nurture, support, and arranging their marriages, is an obligation which has a firm footing in the traditional culture of Bangladesh.

Most people spend their energies in the *pūrṇa jauban* stage of life mostly in raising their children, and this sometimes extends into the *madhyamkāl* stage of life. This is reflected in the stage of life called *gṛhasthaya*, or householder, in the *āśrama* life stages of the Sanskrit texts. A Bengali son usually hands over his earnings to his father and remains dependent on him until marriage, and sometimes even after marriage if they continue to live as joint families. When a son does establish his independence he gives his parents whatever money from his income he sees fit for their support, and thus they become partly dependent on their son, although in case of landowning families the Bengali tradition is that the father retains all land in his name until his death, while the sons may increasingly be responsible for its use and profit.

It was observed in the study area that once young males become established they usually make efforts to enhance their parents' standard of living. They provide food and clothing especially, and more so when there are unmarried younger siblings. In an economy with no social security or retirement system, increasing numbers of males migrating for work, and half the population virtually landless, these reciprocal obligations are increasingly important. Many people in the study expressed the belief that the best way to provide for old age is to have 2 or 3 capable children. But they say that even if one has many children, if they are not capable or have low earning capacity, they might find it difficult to support themselves, and so have little worth as old age security for their parents.

Life expectancy at birth in the Matlab area is now over 54 years. For both males and females at 40, it is 32 more years. And for both at 50, it is 24 more years (M. Chowdhury et al. 1982a: 13). So adults age 30 whose parents are 50 can expect them both to live to age 74.

In Western societies usually children do not contribute so much income to the parental home that they are considered as assets; they are usually viewed as economic liabilities. But in the study area it was observed that when children reach an earning age the flow of goods and services begins to reverse itself. Children may then support their parents for a longer time than the parents supported the children.

Caldwell (1976:344) argues that the fundamental issue in the demographic transition is the direction and magnitude of intergenerational wealth flows, or the net balance of the two flow directions. He also states that in all "primitive" societies and most traditional ones, the net flow is from child to parent. Parents tend continually to point out to children how much the children owe them, not specifically in money or goods but in the fulfilment of duties, which in the end means the same thing. This ideal is formalized in most pre-modern societies, including ancient Greece. Aristotle stated (in Thompson 1952: 251): "The affection of children for their parents (like man's love of God) is the sort of feeling one has for what is good and superior. For the parents have bestowed on them the greatest of blessings they have given them life and nursed them and provided for their education when they reached school age." The reciprocal relationship is expressed in the following quotations:

When parents take proper care of their children, such as giving them small pocket money for peanuts, gram, bananas, or candy, the children will be inspired to support the parents happily, remembering what they received when they were young. (M: 1,2,0; F:3,1,4)

It is a compulsory duty for every child to show respect to the parents with all humility. The offspring should always speak to them in a soft voice. It is a great sin to disobey one's parents, which causes Allah to withhold his favors, and a disobedient child is really unfortunate. A child who does not take care of his old parents will not be given the key to heaven, and Allah may punish such a person in this world also. (M:5,4,6; F:5,6,4)

Children who do not look after their parents will receive similar treatment from their own offspring. (F:1,2,0)

In a family without resources, the parents and earning sons live on their own respective incomes, but if the parents become disabled it is the duty of the children to maintain them. (M:2,1,0) The first duty of a son is to look after the welfare of his parents, and only after doing that can he consider others. (M:2,1,0)

Most parents view their sons as property, knowing that they will be a source of income. But daughters are viewed as a liability and as property belonging to the lineage of their husbands. (M:4,3,5)

Children are born at the wishes of Allah. They must be raised whether they maintain their parents in old age or not. (M:2,1,0; F:3,1,4) Many earning sons forget their duty towards their parents when they marry. A son should not give preference to the needs of his wife as long as the parents are alive. (F:4,3,2) If a son gets married before he begins to earn, it becomes evident to his parents that he has no concern for the welfare of the family. (M:2,1,3)

In the above quotations, the men emphasized the economic benefits of having adult children, while the females tended to emphasize the need to raise children in any case, and the potential reciprocity of small acts of kindness. Both equally emphasized the religious



Parents and their children. The one on the third from the left is the earning son and that on the fourth from left is the recently married daughter. Others on the left are dependent children. One earning son is not in the picture. The earning children are unmarried and they also provide support to facilitate the raising of siblings.

duty of adult children to support their aged parents.

From a religious point of view, procreation is not only a worldly duty; it is a compulsory (*faraj*) duty. If the children are not raised well for undertaking worldly and religious responsibilities, the parents will be answerable to Allah. It is believed that Allah wishes to preserve continuity of the world, but if people care only for religious activities, they would not procreate. Therefore, procreation and child-raising are both Islamic religious duties (Maloney et al. 1980:122). The Qur'an states (in Waddy 1976:69):

"Thy Lord commended, Worship none but Him, and show kindness to parents. If one or both of them attain old age with thee, never say unto them any word expressive of disgust nor reproach them, but address them with excellent speech. And lower to them the wing of humility out of tenderness. And say, 'My Lord have mercy on them even as they nourished me in my childhood.' "

The reciprocity is also expressed by the expectation of blessings (*doyā*) from parents to the children. If the children withhold support, the parents might lay a curse (*bad-doyā*) on them as punishment. Children, or any family members, can obtain blessings of the elder generation in greater measure by giving them more, and expectation of these blessings actually influences the reversal of flow so that net greater flow is from children to parents. In the study area, it is believed that parental blessings reward not only an individual's



The aged mother-in-law seen with her daughter-in-law. The mother-in-law has two adult married and earning sons. Every fortnight she shares meals with one of them.

generosity to his parents, but also enhance his good fortune, and if he enjoys increasing prosperity it is said to be from the parents' *doyā* which might also continue to have effect even after their death.

The belief in *doyā* or *bad-doyā* is prevalent in all socio-economic classes. This exists as a means of offsetting the dependence of parents on their children, and provides the parents with a psychological lever to ensure the continuance of the children's support. The parents in *madhyamkāl* stage have authority over daily activities so their *doyā* is not so much sought. But the parents in *briddhakāl* and *marañkāl* stage are dependent on their children for physical help and perhaps economically; the capacity of the parents to bestow *doyā* increases with their dependence.

This interaction extends also to other elders in the community. Young men and women are taught to address all unrelated men who are about their father's age or older as *cācā* (father's younger brother) or *jeṭhā* (father's elder brother), implying that he has the power to bestow *doyā* or *bad-doyā*, and they are expected to ignore or tolerate in silence all the inadequacies of these elders. It was observed that funerals of elderly people are much better attended than those of younger people.

The relationship between *doyā*-giving elders and their supporting children is one in which both provide valued resources, as discussed by Richer (1968:462-3), and thus increase their power as a group. If the recipients of such a resource have no alternative

reciprocate, some form of deference is likely to be displayed by the recipients to ensure access to these resources in the future. In this sense, the *doyā* as a resource is more valuable than the support the children give, because continuing *doyā* makes possible continuing prosperity of the children.

These reciprocal relations extend to community activities. Male and female respondents in the study area commented that their families and lineage-segments acquire enhanced prestige if one or more of their offspring assists the community in building a mosque, *mādrāsā*, orphanage, school, or bridge, or facilitates for giving religious instruction. From the Islamic point of view, such participation in activities for the public good is known as 'donation leading to eternal values' (*sadqua-i-zāriā*). It is also believed that the virtue so accrued extends to the dead parents of the donors, thus reciprocating the parents' *doyā*.

This shifting of responsibilities in successive life stages forges the interdependence of individuals and enables most individuals to feel fulfilled in the context of their family and community. The entire relationship to kin group and community is a social, economic, and psychological matrix which provides meaning of life in all its stages.

### Gender Differences in Old Age Support

The society emphasises the need for children to support their middle-aged and elderly mothers, according to the following quotations:

The mother carries the child in her womb for 10 months and 10 days and undergoes a lot of pain to give birth. Whatever favor a child shows to its mother, it cannot repay the debt of the mother's milk. The parents raise their children expecting that in future the children will provide them with economic and psychological support. (M:6,4,5; F:7,3,4)

According to religion, heaven for the children lies under the feet of the mother. When children grow up and earn they have a responsibility to their parents who nourished them, and it is the turn of the children to come forward and extend their helping hands to them. (M:3,1,0; F:6,2,5)

The father is responsible to rear the children, bear all expenses, and ensure their development with happiness. The mother controls them by threatening to report their misdeeds to the father. (M:4,2,2; F:5,3,4)

In the above quotes, as many males as females said there is a special debt to be paid to the mother because of childbearing and breast-feeding, and the upper socio-economic group said this more than others. In a series of interviews conducted with children in the study area, 85% said they receive most of their personal care in the household from their mothers. And 64% said they receive greater affection from the mother, but at the same time 29% mostly girls, said they receive greater affection from their fathers.

The statement that the gestation period is 10 days and 10 months was given voluntarily by 15 male and 14 female respondents. This called for explanation because it is actually 40 weeks, and these respondents over-estimate it by 4 weeks. First, the estimate probably originated in calculation of lunar months, and indeed gestation is closer to 10 than to 9 lunar months. In India also it is commonly said that human gestation is 10 months. The additional exaggeration seems to be partly a matter of numerology—10 plus 10— and partly a matter of

recognition of the long discomfort and pain the mother endures to produce a child which in turn makes the child more aware of its obligations to the mother.

The difference in a child's relationship between its mother and its father as discussed above (Chapter 2) particularly has effect in the child's treatment of the mother in her old age. The "good mother" is idealized and the concept of the "bad mother" is hardly consciously expressed though the effect might be subconsciously realized. Meanwhile the father in *madhyamkāl* becomes more authoritarian and distant, and in *briddhakāl* this is bridged with the grandchildren rather than with his children. But meanwhile the relation between child and mother tends to continue to be affectionate. This is recognized in the *Dharmaśāstra*, the Hindu law, according to which (Rocher 1968:97): "The son should not take sides between his father and mother: indeed he may, if he chooses, speak in favor of his mother alone, since the mother bore him (in her womb) and nourished him."

There is a pragmatic function in this pattern. It has been shown in Matlab Thānā (Ruzicka and Chowdhury 1978:24) that females' retirement from full participation in household economic activities starts 10 years earlier than the males' retirement. This is partly linked with the arrival of daughters-in-law in the household. The woman who as a young bride had to undergo all sorts of difficult and even humiliating expectations, by middle age is not only respected and accorded authority, but even relieved of most of her work, as long as she is living with an active family. This privilege of women in middle age is enhanced by the fact that they are on the average 9 years younger than their husbands. The same authors found that males in the study area usually remain economically active to the age of 65, and usually retire only from apparent old age or disability.

The special concern for support of mothers is also pragmatic in view of the incidence of widowhood. The *World Fertility Survey* (1978:49) shows that in Bangladesh, of women age 55-59 only 48.3% are married. Of those age 60+ only 28.4% are married, compared with 87.0% of men— in that age group. This is not because women live longer than men, but because of more frequent remarriage of widowers than of widows. In the ages above 55 there are 7 to 9 times as many widows as widowers. In Matlab both men and women who are 50 can expect to live to be 74, as we have said, and the mean length of generation is 26.8 years, so the children are often at the peak of their earnings when the parents are in a stage of disability. The condition of widows without support is well known; they either beg or earn a pittance by some low-valued work, so the social pressure to love, respect, and support one's mother has reason. It is partly in awareness of this that mothers treat their children, and especially their sons, in the way that we have described so the children feel indebted to them.

### Childlessness

It is expected that the male takes initiative in having coitus. If there is no conception within a reasonable time the wife is frequently held responsible. In procreation, the female is viewed as the soil and the male as provider of seed, and if the soil is fertile the seeds will surely germinate. Social attitudes about childlessness in the study area are as follows:

After marriage a woman prays to Allah for children, and she knows she will be loved more if she gives birth. If no children appear she is called a 'barren woman'

(*bānjā* or *āṭkuri*) and her husband a 'castrated man' (*āṭkura*) or eunuch (*khojā*). (F:4,4,7)

If a woman fails to give birth within 4 or 5 years of marriage she is identified as barren, is loved by none, and has difficulties with her mother-in-law, while her husband is dissatisfied with her. (M:6,8,4; F:9,5,6) A woman without a child is criticized by parents-in-law, husband's sisters, and brothers' wives. (M:4,5,3; F:5,4,3) In a quarrel between brothers' wives or co-wives, a childless woman will be cursed: 'Let death befall you when you remain childless.' (F:2,3,5) The sight of a childless woman before a journey is an omen of bad luck. (F:2,1,2)

When couples remain childless, it is said none is left to kindle the light of their family. (M:3,4,2; F:4,2,5)

If a couple with property remains childless, it is said that upon their death their property will be eaten up by crows and kites' (*sampatti kāk cile khābe*). (F:2,1,2)

A childless couple procure and prepare food for themselves only and most such couples are lazy and hot-tempered. They are joyless and do not have much interest in performing daily duties. When they see other children happy and playful they feel lonely and express a sigh of sadness. Usually such couples are not invited to ceremonies relating to children, such as marriage, name-giving, circumcision, or ear-piercing. (F:2,1,2)

In the above quotations, 15 females stated that when a wife fails to bear a child within a few years she is abused by members of the community. Observation in the study area also confirmed that such a woman receives less attention, maintenance, and personal care by husband and in-laws. According to 18 male and 20 female respondents, the mother-in-law in such cases becomes dissatisfied with the woman, fearing that the lineage might be broken. And 20 respondents mentioned that the woman's grandparents and other relatives also express concern. Even the barren woman's mother fears for her:

The mother of a barren bride thinks that the property of her son-in-law will go to other relatives and her daughter may have to return to her natal house after the death of her husband. The husband may also lose interest in her. (M:2,4,3)

People in the study area expressed the view that childless couples feel they have no one to look after them in illness, distress, or misery, or to share their joys (*sukh*) and sorrows (*duḥkha*).

There is also much concern about property. It is believed that upon death of a childless couple their kin will come to 'snatch and consume' (*kāṛā ō khāoyā*) it like crows and kites. Another saying is that such property will be 'eaten up' (*khābe*) by the 5 vital elements, namely, earth, water, heat, air, and space. If a couple has no descendants to enjoy their property it is said that they do not have much interest in achieving social or economic progress; 5 female respondents said they thought childless couples are lazy. It also said that 'necessity is the great taskmaster' (*garaj bara bālāi*), implying that a childless couple need not exert themselves to gain additional property.

People usually do not like to transfer their property to persons or institutions other than their own offspring. Therefore, in the study area it was observed that childless couples often adopt a child born to any of their siblings or close relatives, and make legal transfer of their property to that child in their lifetime.

When a couple remains childless, efforts may be taken to counteract the condition.

Some believe it is caused by evil spirits or the evil eye. Often the mother-in-law will arrange for the childless wife to get an amulet (*tābiz*) from the 'herbalist healer' (*kabirāj*). But a childless husband is not given an amulet, though his parents and other elders may pray to Allah that he be granted a child. Offerings to the *dargā* or mosque may also be made, and consecrated water used. Many people believe that the number of children is determined by Allah. Childlessness is not usually considered to be a condition suitable for medical treatment; rather it requires magico-religious treatment to negate the effect of evil spirits or to invoke the blessings of Allah.

If all such efforts prove unsuccessful, a husband might initiate divorce, as discussed by 12 respondents, or might take a second wife, as mentioned by 21 respondents:

A childless man is advised by his mother and relatives to marry a second time. (M:2,3,1; F:2,1,3) Particularly a prosperous man, if childless in spite of all efforts, takes a second wife. (M:3,3,2; F:6,4,3) If the husband takes a second wife with the consent of the first, the first stays in her husband's family and performs domestic and religious duties. (M:1,0,1; F:2,0,0)

Pious persons do not divorce their wives for childlessness. They say Allah is not granting them offspring, and believe that divorce on grounds of infertility 'tilts the seat of Allah' (*Āllār āras kṛpe*). (M:1,0,1; F:2,1,1)

The social pressure to beget is summed up in a saying current in the study area:

"Wealth, wealth, wealth these (children) comprise a garden of flowers in the household. There cannot be any life for a couple without such wealth. In what will they take pride? Why don't they burn themselves to death?"

The word wealth here means offspring, and the saying implies that those without such wealth are worthless people. The condition of childless people in general in India is similar (Mandelbaum 1974:16) and most barren women continually seek cures.

In the study area it was observed that childless couples would try to alleviate their loneliness by keeping animals: cats, dogs, goats, and parrots or other birds, ducks, and chickens. While pets are not usually given names, in such cases the couple might give them names, such as Bhulu or Kalu for a male, or Mini, Khairun, or Ramani for a female. They are seen to make conscious efforts to express 'parental love' (*bātsalya*) toward these animals.

However, the incidence of childlessness in Bangladesh is remarkably small, by world standards; the *World Fertility Survey* showed that only 2.7% of women 45+ are childless. This is part of the all-round high fertility phenomenon of Bangladesh, as discussed above. However, the low level of infertility is partly a result of the early age of marriage. Marcy (1981), in comparing fertility in pre-industrial societies, found this to be a factor, and he also surmised that psychological diseases such as depression or stress, may be a cause of subfecundity in industrialized societies in comparison with peasant societies.

In the study area, the feeling of deprivation of a childless couple reaches its climax in the life stage of *marāṅkāl* (*acal*), when disability sets in. Then a childless couple often feels ready for death.

### Childbearing Stages

People in the study area expect a couple to bear a child soon after marriage, but they



are also ambiguous about it and often desire a short period of delay:

Following marriage it is good to have the first baby as soon as possible. This signifies the virility of the husband and fertility of the wife, and fulfils one of the major objectives of the marriage. (M:5,3,6; F:3,4,6) A newly married couple naturally have coitus frequently, and conception may take place even though the couple may not desire it. (M:2,4,3; F:4,3,6)

The birth of the first baby should be delayed so the couple can enjoy the pleasures of conjugal life. A new baby consumes attention and time, which stands in the way of a carefree conjugal relationship. (M:6,5,7; F:7,8,6) Quick conception after marriage of an adolescent bride is shameful. She feels embarrassed to be thought of as mother, and it seems she has suddenly become old. A girl is recognized as an adult female on the birth of a baby, and for this reason a young bride should not want a child immediately after her marriage. (M:3,4,5; F:5,3,6) An adolescent bride is shy at the thought that if pregnant her parents will know of her coitus with her husband. (F:1,0,0) Some people may be amused at the sight of the large abdomen of a pregnant young bride and view it critically. (M:3,4,5; F:5,3,6)

Adolescent parents do not understand the worth of a baby, and it creates a lot of trouble for them because of their inexperience. The mother's life is greatly altered, and she may fail to take care of the needs of her husband. (M:2,3,2; F:2,1,3)

Youth is not permanent; it is like the current in a river. Between 40 and 45 a man begins to lose his energy and faces a lot of hardship to maintain a family. (M:4,3,5; F:5,4,6) If children are born in adulthood (*pūrṇa jāuban*) the parents have the capacity and energy to provide them suitable support. (M:2,3,2; F:4,3,5) Procreation is the main objective of marriage; a couple will want to have children during adulthood, then they have a lot of vigor and energy. (M:1,3,2; F:2,2,1)

In Matlab Thānā, which includes the study area, the age specific fertility rates (M. Chowdhury 1981:20, 1978 data) are comparable with those for Bangladesh according to the *World Fertility Survey* (1978:73, 1975-76 data).

#### Age Specific Fertility Rates (per 1000 women)

Age	Bangladesh	Matlab Thānā
- 19	111	117
20 - 24	289	237
25 - 29	291	241
30 - 34	250	210
35 - 39	185	135
40 - 44	107	51
45 +	35	8

The rate in Matlab is a little higher in the teen years, but lower in all the other cohorts, affected by the health and family planning programs of ICDDR,B. In Bangladesh, 48% of

girls have a child within age 19. Even though conception might be somewhat delayed for the reasons cited in the above quotations, there are far more births to teenagers than in most parts of the world.

The social effect of teen-age childbirth, therefore, bears consideration. The opinions expressed above, that adolescent parents are inexperienced, find the presence of a baby troublesome, and need time to adjust their conjugal life first, is borne out in research in other cultures. The long term consequences of teen-age birth in the United States has been studied by Card (1981:137-56). She finds that cognitive development of the baby is markedly less, and that this operates through the family configuration; this is true even when the predominance of teen-age pregnancies among blacks, the poor, and in broken homes, is accounted for. She quotes a study by Zajone that intelligence scores decline with increase in family size because of diluted adult-child ratio. She also finds that adolescent pregnancy has a direct effect on marital and fertility characteristics, and there is a tendency of a cycle of "early birth and higher fertility" in the next generation. In the absence of such controlled studies in Bangladesh, we may infer that something similar operates here, and it may be compounded by greater frequency of illiteracy of the mother leading to school drop-outs among her children. In view of the heavy dependence of children on the mother in Bangladesh culture, their relationship with her as described above (Chaper 2), and prevalence of *pardā*, a woman's exposure to literacy may be presumed to have a salutary effect on cognitive development and on subsequent marriage and fertility of her children.

Against 26 respondents quoted above who favor immediate pregnancy after marriage, 39 favor some delay. It is also worth noting that more men favor immediate pregnancy but more women favor some delay. Also there is a somewhat larger number from the low socio-economic class favoring immediate pregnancy. Despite the general pro-fertility sentiment inherent in the expressed desire for immediate pregnancy, there is a preponderant recognition of the practical advantages of childbirth in adulthood (*pūrṇa jauban*) when energy and vigor are greatest. This should be acknowledged and utilized in the family planning information program.

### Birth Order and Eldest Son

In view of the interest in having a son, especially for the first birth, we should note the sex ratio at birth. In the Matlab area it is 107 males to 100 females (M. Chowdhury et al. 1982:16), which is a little higher than the world norm. But in some years for which there are ICDDR,B records it was 103.5 to 105 or 106 (Becker and Chowdhury 1981). So any disparity in sex ratio in Bangladesh is not from sex ratio at birth.

The all-India sex ratio at birth according to the National Sample Survey of 1972-73 was  $109 \pm 0.57$ , and in rural North India it was  $114 \pm 1.62$ . Somehow, this seems a natural balance to partially offset the tendency for females to die faster than males in most ages in North India. Even more interesting is the finding in the same study, confirmed by chi-square test, that in both urban and rural India there is a higher ratio of boys born in a woman's first birth than in subsequent births (Indian Statistical Institute 1981:41-2). We may suggest that possibly this could be explained in that immediately after marriage, there is frequent sexual activity, so the male sperm, which is much more numerous, has a

female sperm is nullified. This seems to be nature's way of meeting the cultural expectation about having sons, and having them first. These questions could be further investigated in Bangladesh.

In the study area it is often believed that the first child, irrespective of sex, is a simpleton (*saral*). It is said by some male respondents that though the first child may be inherently intelligent, he is likely to appear foolish because following the death of the parents he has to spend his time and energy taking care of his younger siblings, and may also get a smaller quota of inherited property. All sacrifices made by him for the younger siblings are viewed by the members of the community as a great virtue.

The last child to be born is called the 'baby squeezed out of the childbearing tube' (*nārījāhārā santān*). The last child usually draws the affection of the elder members of the lineage segment. His every movement and action is appreciated, and the semen of the child's parents is referred to as of high quality to produce such a dear child. Of the respondents, 9 said that such remarks of the elderly members of the family make the parents feel proud.

i. This attitude is contradictory to the beliefs expressed above in chapter 6 that youths have thick and fresh semen that can produce healthy children, while persons later in life have 'thin' or low quality semen resulting from frequent coitus which produces weak or unhealthy children. The beliefs about semen are thus false, not only biologically, but in view of people's ideas about quality of children in birth order. But the beliefs about semen are retained because they are necessary to provide a semblance of physiological evidence supporting ideals of moral behavior.

The empirical studies of birth in other countries lead to the conclusion that the eldest child or an only child tends to be an achiever, while the youngest tends to be more sociable, the result of affection towards him by more family members. In fact, the eldest child in Bangladesh is also expected to be an achiever:

- ii. If my eldest son could be educated, his income would help the younger children and the marriages of my daughters. (M: 1,0,0) I have 2 sons and a daughter; the elder son has a well-paying job but the younger son is slow in understanding and is unemployed, and earns by begging. My daughter's marriage expense was met from the income of the eldest son. If I had a few more earning sons, my family would be prosperous. (M:0,0,1) I have 3 sons and 2 daughters. To provide for their education I had to sell almost all my land. The eldest son is now a student in the polytechnic college, and I have settled on his marriage. He will receive a big dowry. As my income cannot bear the education expenses of all my children, the eldest son after completing his will support the education of his brothers and the marriages of his sisters. (M:1,0,0)

The eldest son demands respect of his younger brothers, and especially of their wives (as shown in our discussion above of dyadic relations within the family), and in case of his father's death he is responsible to run the family and arrange the marriages of the younger siblings. These expectations may at times be more than he is able to meet, while they also may detract from his career or education, resulting in people sometimes referring to the eldest son as a simpleton. One usually achieves full recognition as a decision-making person only in the *madhyamkāl* stage when both males and females develop more forceful personalities and maturity of judgment.

### Advantages of Sons and of Daughters

Quotations on advantages of sons:

A son belongs to the parents' lineage (*bangśa*). He is a permanent member of the parental households. (F:2,3,5) The name of the parents disappears when they do not leave behind any son. (M:5,6,8; F:6,5,7)

Allah can grant either a son or a daughter, but for the parents a son is more valuable. A daughter is only a problem; she is provided food and clothing, only to be married off. (M:2,1,4) A daughter is one's own as long as she is not married, but then she goes to her father-in-law's house and attends the needs of the parents-in-law. (M:2,3,5; F:3,1,4) A daughter can provide little to her parents in their old age; women are not allowed to take up work outside the homestead and do not have earnings, so the parents must rely on a son. (M:3,2,1)

A son is like a walking stick for the old father. He helps in agriculture and in settling conflicts, and may even risk his life in case of a property dispute. A father always feels satisfied to leave his hard earned property in the hands of his own son. (M:3,2,1) Parents can depend on a son in old age. He will arrange medical care when needed, and when he marries his wife will take care of the husband's parents: (M:2,0,2) When a son is born, his parents gain mental strength; they expect a son to be always helpful to the parents. (M:0,1,0) A farmer dreams of high yield after sowing his crops; similarly, after conception a couple frequently dreams of having a male child.

If a man has only daughters, his friends may taunt him by saying that he is devoid of manliness and cannot cope with his wife while he engages in coitus with her, else he would surely have a son. During coitus, the dominant partner becomes the deciding factor in determination of the sex of a child. (F:2,3,2) When a wife gives birth only to girls, it is said she is producing babies of her own kind which are useless. Some members of the husband's family may taunt saying she must have come from a family having had only daughters. (F:2,1,0)

When a man dies childless, his relatives quarrel over the inheritance, so a couple makes every effort to have a son. A pregnant woman gives alms, offers optional prayers, and uses amulets for getting a son. (M:0,1,0)

If there is a son, he will arrange the funeral of the parents and will give charity for the welfare of their souls. (M:8,9,8; F:10,11,10)

Parents who are distressed if they do not have a male child may find consolation in a grandson. (F:1,0,0)

I had 2 daughters first, and many relatives expressed concern. When the third child was a son, my father went to my father-in-law's house with sugar-cakes, and then I had a second son. If all 4 had been females I would pray to Allah to grant me a male child. Even a poor couple prefers to have many sons. (M:1,0,0)

Quotations on advantages of daughters:

A girl is the beauty of the house (*charer śobhā*). When there is no daughter in the

family, there is no order in the house. A daughter is a mother's helping hand. (F:0,1,1)

A daughter has more affection and consideration for the parents than a son has. When the parents are old, the daughters nurse them. They surrender their share of inherited property to the brothers so that they can come to the brother's house in case of divorce. (M:2,3,4)

A mother is more fond of her daughter than her daughter-in-law; the daughter is her 'own child' (*nijer santān*), while the daughter-in-law is 'someone else's daughter' (*parer jhi*), and does not care for the mother-in-law as her daughter would. (F:0,1,2) If a woman has a daughter, she gets new relatives when the daughter is married, and she can entertain the son-in-law. The mother can also go on visits to the houses of the in-laws and when grandchildren are born, she can fondle them. This is what she wants in old age. (F:0,0,1)

When parents die, a son expresses grief over their death but soon after indulges in fun with his newly married wife. Daughters mourn more than sons at the death of the parents, and after the death the daughter gives more alms and food to the poor. So when a couple has no daughter, they sometimes adopt one whom they can raise with love and affection. (F:2,3,2)

Parental duty towards a son is thought to end after the arrangement of his marriage, but the duty of a son towards his parents continues until their death. The long-term economic role of sons in domestic matters, and particularly in agricultural families, cause the parents to regard sons as assets. Apart from their labor as children and as young adults, and the lowered need of hired labor, parents rely on sons to protect the property. A family having several sons has less chance of loss of assets through violence. There is a saying in study area that 10 sons can defend family and property as well as 100 hired men. Fights over possession of land are always between two groups of males, and daughters take no part in such encounters. Sometimes injuries or even death occurs in these events. If a serious dispute arises while a man's several sons are away from home, he might warn his opponent: "Let them come home; then it will be seen how much paddy makes how much rice" (*tārā bārī āsuk takhan dekhā jābe kata dhāne kata cāul hay*), meaning they can pound their opponents to pulp. A father of many sons thus feels proud and more secure.

The nature of such disputes is described in a village study *Jhagrapur* (Arens and van Beurden 1977; the pseudonym itself means "dispute village"), and they are endemic. Such public affairs are for men, but women's disputes are also frequent, though on the domestic scene, and considered by the men as troublesome internally, while the men's disputes are thought to be for the protection of the whole kinship segment (*gusṭhī*).

Apart from these benefits, there are important intangible assets in having a son. Continuity of the lineage (*bangśa*) is important even though lineage depth in Bangladesh is not great, and this is mentioned by our respondents of low as well as high socio-economic class. Perpetuation of the father's name is also important, even though people are known by their given names; many families have a sort of title (*padabī*) which is passed from father to son and then applied to his whole family (a list of *padabīs* is given in Maloney et al. 1981:314). Having a son is evidence of a father's virility, and some say of his dominance over his wife. And arranging the funeral of the parents and provision of charity afterwards for the welfare of their souls, as quoted above, was spontaneously mentioned by as many as

56 of our 65 respondents, women even more than men.

It was found in Comilla (Mosena and Stoeckel 1971:569) that women whose family size exceeded the desired number of children may not want to stop giving birth until the desired number of boys (and to a lesser extent the desired number of girls) is reached. The ideal number of boys exceeds the ideal number of girls, which is also the case in the study area.

In the study area a certain woman gave birth to 6 daughters consecutively, and every time a birth was announced the woman's blind mother expressed her sadness by a sigh. On the birth of the 7th child the old woman was informed that she had been blessed with a grandson. She came forward to take the newborn in her lap, and started caressing the baby's body. When she touched the genitals her face broadened in a great smile.

In the absence of a son, a grandson born to one's daughter is not an adequate substitute. He is of no use in economic security because he becomes a member of his father's lineage. In India, in his study in Gujarat, Poffenberger (1975:76) noted several opinions that for a woman not to be considered barren she has to have a son that lives to adulthood. If not, she is called barren because she has not kept the lineage going. There are two main reasons why many people see more advantages in a son than in a daughter: the daughter is raised with much trouble and protection, then is given away to another family; and the cost of her marriage is troublesome.

But many advantages of having a daughter are also cited by our respondents, so much so that daughters as well as sons may be adopted, usually born to relatives of the foster-parent; this is so even though in Hindu legal tradition provision is made only for adoption of sons, and in Muslim legal tradition there is no formal provision for adoption. Frequently there is a strong bond of affection between a daughter and her parents; the parents are kinder to her than to a son. While material support is expected from a son, emotional support is expected from a daughter, and she may give her parents tender care in old age. A daughter tends to mourn the parents' death more than a son; this was mentioned by 7 of our respondents.

Girls are not as much neglected as is sometimes assumed. It is true that female mortality is higher than male mortality in most ages, but a study of nutrition in Matlab Thānā (Langsten 1981) showed that sex differential in health care is less than previously thought. Males receive more of their nutritional needs than females in ages 0-4 and 45+, but females age 5-44 have negligible nutritional deficiency over that of males. For most age groups under 70, females tend to consume more of their calorie and protein requirements than males. Maternal mortality is the leading cause of death in females age 15-44. Males suffer higher mortality in times of crisis, which has no ready explanation. The higher female mortality rate in most ages is also unexplained, as the nutritional and health care evidence is only modest, according to Langsten.

### **Conflict between Parents and their Adult Offspring**

The ideals of reciprocal relations between parents and children are often violated, as our respondents say:

Parents do not like a disobedient child. If a grown-up son is not dutiful and does not maintain his parents, they show their dissatisfaction toward him. (M:3,2,4)  
Parents are mortified when a grown-up son or daughter commits any evil deed which

damages their honor and prestige. The parents curse a child only when they are greatly mortified, then they fear the blame of the community for his misdeeds, or for his non-support if they are elderly. (M:2,1,0; F:1,1,2) The honor and prestige of parents are enhanced by the good deeds of their offspring, but if they get involved in antisocial activities such as theft or sex crimes, the *pārā* elders put pressure on the parents to discipline their offspring for their honor and their lineage. (M:2,1,0)

When adult earning sons do not support their parents in their old age, in most cases the parents are compelled to earn their living when actually they should have free time for praying. (M:2,3,1)

Sometimes parents sell their property to afford an education for a son. If after this, the son earns but does not support the parents, elderly relatives try to persuade him to. If all this fails, the parents may put a curse (*bad-doyā*) on him. In many cases a cursed son becomes an invalid or ends up dependent on others. (M:2,1,0)

Sometimes conflict within a family arises when sons refuse to support both their parents and their unmarried younger siblings. They may argue that though they are obligated to maintain their parents, who raised them, they have no such obligation toward the younger siblings, and the drain on their financial resources might make it impossible to support their own wives and children.

In extreme cases it was observed in the study area that conflict with a married son might lead parents to disown him. Parental shock at a son's misbehavior and anti-social activities is believed to be harmful to him in this as well as in the next world. One mother expressed herself thus: "After the marriage of my son he is now under the control of my daughter-in-law and has gone out of my hand. I pass my days in agony and work in my own house under the control of my daughter-in-law." Shocking behavior of a son towards his parents does not occur frequently, however, because of the thoroughness of the child socialization process in these matters.

It is more common that minor differences or irritations between parents and married son cause the families to separate:

If any conflict between parents and a married earning son develops, the son leaves the parents and eats separately with his wife. Then it hurts the parents if the son does not continue to help them. (M:2,1,3; F:0,3,1)

Sometimes a daughter-in-law does not agree to live in a joint family with her parents-in-law. If a son ignores his parents to please his wife, it shocks the parents. (M:2,4,1; F:3,2,4)

A son who lives in his father-in-law's house and does not take care of his own parents is cursed by them. (M:2,3,4; F:4,2,6) One of my elder brothers has been staying in his father-in-law's house since his marriage 3 years ago, and purchased land and settled down there. He does not send any money to our parents, which displeases them. And I have an elder brother who used to send them remittances but now has stopped. My parents complained to the *pārā* elders but they could not do anything as the sons lived outside the *pārā*. Such activities of my brothers have mortified my parents. (M:1,0,0)

Sometimes a mother who cannot maintain good communication with her daughter-in-law may feel compelled to ask that her son have his meals in a separate house with his wife, or that he had better go and stay in his wife's father's house.

(F:2,1,0) If a married son pays attention only to his wife and she is indifferent to household activities, his parents may ask their son to arrange his own food and live separately with his wife. Such a son is not provided property during the lifetime of the father, and must earn his own living. Gradually he learns that by ignoring duties to his parents he has done wrong. (M:2,3,4; F:4,5,8)

In our village a man had 4 sons, of whom he asked assistance when he was about 50. They refused, so he sold a mango tree. Then he sold a coconut tree. Finally he was compelled to sell almost all his property. If he had enough property his sons would not have dared to neglect him. If my son does not take care of me, he will have to suffer. Then I will ask him to go and earn his own living and I will manage my living by selling my own property. (M:2,1,4) A man not supported by his sons who wants to sell out part of his property cannot do it without consulting the *pārā* elders, lest the sons make allegations that this will make the sons destitute after their father's death. (M:0,2,0)

Separation of a joint family does not always mean that there was conflict. It may become unmanageable for several married sons and their families to stay together. Parents with many children may ask their married sons to set up separate households. An obedient son considers it his duty to support his parents whether he lives with them or not. (M:5,3,7; F:5,5,8)

In the study area it is believed that following marriage a son should not set up a separate household. But many cases are known in which a daughter-in-law and her mother-in-law have such poor relations that they decided to live separately; this is mentioned by 16 of our respondents.

There is ample sociological literature on the subject of the joint family in South Asia. Contrary to some popular misconceptions, most families are nuclear, not joint; joint families are common mostly when there is property which the family is reluctant to divide, and whether the family is joint or not has little to do with "modernization." There may be a cyclic pattern: after the marriage of the eldest son the family may remain joint in the sense that they share a common kitchen, then they may separate the kitchens, and may in the time build a separate house for the young couple, or the families may move apart. The cyclic pattern is related to the life cycle and life stages which we have discussed earlier in this book.

### The End of Childbearing

Bangladeshis are usually able to give several reasons why people in middle and older age should not have more children. The reasons given are: increasing bodily failure, fear that the parents might die, need to devote energies to community and religious causes, and shame. These opinions together show a strong sense of what is appropriate in which life stages, and behavioral expectations according to life stages is stronger in Bangladesh than in most Western societies.

The physiological reasons given for not reproducing in middle or old age are as follows: A woman after age 40 risks her life by giving birth. She must not give birth after 40, even though she might have the capacity to bear a child. At 45 to 50 years, a woman does not have the physical capacity to conceive. (M:2,3,5; F:3,4,6)

A man in old age loses his vitality and the quantity of semen decreases. At this



stage the sexual urge declines and probability of conception becomes less. (M:3,4,4; F:2,1,3) In old age a man suffers from loss of memory and work capacity, develops an ill temper, and fails to manage personal matters. If such a father conceives the child will be unhealthy and underdeveloped. This is because the semen of the old father does not contain good qualities for producing physical and mental characteristics desired. So many people do not want more children in their old age. (M:4,5,6; F:4,3,5)

Men have the capacity to impregnate a woman up to 60 years, but the sexual urge after this is less so most couples then abstain from coitus. (M:6,5,7; F:5,8,9)

It is believed in Bangladesh that with old age the blood "cools down" and the sexual urge decreases. But the belief that a man who conceives in old age (*briddhakāl*) has poor semen which produces poor physical and mental characteristics is not supported by scientific research. The existence of this belief supports the norm against reproduction in old age.

The belief that women after 40 tend to have more risk in childbirth is supported in scientific research; women who conceive in their 30s run twice the risk of dying in childbirth as women in their 20s, and the risk increases 4 to 5 times for women in their 40s. Moreover, women with high parity, as in Bangladesh, have greater risk thereby also (McEvers 1980:47). In Thailand women over 35 account for 20% of all births but 40% of all maternal deaths.

The second argument against reproduction in old age is fear of the parent's death:

The parents cannot bring up a child born in their old age. Before it begins to earn, one or both of them may die, but usually the provider (father) dies earlier. If such a child is then brought up by relatives it receives less food and care than its parents would have provided, and because this situation is well known parents do not like to leave behind minor children. (M:5,4,6; F:3,3,6) I do not want more children after age 45 as I would not be able to raise them properly. (M:3,4,2)

The statistical risk of such parents dying before their sons can earn or their daughters can marry is not as great as the above quotations imply. A woman of 40 can expect to live to be 72.5 years. If her husband is 50 he can expect to live to be 74.2 years, in Matlab Thānā (M. Chowdhury et al.1982a:13). In earlier times, when these sentiments took root, life expectancy would have been less. But still, it seems that this fear, like the physiological fears mentioned above, is generated largely to support the moral norm against reproduction in old age.

Nevertheless, it is true that an adopted child may receive less care, or at least people believe it. This is countered by the belief that by giving care and affection to such a child one will acquire great religious merit (*saōyāb*). If the parents die, a child is raised by an elder brother or sister, or if not by paternal or maternal uncle, or in the absence of these, any other close relative.

The sentiment against reproduction in old age has its strongest argument in the shame it is said to arouse.

A couple should not have more children when their children reach adolescence or are grown up. If the middle-aged mother of such children becomes pregnant, the friends of the children will ask, "Is it true that your mother has given birth to a child who is your brother?" At this, their faces turn red from shame and other friends present become amused. (M:5,3,4; F:3,3,4)

It is shameful for a woman to become pregnant when there are sons-in-law and daughters-in-law. (M:5,6,4; F:4,5,7) If a woman having a son-in-law becomes pregnant she would not go to his house; she feels it shameful to move in his presence. (M:3,5,6) When an older woman conceives, the sons-in-law and daughters-in-law joke about it with their spouses. They may even joke that she had been impregnated by her son-in-law.

It looks odd if a woman continues to bear children when there is a daughter-in-law around. (M:2,3,4; F:5,2,5) It looks odd if a daughter-in-law can hold the younger brother of her husband on her lap. (F:0,1,1) When a daughter-in-law gives birth, the mother-in-law is expected to take care of her. But if the mother-in-law is also pregnant she cannot perform her duty properly. (M:5,4,6; F:6,5,4) If these 2 women are both pregnant it becomes a matter of ridicule in the community and shame for the 2 women. It is shameful if these 2 pregnant women go for 'compulsory bathing' (*faraj gosai*) and meet each other there. (M:2,1,3)

It is inappropriate for a couple having grandchildren to continue to procreate. (M:4,5,7; F:8,6,9) Even though people may have the capacity to procreate when they have grandchildren, they do not desire it because a pregnant grandmother is ridiculed in the community. The grandchildren also ridicule the grandparents and put them to shame by referring to their coitus. (M:3,4,3; F:5,3,5) If a grandmother conceives, her young grandchildren joke about her, saying that there has been a remarkable change in the present-day world and now older persons are more youthful than the younger ones! (M:4,3,5; F:5,4,2) If grandparents procreate, when visitors come to the house they may think the younger children to be grandchildren, and the parents will be ashamed at this wrong identification. (M:2,1,3; F:2,1,3)

After becoming grandparents, people feel emotionally strained if they have more offspring. During this stage of life they have to worry about their own health and start thinking about death and the after-life. (M:2,3,5; F:6,2,4)

It is assumed that women in *madhyamkāl* and men in that stage or in *briddhakāl* will not want to be sexually active, though this assumption is contrary to research conducted in recent decades on the actual potential and practice of sexuality in old age in different countries. In the above quotations, 23 respondents volunteered the idea that grandchildren would ridicule their grandparents' sexual life if it becomes evident through pregnancy. The women are shown to be even more concerned than the men about the shame of pregnancy in front of a daughter-in-law or grandchildren. The same sentiment prevails in India (Srinivas and Ramaswamy 1977); Mandelbaum (1974:29) refers to it, and quotes several other authors mentioning it in West Bengal and other parts of India. Barbara Miller (1985) states, "By the time a woman is 33 in many parts of rural India, her eldest son may be married and cohabitating, putting the 33 year old woman in the position of potential grandmother. Medical personnel at Ludhiana Christian Medical College state very clearly that 'grandmother's babies' never survive, no matter what their sex."

The above noted sentiment on pregnant grandmothers has very old roots in South Asia. The life stage scheme of the classical Sanskrit texts has only 4 stages, as described: student, householder, retiree, and recluse, and the first stage and the last two stages represent sexlessness. As we have stated elsewhere (Maloney et al. 1980:141) this sentiment prevailing in Bangladesh is not of Muslim origin, but goes with the ancient Indian idea that when one



A grandmother holding her baby in the lap. It is inappropriate for a couple having grandchildren to continue to procreate.

has raised a family one should turn one's thoughts to religious matters. Life has several legitimate aims, but they apply in different life stages. Thus, the distinction of life stages with their appropriate behavior is very strong in South Asia.

The sentiment against reproduction in later years has two other practical effects. One is that if the sexual conduct of young people is to be regulated the parents find it difficult to do so if it is evident that they themselves are sexually active. It is considered better for all if adolescent or grown offspring remain unaware of sexual relations between mother and

father. If the parents are obviously sexually active they might feel pressure to arrange the marriage of their big children; otherwise they might find it hard to enforce their continence.

The most important effort of this is that it has a natural dampening effect on population growth. Apart from South Asia, observers of a number of cultures in Africa have reported that it is shameful for a woman to become pregnant when she is a grandmother, and this is very important demographically. This is borne out in Matlab Thānā by the age specific birth rates (Ruzicka and Chowdhury 1978:9); in a year, of all women aged 30-34, 19% gave birth; of women 35-39, 8.2% gave birth; of women 40-44, only 2.2% gave birth. This decline is less than might be expected in view of the sentiments expressed in the above quotations, but nevertheless this pattern is probably the single most important constraint to achieving fertility levels approaching the biological maximum, which we shall discuss later.

## CULTURAL FACTORS AND FERTILITY

### **Beliefs about Family Size Determination**

In this chapter we will discuss some of the cultural and social features of Bangladesh that relate to the number of children people have, as mentioned by our respondents in the study area.

The idea of conceptualizing the number of children wanted is to some extent an idea thrust on the people by the family planning apparatus. In our previous work (Maloney et al. 1981:31-45) we showed that the world view of the Bangladeshi peasant society gives rise to statements of people that they depend on God to determine the number of their children. We found that 86% of people affirm that they depend on God for this, which does not mean so much that it is a point of active everyday faith, but that the matter is not one about which people would usually seek control; number of children is not taught in the traditional society as something about which a person needs to take purposeful action. We found that statements of dependence on God for number of children statistically have the highest correlation with religiosity, resistance to use of modern contraceptives, and actual higher fertility, so it is a reflection of tradition and conservatism.

In traditional Bangladeshi society there are many cultural and social features keeping fertility below its actual biological potential, and of course there are such features in almost all societies (Nag 1972, 1975). All the comments quoted in this book on shame, honor, abstinence from sex, beginning and end of childbearing, and such matters, certainly have an affect on fertility, but the affect is mostly unintentional at the conscious level. The cultural norms about moral behavior, and about what is expected in different stages of life, are more important to the people at a conscious level than the effect of these on birth intervals and on actual family size.

These norms are organized in the "ecclesiastical complex" (Plath and Ikeda 1975:2), as in any society, which guides the individual in taking "right actions" at "right times." The comments of respondents in this chapter about spontaneous abortion, infant mortality, health of family members, psychological and economic aspects of family size, and husband-wife communication, show that while the respondents are aware of the actual costs and benefits of children, their primary concern in their voiced statements is usually the immediate family, social relations, and religious expectations of behavior. Only

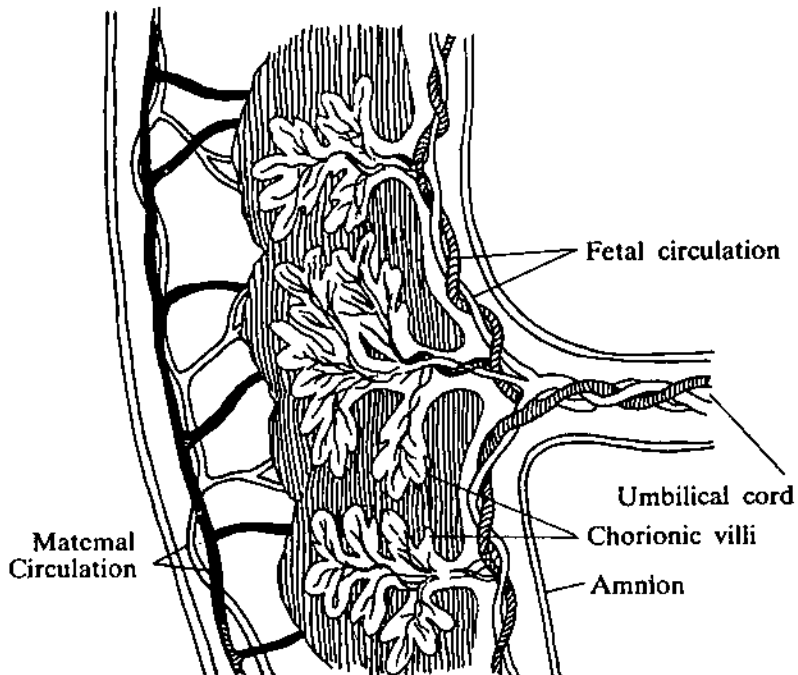
secondarily do they apply these norms to the actual determination of the number of one's children.

People believe that the individual has free will and is accountable for his actions, but also that external factors such as God's will, *karma*, fate of the circumstances of one's birth, stars, other environmental phenomena, curse or blessing, foods ingested, and other factors beyond the individual control, are real forces. So it is not reasonable to expect that an individual can control something which in the long cultural experience is not taught as amenable to individual control. But still, Bangladesh Muslims have a belief that there is a kind of fate which one cannot change by will power, and there is another kind of fate which one can change by will and behavior. We discussed these beliefs of fate in our previous work.

In the study area, it is generally believed that the number of children destined to be born to a woman is indicated in her placenta, or in what is called the 'childbearing tube' (*santān haoyār nār*), as seen by its knots (*gityā*). If children are born within a year of each other they are called 'children of close knots' (*ghana gityār santān*), and when birth spacing is wider they are called 'children of wide-spaced knots' (*pātlā gityār santān*). People generally prefer to have children of wide-spaced than of close-spaced knots. Women who have a natural tendency to wide-spaced children are sometimes thought to be practicing family planning methods, so the determinism of the placental "knots" is not believed to be an absolute determinism but one of several levels of causation which act together.

Figure 3 shows a portion of the placenta with the intertwined veins and arteries which form the "knots" thought to determine the spacing and number of a woman's offspring.

Figure 3: A portion of the placenta showing the intertwining of tubes, said to predict fertility



Source: Kenneth L. Jones et al. 1977

The perception of the placenta as the "childbearing tube" with predictive qualities seems to be a very old one. In South Asia there are various rituals regarding the placenta and afterbirth related to fertility, for animals as well as people. And in any society beliefs related with childbearing seem to be among the most persistent and oldest beliefs. People are not able to "leave problems of analysis merely unclarified" (Geertz, in Guthrie 1980:188), and the other traditional causative factors which we term fatalistic are not specific to the point of the number of one's children. So a specific predictor of this was also selected in the culture. The choice of the placenta as a model is contextual. The contextual reasons for its selection in the distant past may be lost to us now, but people in the study area refer to the placenta (*phul*) as a flower (*phul*), which has an implication of seeds and future generativity. In South Asia the placenta of humans and animals is sometimes hung on a tree, as if it were flower, to promote future fertility.

### Miscarriage and Stillbirth

When a miscarriage or stillbirth occurs, people usually seek for a reason. It is generally accepted that there is cause and reason behind events, and these causes may operate at several levels simultaneously.

A miscarriage may result from the evil eye (*kunazar*) of evil spirits (*jin*, *bhūt*), who are very fond of pregnant women. They especially attack such a woman if she has committed any fault. A pregnant woman's movement outside the house should be restricted at the 4 critical times of day: dawn, midday, sunset, and midnight, when the evil spirits move freely. Miscarriage is signalled by excessive discharge of blood. (F:3,2,4)

A miscarriage may result from a curse cast by parents, elderly persons, or animal souls, on the pregnant woman. It may also result if she crosses the hole of a rat or the bone of a dead cat, or if she eats anything in a dream, or from a sudden fall or bump. (M:3,4,5; F:4,5,7)

Pregnant women wear amulets (*tābiz*) for protection from fear and shock. Some women promise a vow offering (*śirni*) to the shrine or mosque to prevent miscarriage. (F:2,1,3)

If a pregnant woman takes any intoxicating drug, strong medicine, or poisonous food, miscarriage may take place. (M:4,3,1)

Miscarriage may occur if a woman in advanced pregnancy has coitus with her husband. (M:4,3,1) It may occur if the husband physically abuses his pregnant wife. (M:2,2,4; F:4,6,9)

|| Miscarriage or stillbirth might be caused when a *jin* or *bhūt* gives a pregnant woman a slap (*thābrā*) so that she can no longer hold the child in her womb, and might lose her childbearing capacity altogether; this fear was cited by 9 women respondents. Such an attack might affect future births also, so the cure is one affected by a 'magical healer' (*ojhā*), and his success in ridding the woman of the bad spirit is regarded as a great favor from Allah. In this way, the people combine their pre-Islamic and their Islamic beliefs.

A curse by people or animals might also cause miscarriage or stillbirth. If a pregnant woman mentally shocks an old man or woman who has the power to curse her, or if she hurts an animal whose soul might curse her, she might suffer in this way in return. Parental

curse are believed to be extremely effective, for they are symbols of fortune (*lāl*) and sometimes of 'ill fate' (*kāl*) for their offspring. People might so curse a troublesome pregnant daughter-in-law, or a son-in-law who mentally tortures his wife's parents. The result would be miscarriage, stillbirth, or 'ill fate' of the child after its birth.

It is also said that miscarriage or stillbirth occurs if a pregnant woman eats anything in a dream; this was mentioned by 12 male and 16 female respondents, mostly from the lower class. The reason is that such food might be offered by a spirit with evil designs. Another cause of miscarriage or stillbirth is believed to be a fall or blow apparently accidental but believed to be caused by a supernatural source, or by a touch of 'inauspicious air' (*ālgā bātās*). Some respondents also named various evil spirits which they thought cause neonatal tetanus (*ālgā berām*) in a newborn child.

Miscarriage or stillbirth sometimes occurs as a result of wife-beating, according to 8 male and 19 female respondents, mostly from the low class. The circumstances of wife-beating, such as when a tired and hungry husband returns from a long day in the field and finds his wife idle, have been discussed above. Usually when such a beating causes miscarriage or childbirth it is not made public.

Some of the causes of miscarriage and stillbirth stated in the study area found not only throughout South Asia but also are part of popular Islamic beliefs in other Muslim countries. For example, the Bedouins of Saudi Arabia think that miscarriage is caused by a touch of the evil eye or a jin, the will of Allah, wife-beating by the husband, or the pregnant woman lifting heavy weights (Sebai 1974:456). They also believe male sterility is caused by a jin or by smallpox, and female sterility by illness, blockage of the womb, theft of the sperm by a jin, or the woman's stepping over a grave. In all such cases, as in Bangladesh, the cure is by a local healer using both herbs and invocation of supernatural powers. Rural Bengalis, as all peasant peoples, seek explanations for unexpected events in life at several levels such as fate, inherited qualities, the environment, and individual behavior.

As regards actual incidence of fetal loss in the study area, there are reliable ICDDR,B data. In 1978 fetal loss was 137 per 1000 pregnancies. Of these 137, 95.5 were miscarriages (lost before the 7th month of pregnancy), and 41.6 were stillbirths (M. Chowdhury et al. 1981:55).

Fetal loss increases with the age of the mother. Studies in different countries show that miscarriage increases with mother's age even in populations having different health standards, levels of nutrition, and fertility. This is probably because of a larger number of genetically defective fetuses among older women. A majority of such fetuses die in the first trimester of pregnancy (Arakaki and Wasman 1970: 264-9; Carr 1971: 65-80; James 1970:241-5).

In the Matlab area it has been observed that women under 28 have only half the risk of miscarriage of women over 38. But the miscarriages among older women occur mostly during the second trimester of pregnancy (Swenson 1976: 122-3), and therefore they are probably often not genetic anomalies. Other causes of second trimester fetal deaths are chronic infection, malnutrition, and inadequate placentation (Hafez and Evans 1973), which must contribute to the rate of fetal wastage in Matlab.

But as regards stillbirths, the rate in Matlab is higher among mothers under 18 than among mothers between 19 and 28. One reason for this in contrast with Western societies is that there are hardly any first births among middle aged women; the proportion of first



births decreases dramatically with the increasing age of the mother. In Matlab, 75% of mothers have their first pregnancy by age 19, and practically none have their first pregnancy over age 30 (M. Chowdhury et al. 1981:24). This explains the higher incidence of stillbirths among teenage mothers.

Teenage pregnancies can create serious health hazards for both mother and child. "Maternal mortality in some countries is a leading cause of death for women aged 15-19. In Thailand there are two deaths of this nature per thousand births, while in Bangladesh pregnancy complications are the single most important cause of death among teenage girls. Across the United States, where there are about a million teenage pregnancies each year, the dangers are not so great because most girls there are healthier, better fed and have access to preventive care which alerts the doctors to potential problems before they occur " (The Times, London, published in The New Nation, February 17, 1985).

Many people in the study area do not think it is necessary or helpful to seek medical advice during pregnancy. It seems apparent to them that until a child is born it cannot come under a physician's care. And this is even more the case when stillbirth and miscarriage are attributed to non-medical causes such as we have listed.

Miscarriage and stillbirths are not viewed as methods of birth spacing. They are viewed as loss of potential offspring. However, if a spontaneous abortion coincides with an unwanted pregnancy then it may be viewed as a method of birth spacing. However, effective communication of the dangers of pregnancy during early adolescence and in middle age might contribute to some decline of fertility in these two life stages of women.

### **Health, Infant Mortality, and Number of Children**

The people of the study area recognize that there is often a connection between parity and frequency of births, and health of mother and children.

It is not wise to have many children, since with every birth, the mother's health deteriorates. If a couple has only a few children their health remains sound, they find pleasure in coitus, and they develop a profound love for each other. (M:1,2,1; F:2,1,2) Frequent conceptions make the wife look old and damage her health, so her husband may divert his attention to another woman. (M:2,4,5; F:3,2,4) A birth drains out a lot of blood and energy from a mother which requires several years to replenish. She loses her facial charm and looks aged, and her husband may lose his affection for her. (M:1,2,0; F:1,2,2) After having 4 or 5 children a woman looks old and haggard. At every birth she loses one pitcher of blood. (F:4,3,7)

When a woman conceives frequently she loses her health and physical charm. She develops an aversion to coitus. (M:4,5,7; F:5,3,6)

If children are born every year the mother's health suffers. Each child is also deprived of its due share of the mother's milk. A nursing mother who is pregnant has milk of thin quality which will not provide proper nutrition to the baby on the breast. A couple should plan to have another baby only when the previous one is weaned. (F:4,5,6)

It is appropriate to have 3 or 4 year's spacing between children. (M:4,5,7; F:8,6,9) The interval between births should be 4 or 5 years so that both mother and child will have better health. (M:1,2,0; F:1,3,3)

The feeling expressed in these statements that bearing many children and close together makes a woman unwell and haggard is one that is being used in the family planning endeavor. Here is a fact most people are already convinced of, and what is needed is more encouragement to modify reproductive behavior accordingly.

However, the actual effect of having many children on the health of the mother may be overstated in the above-quoted opinions. A study of illness among women in Matlab Thānā (M.K.Chowdhury 1981:29) showed that over 2½ years, 60% of women had no illness episode. The percentage was 70% among women under 20, declining with age cohorts to 44% among women age 45+. The higher rate of illness among teenage women is partly related with childbirth and pregnancy. The lower incidence of illness among middle age women, who have had on the average 6 or 7 children, does not confirm the above-quoted opinions that having a number of children causes long-term deterioration of mother's health. What is more important for the family planning effect, however, is that people believe it does.

The question of whether the level of infant and child mortality affects reproductive behavior is a more controversial one. Our respondents' comments on this are exemplified by the following:

If 2 of my 4 children died, I would not try for any more because the remaining 2 are enough to look after me in old age. (M:2,0,0)

If 1 of my 4 children died, I would not try for any more.(F:1,0,0) Even if all my children died, I would not try to have any more, since they might also die. Death is entirely under the control of Allah. (M:0,1,0)

If the health of my wife breaks down, I would not try to have any more children even if all my children died. (M:2,0,0)

If a child dies, the parents procure amulets for the remaining children to protect them from disease and evil spirits. (M:6,3,4; F:5,2,6) If a child dies the parents should arrange prayers in the name of the Prophet to satisfy the saint Lengtā Phakir (naked fakir) so that he remains pleased. If the soul of Lengtā Phakir is not pleased with the parents, the children will become sick or have an accident. (M:0,0,1)

In Matlab Thānā about 12% of infants die within 12 months, and over 7% die within the first month (Aziz 1974:28; M. Chowdhury et al. 1982:10). The main causes of death within the first year are: tetanus 39.5%, "other" 37.3%, respiratory problems 7.2%, diarrhoea and dysentery 4.2%,"fever" 3.4%, measles 1.3% and a few from other diseases and drowning. A further study of causes of infant death by ICDDR,B in Teknaf Thānā showed that the causes of death in the first month were tetanus, prematurity, congenital illness, and birth injury; causes of death in the first year were pneumonia, malnutrition, diarrhoeal illness, and fever (Islam et al.1980). In addition to this,we should note the incidence of death of children in other ages. In Matlab Thānā in 1979, out of 2429 deaths, 34% were under 1 year of age, 19% were between 1 and 4, 5% were between 5 and 9, and 1% were between 10 and 14. So the years 1 through 4 are also dangerous, and it is well known that in Bangladesh children of this age get insufficient variety of foods; they usually get few vegetables or fruits, and protein intake is often insufficient for their growth. This is abetted by the lack of medical care; Aziz (1977:56) showed that in 35 villages in Matlab Thānā there was no medical consultation of any type for 33% of children between the ages of 0 and 4 who died.

Now an infant mortality rate of 12% does not appear exceptionally high for a country with demographic characteristics such as Bangladesh. But when we consider deaths in all ages of childhood, and parity of about 7 births to a woman in her lifetime, we find that the majority of families experience the sorrow of a death of a child. Sattar (1979:24) collected data from Rajshahi District showing that 66% of couples experienced the death of one or more children, including 20% who experienced the sorrow of 3 or more deaths of their offspring. Our own previous work showed that 40% of couples had experienced the death of a son, and a nearly equal number the death of a daughter. It is reasonable to expect that this might induce dependence on God for the number of one's children (Maloney et al. 1981:31-45) and other cultural adjustments to deal with the reality of life and death.

But we do not find much evidence to support the theory that people determine their fertility by child survivorship. The above quotations and other responses of our respondents do not particularly support it. In our previous work we cited a number of facts that do not support the hypothesis that large reduction in infant mortality is a pre-requisite to reduction in fertility (Maloney et al. 1980:114-5). A few quantitative studies have shown that in Bangladesh the child survivorship hypothesis does not apply very strongly, and the same is true for India and Pakistan. Health considerations and infant mortality play only a marginal role in determination of fertility in Bangladesh, which suggests that the whole population control program might better be linked with economic and other development endeavors than with the health sector.

#### **Psychological Benefits and Social Attitudes on Number of Children**

The interest of demographers in economic determinants of fertility has sometimes obscured the psychological factors, such as are quoted by our respondents here:

It looks beautiful to see 7 or 8 children in a family. (M:0,0,1) My grandfather had 26 grandchildren and often boasted that he had a market of moons. To him every grandchild was as precious as a moon. His grandchildren were very fond of him and some used to share his bed. He would tell them nice stories before sleeping. He would also make jokes with the married granddaughters. (M:1,0,0)

I have 3 married daughters who have 9 children. Every year they all visit us several times. I have several mango and lichi trees, and if the grandchildren come during fruit seasons they have a happy time enjoying the fruit at their will. (M:0,1,0)

While children are considered likeable and attractive in most cultures, and people enjoy having them around, the desirability of their presence may be stronger in South Asia than in some other world areas. This is clear in India from the folk literature about the joyfulness of children's babble, and by the idealization of infancy in many myths, discussed in psychiatric terms by Kakar (1978). Corresponding to this is the intense care and mother's presence afforded to the *sísú*, up to about age 5 or 6. Bangladeshi women who are in the midst of other women feel lonely if they sit with no child on the lap while other women have a child or two hanging on.

The myths in which children are idealized in South Asia usually pertain to male children. Our respondents have given sufficient economic and familial reasons for desiring male children. In addition, parents tend to project their own hopes and aspirations on their sons in particular, and try to fulfil those through education and bequeathing of property and

position. But female babies are welcome for the psychological satisfaction they are expected to give. Our descriptions of the dyadic relations within a family between a daughter and her parents or elders bear out the affection people hold for a daughter.

The elder family members usually want couples to have several children, since they are fond of young children:

The happiness and power of grandparents increases with the greater number of grandchildren. The elders are pleased to find their own image in their grandchildren. A daughter might tell her parents that the grandchild's eyes, nose, or hair, resembles theirs, and relatives belonging to different generations discuss these physical features in the presence of the grandparents. This offers the grandparents satisfaction of physical continuity through their grandchildren even after their death. (F:3,2,0)

A couple with only one child is not viewed favorably by the elders of the family. They say that the only child might die or might become worthless by receiving too much attention from the parents or grandparents. (M:2,3,1; F:0,2,1)

A grandmother is happiest with many grandchildren. She enjoys their company and takes pride in caring for them. (M:0,1,2; F:1,2,3)

Elderly people consider children as property. More children mean more money when they grow up, which means more prosperity in the family. (M:4,5,8; F:3,4,7)

Elderly people are concerned about unrestricted procreation as it would mean financial problems, so they may recommend that a couple have not more than 3 children. (M:3,2,0)

We found that elderly members of the family who do not approve of family planning measures tend to believe that quantity of children is more important than quality. They feel that more children would earn more. Several males and females in the study area stated that if 5 sons went fishing the catch would be 5 times higher than the catch of one son.

A grandmother usually enjoys caring for the grandchildren (mentioned more by females) and might mostly raise them. An elder male thinks of the increased income possible by having many grandsons (mentioned more by males). Nevertheless, the majority of both the parents and their married children in the study share a favorable attitude toward limitation of family size.

A couple with many well-regarded children do benefit from social approval:

Parents of many worthy children are highly respected by all. They take pride in the accomplishments of their offspring, who maintain their lineage and traditions. (M:5,2,6; F:2,3,5)

Parents of worthy sons get social recognition; they are invited to marriage ceremonies, to arbitration disputes, and to settle quarrels among neighbors. People ask them for advice on family matters, and it is said that their sons have become worthy because of the blessing (*doyā*) the parents offered to Allah for them. (M:3,2,4)

The father of educated sons holding high positions receives salutations from many villagers every day. He becomes conscious of the quality of his dress, and his sons help him get better dress than he wore when they were students. (M:1,2,4)

Five sons are equivalent to 5 sticks. If they are all married I will have connections with 5 different families and my personal influence will grow and my strength will increase by having more and more grandchildren. (M:1,0,0)

In addition to these comments, it was observed in the study area that the father of

many sons enjoys friendly relations with men who wish to marry off their daughters, and the father of many daughters commands the respect of men who wish to propose marriage for their sons. The mother of many sons gains lifelong control over her daughters-in-law, though the mother of many daughters does not seem to gain much advantage from having raised them, but rather, she is deprived of their help after their marriage.

At the same time, people find psychological difficulties in dealing with a large number of offspring:

|| I find it difficult to manage a large number of children and cannot keep them under control. When I see that the children are not adequately fed and clothed I become angry at minor lapses in their behavior. As the number of children increases, my affection and care gradually decreases. (M:5,4,7; F:2,4,5)

In a family with many children, the husband and wife are likely to quarrel. The couple will disagree over the inadequate provisions for the children. (M:6,5,7)

|| When several children are born at short intervals, it creates noise and disorder in the household and disrupts the greater effort needed for domestic work and child care. (M:3,2,5)

In the above quotes 16 males and 11 females said that they tend to get irritated with the children's behavior when there are many children. This arouses guilt feelings, which may be deflected to the spouse.

The ambivalence of social attitudes on one's number of children, is also shown in the following contrasting quotations:

Parents who have too many children are unwise and lack foresight. They are not favored by the community and hence are not favored by Allah also. (M:4,3,6; F:2,11,4)

When too many children are born to a couple without adequate provision for their education, they may fall into evil ways. Such children may turn out to be thieves; rogues, and scoundrels, and may indulge in anti-religious activities which would incur Allah's displeasure with the parents. (M:4,3,6; F:2,1,4)

When a couple have so many children and cannot maintain them, members of the community remark that humans should not breed like jackals and dogs. (M:0,1,0) If there are many children, they may quarrel over their inheritance. (M:1,0,0) If twins or triplets are born, any close childless relative or neighbor sometimes adopts one of the babies. (M:1,0,0)

In the study area, most people feel that it is easy to procreate, but difficult to rear children, and people criticize a couple with more children than they can properly maintain, saying they lack foresight and wisdom. A couple in middle age should be firmly established in the community, but it is possible for them to lose social respect because they cannot provide for or manage their many children. According to 21 respondents, the honor and prestige of a couple are at stake when their children have evil natures.

The concern to properly provide for as many children as one has is firmly rooted in Islamic as well as in Bengali tradition. Thus it is that in cases of twins or triplets adoption of a child is socially acceptable. It may be remarked incidentally that scientists interested in undertaking research on homozygous twins raised apart might find a good number of such cases in Bangladesh.

### Economic Factors and Number of Children

People also have ambivalent attitudes from an economic viewpoint on the desirable number of children. The following quotations favor several children:

If there are 5 sons, one could be an engineer, one a doctor, one an agriculturalist, one a businessman, and one in any other profession. (M:1,0,0) I am in favor of having many children; one will engage in a clerical job and earn money, one will take care of the farm land, and one will look after the family. (M:0,1,1) Sons and daughters are equivalent to heaped-up gold and silver. (M:1,0,0)

Wealthy people do not limit the size of their families and are happy to have as many children as Allah grants them. The members of the community do not mind even if they have 10 or 12 children, as long as they can support them. (M:3,4,6; F:3,0,2)

I have 4 sons and a daughter. Two of my sons are educated and employed in good positions, and the other sons have only primary education and manage my land. The sons with income send money for my daughter's marriage, and they send money every month for my family expenses. (M:0,1,0)

The advantages of having more children is that they can help in domestic duties and in the fields, in caring for younger children, and in earning. The experience of rearing them makes the parents more responsible and mature. (M:5,4,6; F:4,3,5)

The discussions in the demographic literature on economic value of children, both for their labor as children (Cain 1977) and their income as adults, is sufficient and no reiteration is required. We believe, however, that the psychological and social benefits of having a large number of children, as discussed in the previous section, are as important or more so in the context of rural Bangladesh society. But the economic benefits of having many children are partly negated by the following:

Economic problems in the family are related to the number of children; when there are many, every member suffers deprivation. (M:3,4,7; F:2,4,5) A mother of many children in a poor family generally deprives herself of food and clothing for the sake of her children. (F:5,6,7) It is very difficult to arrange food, clothing, education, and medical care for a large number of children. (M:2,3,5; F: 0,1,5) If I have more than 3 children it will be difficult to maintain them properly. The close relatives will be happy if I have many, but they do not advocate it because they know it will bring misery. (M:4,5,8; F:2,4,6) When children find that their peers eat better food and get better clothes, they become dissatisfied with their parents and complain about their food and clothing. (M:0,1,0)

It is enough to have 2 sons in a family; one will get education and have a job, and earn money, while the other will learn Arabic and devote himself to the cause of Allah. Then the parents will benefit in this world as well as in the after-world (*ākherāt*). (M:1,2,0)

Virtually all parents feel it is a moral duty to provide for the welfare of their children, keeping in view their resources; this is enjoined in Islam and expected in the society. Expenditure on children often keeps the father active in his occupation or continually searching for ways to generate some income. The parents often look at the burden of providing for the children in terms of the happiness that follows this difficulty in family life,

when one can be proud of the children one has raised and they support the parents.

As in any society, there is a wide range of difference of opinion as to how many children are optimum. In the above quotations as well as in the following, the males express more consciousness than females of the economic importance of having a number of children, and of the acceptance that a family with sufficient income could have many children. The following quotations give reasons for desiring a particular number of children, ranging from one to many:

One son may prove to be really helpful to parents in their old age, while many may prove to be worthless. There is a saying, 'The mother of 7 sons wears rags while the mother of 1 son wears golden earrings.' (M:1,2,4; F:2,1,0) It is better to have a single child; the parents can bring him up under close personal care, and such a child will have less chance to gossip but will be more willing to participate in domestic activities. (M:0,1,0)

Two children are enough, and my husband agrees. Two children provide the satisfaction of parenthood, and I do not mind if both are daughters. These days, many sons grow up out of their parents' control, but daughters have genuine affection for the parents until their death. (F:2,3,1) Two sons are enough for social and economic purposes, so after that a couple should stop having children. Such parents can prevent conception by modern contraceptive means. (M:2,3,5; F:2,1,0) Each of my mother's sisters has only 1 son and 1 daughter and can provide them with proper education, so I also prefer a small family like this. (F:1,0,0) A son and a daughter will be sufficient for my old age security. (M:2,1,3; F:2,4,2) If I have only 1 son I will worry that he may not survive, but if there are 2 sons they may compete to gain their parents' favor in order to inherit more property. (M:3,2,3)

My husband and I have decided to have 3 children, which will be sufficient for us if Allah keeps them all alive. (F:2,1,0) Two sons and a daughter are sufficient for old age security. (F:2,1,4; F:3,1,2) When there are few children, the possibility of quarreling over inheritance is minimum, and mutual respect among the siblings can be maintained. Thus, the parents of few children can have a peaceful life in old age. (M:1,2,4; F:2,3,2)

My husband and I desire 4 children. We would like at least 1 or 2 to be sons, but even if all 4 are daughters we would not want to have more. Allah gives humans offspring only to test the strength of their faith, and if only daughters are born it is a test of selfless service to raise them till they are married off. (F:2,2,1) I want to have 2 sons and 2 daughters for old age security, for psychological support in my old age, for my physical care, and so they can enjoy my hard-earned property after my death. (M:1,0,0)

My partner and I desire to have not more than 5 children because it would be difficult to provide for the welfare of more. But from 5 children one is likely to get a few daughters-in-law and sons-in-law. (M:1,0,1; F:0,2,1) One should have 5 children for security in old age, because some of them may die before reaching adulthood. (F:2,3,2) I desire to have 3 sons and 2 daughters for my old age security. The sons will bring daughters-in-law to relieve the mother-in-law of her household activities so she will have time to devote herself to the cause of Allah. (M:3,4,4; F:2,3,4)

No respondents in the study expressed reasons for wanting 6 or more children. Even

on the matter of old age security, there is difference of opinion:

It is better to depend in old age on one's own strength than to expect help from a son. There is a proverb, 'One's own strength is real strength' (*bal bal āpan bal*). A couple with property can live from their own resources in old age, but they will lack psychological support if there is no child. (M:3,2,1) In old age a man can do without children but not without property, and without property it is difficult for him to have a decent life then. (M:1,1,0)

Parents who have sufficient property are treated well by their children in old age. To ensure that they treat him well, a father does not formally hand over his property to his children during his lifetime. (M:1,2,4; F:2,3,2)

Children as well as property are necessary for old age security. (M:0,2,0)

That old age security is often not the main motivating need for having a large number of children is borne in our own previous study (Maloney et al. 1981:121-8) and many other studies in which it is shown that the landed peasant class is more fertile than the landless laborers and the very poor, and of course more fertile than the educated or urban people who also may not have much property to rely on. Moreover, people are genuinely afraid, as some of the quotations show, that if there are many children they will quarrel over the inheritance and perhaps even not support the parents thinking this is the responsibility of some other sibling.

Studies in Bangladesh such as the *World Fertility Survey* generally show that people's stated number of desired children is well below their actual fertility, and also does not nearly match acceptance of contraception. Most of our respondents want between 2 and 4 children, but parity for women who have completed childbearing is close to 7, and still only a minority statistically practice contraception. One conclusion that can be made is that the power of the sexual drive, the reproductive instinct especially of people living close to the land, and the pleasure of having small children around, outweigh the "rational" estimates based on economic or security factors of how many children one should have. The psychological factors may not be as easily subject to manipulation by family planning efforts as economic attitudes.

### **Husband-Wife Determination of Number of Children**

The way husbands and wives communicate about sexual matters and make decisions on number and spacing of children, is quite different in different societies. The subject of communication is discussed further in Chapter 10. A few quotations about husband-wife decision making from the study area are given below.

My wife was not willing to conceive because of our poverty, but to avoid humiliation I wanted to have children. I believe that one should procreate even if he has only the strength of one chicken in his body. (M:0,0,1)

After the birth of our 5th child my wife told me that she did not want any more children. But later to fulfil my wishes she bore two more. (M:0,1,0)

I did not want more than 2 children, but I was compelled by my husband to conceive again. (F:0,1,0)

When we had 2 sons I told my husband I did not desire to have more children. But he was in favor of having more and I failed to impress my view on him. (F:0,1,0)



Though I wanted 3 children, my husband compelled me to bear a 4th child. (F:1,0,0) I had to bear 5 children because my husband wanted me to do so. (F:0,0,1)

My husband does not want to limit the size of our family. Since I know his attitude on this matter, I do not discuss family planning with him. (F:0,1,2) I do not allow my wife to talk about limiting the number of our children. I believe the number is predetermined by Allah. (M:0,2,0)

My husband insists on having many children. I do not object since he is willing to maintain them all. (F:2,1,0)

Whether a wife uses family planning methods or not is entirely dependent on the wishes of her husband. (M:2,4,5; F:1,3,3)

Many couples are illiterate and therefore do not care to discuss the number of children they should have and do not make any effort to limit family size. The educated husband and wife should discuss the advantages of a small family early in their marriage. (M:2,1,0)

I believe Allah wants every couple to decide on the number and time of conceptions of children. He has created humans as responsible creatures who must think before they act. Conception should occur only when the couple is ready for it. (M:5,4,3; F:4,3,5)

These responses show that when there is an open difference of opinion between husband and wife on this matter, the husband usually prevails. In the study area when we asked young wives with few children about their future plans for having or not having children, most of them usually smile showing shyness at being questioned about such a personal subject. If one continues showing interest in knowing their plans, they usually reply, "It is not my business; it depends on my husband's wishes."

From childhood to marriage a daughter is conditioned to accept this situation as normal and part of her role. And in most peasant societies or traditional peasant-urban civilizations the wife's behavior is regulated by the husband (Bogue 1975:19) and the religious system affords the husband authority in the family. Against such a background, a young wife is not likely to begin discussions which she feels might displease her husband. It was observed in the study area that a young wife in particular has little ability to control her own sexual activity or to limit or space the children she bears. This situation causes some social reformers to state that in some sense a young woman's social value is more or less reduced to her reproductive function.

However, it is also true that later in marriage a wife's role in the family often becomes stronger than her husband's, which is related to what we have already written about the role of a mother. And younger women also may voice the culturally accepted norms conceding decision-making to the husband, while in fact they may have learned quite well how to manipulate him.

In the last of the above quotations we see that many people also hold it even religiously important for a husband and wife to discuss their family situation. This is related to the Islamic precept that one should be able to take care of and train one's offspring. The concept of husband-wife communication on such matters is increasing among the educated younger generation, many of whom are even outspoken against arranged marriages. Writing on the socialization of family size values in Gujarat, India, among rural educated young people, Poffenberger (1976:129) observed that they thought they would be able to

determine their family size without parental influence, and “although boys and girls remained traditional in their acceptance of sex roles, most thought they should be able to talk to their husband or wife about the number of children they should have.”

In Matlab Thānā, the intensive ICDDR,B family planning effort induced considerable increase in contraceptive use. But it was discovered that 18.1% of Muslim and 8.4% of Hindu women who began to use the pill later dropped it because their husbands would not permit it. In most of rural Bangladesh the husband is still more important than the wife in determining family size, and there is still hardly any communication about the subject in a high percentage of families.

In our previous work also, we found that husbands tend to want more children than wives (Maloney et al. 1981: 114). More than half the males who have 4 children say they want no more, but more than half the females who have 3 children say they want no more. Also, more women than men who have 8 or more children say they want no more. In India also, various studies (Gould 1969; The Mysore Population Study) have shown that men desire more children than women, and the men do not easily accept the women’s argument that women need more time for domestic chores.

The family planning program should direct more of its efforts towards men. The emphasis on mother-child-health-care may never achieve the desired reduction in the population growth rate. In men’s interest, fertility is not so much linked with health, as with social status and economic matters. These should receive far more emphasis than health in the family planning program. Whatever the accomplishments of women’s groups in fertility reduction, without men’s participation in consensus at the micro-community level, the small family norm will not become internalized.

## FERTILITY CONTROL AND STAGES OF LIFE

### Potential and Actual Fertility in Life Stages

In Bangladesh, parity for women who have completed childbearing is about 7, which is far below the theoretical maximum. It is kept down by social and cultural features some of which were discussed in the preceding chapter, as well as by specific means of avoiding impregnation.

It is possible that in a society undergoing rapid change fertility levels will shift greatly in the span of one or two reproductive generations, using only traditional methods of avoiding pregnancy. In England, for example, fertility fell most significantly before modern contraceptives became available. The Family Census of 1946 in Great Britain considered changes in marital fertility over three-quarters of a century. This showed that the number of live births per married woman fell by about 62%, most of it during the 3rd quarter of the last century and the first quarter of this one.

In our previous study (Maloney et al. 1981) we made some attempt to identify and evaluate traditional methods, but herewith we present additional material from the respondents of our study area. One point that emerged from our previous study is that older couples are more willing to practice traditional than modern methods.

There are populations, which have been studied, which have fertility higher than in Bangladesh, such as the Hutterite community and most groups in Kenya (Henry 1961), which therefore have fewer constraints on conception operating than in Bangladeshi culture. The Hutterites, a small farming group in North America of German extraction and following a strict religious code, have a pattern of fertility which has been compared with fertility in Matlab Thānā by Becker and Hiltabidle (1981:19).

The fertility rates (number of live births in one year per 1000 married women) in Matlab for teenagers is far higher than among Hutterites, and even for women 20-24 it is higher in Matlab. But among older cohorts it is far higher among Hutterites, especially in the group 40-44. The result is a total fertility rate among Hutterites considerably higher than in Matlab. So some cultural features prevent young Hutterite women from becoming pregnant, and even more prevent middle-aged Bangladeshi women from becoming pregnant. In the case of the Hutterites, the fact is obvious that marriage is later, and after marriage there are hardly any constraints operating. It is clear that for Bangladeshi women

Age cohort	Fertility Rates	
	Hutterites	Matlab
15-19	92	328
20-24	336	355
25-29	498	376
30-34	443	302
35-39	370	197
40-44	215	82

a set of constraints operates strongly to keep all but the youngest women from achieving their pregnancy potential. These take effect from the mid-20s, are more in ages 30-34, prevent almost half the potential pregnancies in ages 35-39, and prevent most of them in ages 40-44.

In the case of the Bangladeshis, the constraints must be: abstinence (separation of spouses, wilful abstinence, or occasional, ceremonial, or menstrual abstinence), postpartum sub-fecundity, withdrawal, rhythm, induced abortion, traditional contraceptives, or modern contraceptives.

Becker and Hiltabidle show further that the birth interval for Matlab Bangladeshi women is consistently higher than for Hutterite women; for Hutterites it ranges from about 19 to 23 months, regularly increasing with parity; for Matlab it ranges from about 33 to 37 months, with a general tendency to decrease with parity. Of course, the Hutterite women reach equivalent parity of Matlab women at a much later age, practically when they are in another stage of life. The longer birth interval in Matlab was attributed by the authors to prolonged breast-feeding and associated postpartum sterility. The mean postpartum amenorrhea interval for women in Matlab having a surviving infant is about 18 months, which is unusually long by world standards.

In addition to postpartum amenorrhea, we may consider fecundability of women of different age cohorts. This also has been worked out for Matlab Thānā (A.K.Chowdhury and Becker 1981:39): the waiting time between resumption of menstruation after birth and the next pregnancy for women below 20 is 9 months; for women 20-29 it is 4 months; for women over 30 it is 12 months. The older cohorts are less fecundable, as expected.

However, the longer birth interval cannot account for all the difference between actual and theoretically possible fertility of Bangladesh women in their 30s and 40s. Other factors that seem to be operating are considered in this chapter.

### **The Sex Act and Self Control**

Bangladeshis view coitus within marriage as a clean and permitted act. It should be performed to obtain a reasonable degree of pleasure without causing any injury to the individual or the community. This is supported in Islamic tradition, for the Prophet once

said, "A man is recompensed for the sexual act he performs with his wife," and when some of the surprised listeners asked him, "Is the person rewarded for satisfying his passions?" He answered, "Do you not see that if he were to satisfy it in a prohibited manner he would be committing a sin? So if he satisfies it in a lawful manner he will be recompensed" (Qutb 1977:152). Islam recognizes the sexual instinct so frankly that the Prophet himself said, "From the pleasures of the world, perfume and women were endeared to me; and the delight of my eye is prayer." The sexual instinct was given the rank of the best perfume and bracketed with prayer, which was considered the best means by which people might come close to God (Qutb 1977:152).

But even within marriage, the preferred time of life for sex is *pūrṇa jauban*. Because of the South Asian cultural background of Bangladesh, it is considered that much sexual intercourse in middle and later life leads to decline of vital energy, and later life especially is meant mainly for fulfilment of religious duties.

Frequency of coitus does in fact decline with the age cohorts. In our previous study we tabulated frequency of coitus with a number of other variables (Maloney et al. 141-5 ; Tables 48-55). Of the men below age 35, a quarter did not have it in the week prior to interview, and of those over age 45 half did not have it in the week. Of those who had it during the week, those below 24 had it 3.3 times, age 25-34 3.0 times, age 35-44 2.3 times, and age 45+ 2.0 times. Women claimed to have more coitus than men in the first two cohorts and in the last one, for it is their duty to perceive themselves as sexually satisfying their husbands. Older women may claim it more to forestall any reason for divorce, whereas older men tend to claim it less to fulfil their self-image of piety. Be this as it may, for both males and females there is a clear decline in sexual activity during the 30s, and more so during the 40s, though about half the couples have it reasonably frequently even when the husband is age 45+.

The tension between idealized self-control and idealized vibrant sexuality is particularly marked in South Asia, in tradition as well as in the Hindu and Muslim population of Bangladesh. The possibility of self-control is more highly developed in yogic and religious traditions of Hinduism and Buddhism than in any other major world cultural system while the overt sexuality of Indian erotic literature and iconography, and the Islamic attitude of cherishing sexuality within the limits it defines as acceptable, cause a tension which not only pervades the society, but the individual personality. This is part of the complex of factors giving rise to the extremes of the "good mother" and "bad mother" we have described in Chapter 2, which in turn has a marked effect on the sexuality of her sons. This is partly, but only partly, resolved by dividing up life into different stages with highly contrastive expectations of sexual behavior, characteristic of the ancient Hindu society as well as modern society.

This gives rise to the possibility of finding abundant cultural precedent for sexual control, which might be advocated in the interest of population limitation. In Bangladesh, as Anwarul (1980:137-8) shows, Tantra and other religious cults, including the Baul cult, have referred to continence and birth control for hundreds of years. The *Carjyāpada* and the Buddhist mystic songs made references to birth control during the 10th century, and this was in fact a part of the religious faith of Buddhist mystics. The Buddhist mystics favor complete control, at least for their religious elite. But the Bauls advocate the birth of high quality children.

In his study of Gandhi and the ideal of *brahmacārya*, Mehta (1977:12) noted that according to Hindu scriptures, the conservation of semen or 'vital force' is essential for physical, mental, and spiritual strength and its loss is the cause of infirmity and disease, so strict rules are set down to help a *brahmacārī* keep his vow. He must not look at women, sit on the same mat as women, take women as pupils, allow himself any physical stimulants such as milk, curds, *ghi*, hot baths or massages with oil, and must avoid not just women but also eunuchs and animals. Gandhi, while accepting the basic teaching about 'vital force' rejected the rules, which in his opinion made the *brahmacārī* concentrate all his efforts on controlling his erections and ejaculations and so neglect the concomitant search for spiritual strength and for God.

When Gandhi was in Noakhali District he disclosed the fact that he had been taking a naked girl relative to bed with himself for years. He claimed that if he could just be successful in his *brahmacārya* experiments his benign influence would increasingly pervade the behavior of the Indian people so as to stop the communal violence, and through non-violence foil Jinnah's plans for partition of India. The critical Western observer may find it preposterous that one man could claim that his continence would affect a huge population in this way, but the concept is derived from the ancient South Asian tradition that every act has its karma which indeed pervades the universe, and that the highest objective in the end is self-control for self-realization and ultimate release.

These underlying attitudes have merged with the Islamic attitude of legalized sexuality. Quite a few Muslim respondents, therefore, advocate limited sexuality in the interest of religiosity, as shown in the following quotations:

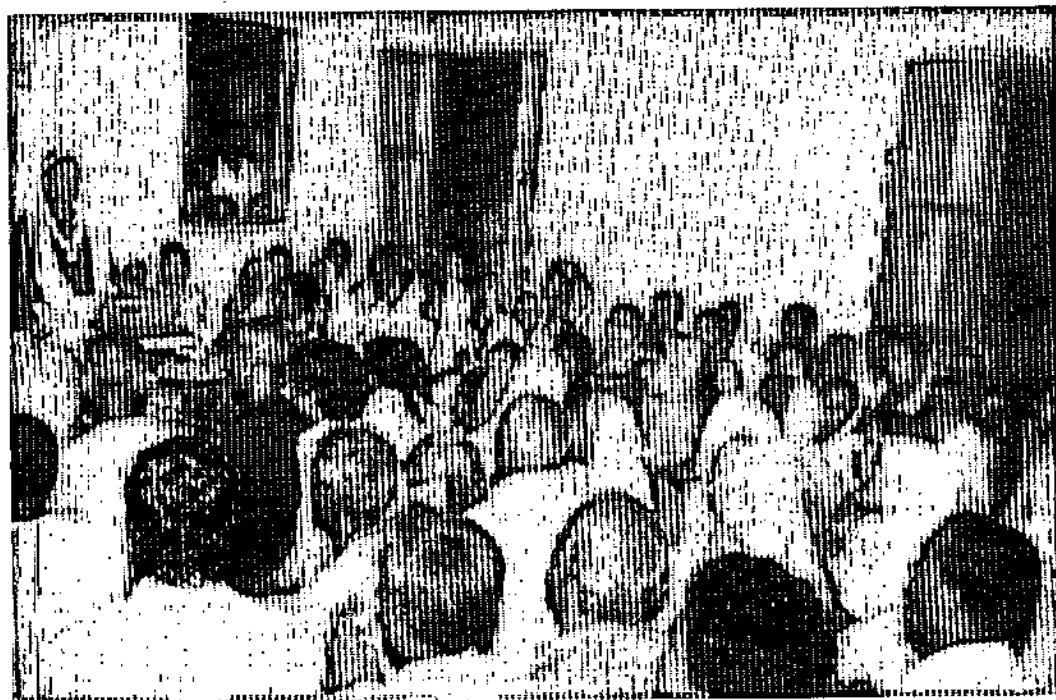
People in the past feared Allah more. They were less interested in coitus and spent a lot of time devoting themselves to Allah. They observed restrictions on coitus, which resulted in the birth of fewer children than people have today. With fewer children, parents are able to live a peaceful life and maintain a loving relationship with their children. (M:3,4,2; F:2,3,5)

Allah has sent humans to this earth for worshipping Him. The desire for coitus will decrease in one who devotes a lot of time to prayer, and he is likely to have few children, and can devote more energy to religious activities. (M:0,2,1; F:1,2,0)

According to Islamic principles, less frequency of coitus is better. The religious teachers sometimes say, 'A couple should better engage in coitus only 12 times a year, and it is preferable if they remain satisfied with even less'. (M:2,1,3)

The religious teachers advise that Friday night is the best night of the week for having coitus. A couple can expect that Allah might grant them good offspring during this auspicious night. But if Friday night coincides with a prohibited time of coitus then a couple should abstain from it even on Friday nights. (M:3,2,1)

Religious leaders often have a small number of children, which they achieve by self-control. They can provide proper education to them and would be blamed in the Day of Judgment if they had procreated wicked offspring. (F:0,1,0) Religious leaders spend most of their time away from their wives, so they produce fewer children. By devoting themselves to religious activities they can control their sexual desires. Pious persons know that without education children will not be religious and parents will be answerable to Allah, and *pardā*-observing women want only the children they can rear properly. (M:2,3,1)



A mixed group of males and females of Hindu devotees with sex-segregated sitting arrangement. In spite of deep interest in religious activities and time spent on that account their family size continued to remain large.

According to the Naked Saint (*Lengṭā Phakir*) all sexual acts stand in the way of devotion to Allah, and when a person does not marry he can devote his full life to Allah. Through coitus people waste their strength, and energy directed toward earthly pleasures which brings only temporary benefits. After marriage one has children and it becomes difficult to follow the instructions of the great saints. A saint does not feel any desire for married life, but an ordinary person is busy with worldly activities and the temporary pride of worldly success. Children demand attention from their parents, and if there are many the parents cannot be devoted to Allah. One of the main disciples of *Lengṭā Phakir* is married but is not in favor of procreation nor interested in coitus, and his followers hold the same attitude. I am a believer in the teaching of *Lengṭā Phakir* and his disciple but I regret coming to know of it only after having had several children. My husband also does not care for coitus any more. All saintly people practice complete devotion to Allah, and one without responsibility of children can achieve and peacefully maintain this devotion. (F:0,0,1)

Of our respondents, 18 thought that in ancient times there was less coitus and more piety, and 6 males thought that there is religious value in having coitus seldom. In the study area interviews with a number of persons who were followers of *Lengṭā Phakir* revealed information about this cult, in which a chief disciple wore only a small piece of red cloth but did not have any children. His asceticism was so powerful, it was believed, that

though his penis is small he could enlarge it up to several feet. It was also observed, however, that followers of the Naked Saint had been getting married and having children.

Muslim mystics of the Qalandāriā and Mādāriā orders flourished in Northwest Bangladesh (Rahim 1967:345); they practiced a mixture of Yogi and Sūfī, wore no clothing except a tiny piece of cloth (*Lenguṭī*), kept their hair long, and put iron rings on their feet like Hindu ascetics. There was some infusion of license in their mystical life. In Islam, the Hindu ideal of asceticism is rejected in general, but some Sūfīs are popularly regarded as having spiritual power because of asceticism. This is one reason why Sūfī Islam is rejected in Bangladesh by orthodox Sunni Islam. We have discussed this in our previous work in the context of South Asian tradition (Maloney et al. 1981:134-40).



The grave of a follower of the Naked Saint (*Lengtā Phakir*). The inscription on the grave among other things say, "Disciple of *Lengtā*."

Therefore, there is some tradition of abstinence in Bangladesh, and more particularly, a tradition that sexuality is less proper in certain life stages and under certain conditions. This may begin to function to retard fertility when the wife is in her middle to late 20s and the husband in his middle to late 30s, increasing thereafter, and the expressions in the above quotations linking limited sexuality with religiosity are characteristic of middle age and older people. This is one factor making Bangladesh fertility dynamics considerably different than the Hutterite. It should be understood and utilized in the family planning program as



### Occasional and Postpartum Abstinence

Matlab Thānā is an area having more landless laborers than the average in Bangladesh and it is also traditionally accepted that men go out to find work, either to Dhaka or other cities for any jobs they can get, or seasonally to other areas for agricultural work. It is also not unusual in the society of Bangladesh for a man to go away for work, leaving his wife and family in the *bārī* in the care of an older brother or other male relative. Government employees are shifted around to different parts of the country with virtually no thought of family relationships. The same pattern is also true in North India (but not in South India), where the cities tend to have a large surplus of males compared with females, giving cities a different texture than would be the case if the sex ratio were more equal.

¶ In Matlab Thānā, according to ICDDR,B data (A.K. Chowdhury and Becker 1981:28) many women are separated from their husbands for months, or even for years with visits only during holidays. The percent of women separated from their husbands for the 2½ years' duration of the study was: 0-29 days 30%, 30-119 days 24%, 120-359 days 19%, 360 to 419 days 3%, and 420+ days 23%. Thus, nearly a quarter of the married women were separated from their husbands for 1½ years or more out of the 2½ years of the study. Some of this separation is for domestic reasons such as visits of the wife to her natal home, but most is caused by work or business of the husband. This is another factor substantially bringing the fertility level down below the theoretical maximum, at least in the study area.

Another form of sexual abstinence in Bangladesh is for religious or inauspicious days, mentioned by our respondents:

One should not engage in coitus during the nights of the new moon or full moon, during a lunar or solar eclipse, at sunrise during compulsory first prayer or at sunset during compulsory 4th prayer. A child conceived during these moon phases or during an eclipse may become a thief or simpleton, and one conceived during an eclipse especially may become deformed, lame, maimed, or blind. (M:4,3,5; F:3,1,4)

A child conceived during the day rather than at night will have an evil nature. (M:6,4,7; F:5,6,7)

A couple should not have coitus during the nights of Šab-i-Merāj, Šab-i-Barāt, and Šab-i-Qadar, as these nights are for prayers only. (M:3,1,4; F:2,1,3)

¶ One may engage in coitus during the fasting month of Ramzān, but is better during the first half of the night, after which one must have the 'compulsory bath' (*pharaj gosāl*) before taking the night meal (*sehri*), so one is pure. Religious teachers also say that a child conceived in Ramzān before *sehri* will be born with noble mental qualities. It is better not to engage in coitus during the month of Muharram and other days and times important in religion. If one does so, the religious occasion is polluted. (M:6,8,5; F:7,5,7)

The majority of our male and female respondents made such comments about specific days and times when one should abstain from coitus, on grounds of religion or inauspiciousness. But in informal discussion with older respondents it became clear that most people do not observe these restrictions. Hindus have more restricted days, for 70 or even 100 have been noted in West Bengal (Mandelbaum 1974:65), but these are mostly in words rather than in deeds, and that for high castes. As we have explained in our previous work (Maloney et al. 1981:152-7) at inauspicious times the spirits or forces of the universe

are in a liminal state and might attack a fetus which is conceived at that time, for conception is the most liminal or vulnerable point in life.

These stated restrictions might have only marginal effect on actual fertility, but there might be more effect in some cases, as the 6 respondents in the previous section who said they have coitus only on Fridays. The idea that conception in day time is inauspicious compared with night time also may have a little effect, for it is a religious belief backing up the practical difficulties of having sex in the day time anywhere in Bangladesh rural society. But one could still have sex at these times without risk of conception by using contraceptives, and only the days prohibited for formal religious reasons would remain, which are few in a year. Those in middle age tend to limit coitus to favorable times such as Friday nights.

Another restriction having practically no effect on actual fertility is abstention following childbirth, as enjoined in the formal religions.

A couple should abstain from coitus for 40 days following childbirth so the husband does not come in contact with the impurity of postpartum bleeding. (M:2,3,1; F:3,4,3)

Following childbirth my husband abstains from coitus with me for 2 months. I like such abstention because following birth my body remains weak for a couple of months. (F:1,0,0)

After childbirth, some women get pregnant again before the resumption of menstruation. Such a conception is termed *murā* pregnancy (*murā garbha*) (M:1,2,1; F:3,2,3)

In Islam it is strictly enjoined that one should abstain for 40 days after childbirth. Hindus in Bangladesh abstain for periods varying according to caste and specific tradition, and the average is about 30 days. Given the long breast-feeding and postpartum amenorrhea in Bangladesh, such abstention may be deemed to have virtually no effect on fertility.

Some attitudes toward long breast-feeding and fertility are as follows:

I know that through prolonged breast-feeding occurrence of conception might be delayed. Some of my friends also are aware of this means of retarding pregnancy. My grandmother told me that it is not good for health if the mother conceives at close intervals, and she advised me to breast-feed my baby up to 2 years to delay the next conception. (F:0,1,0)

I have heard that breast-feeding can delay the conception of the next child, but I know of several cases where in spite of it conception occurred. (F:2,3,2)

But prolonged breast-feeding is not thought of as a real means of contraception by all the people of the study area, probably because of observation that it does not prevent conception in many cases, and many women do breast-feed as a matter of course until their next child comes.

The mechanism by which breast-feeding retards conception is subject to intensive research by physiologists and medical scientists. Two American anthropologists believe they have solved the mystery of how certain African nomads space the birth of their children at intervals of 2 or 3 years without the aid of contraceptives. The answer seems to be that the mothers breast-feed their infants frequently but for very short periods of time. These researchers found a link between a mother's feeding routine and the amount of 2 reproductive hormones in her blood, which strongly indicates that frequent suckling delays

the return of ovulation and menstruation, prolonging the period of infertility following birth (*The Bangladesh Times*, April 16, 1980). The applicability of this to Bangladesh remains to be investigated. In this country mothers who breast-feed usually remain within the *bāri* compound, and frequent suckling is the norm. But if more women work outside the *bāri* this might change, whether they take their infants along to work or leave them to breast-feed upon their return. It is theorized that mothers' outside work will depress fertility rates; for example IPPF (1977:305) advocates that "Today the need for women to participate in and contribute to national development provides both added urgency and enhanced opportunity for the extension of family planning." This can hardly be denied, but there might be some negative effect on the goal by the resulting faster fecundability after childbirth.

### Rhythm Method

The traditional methods of avoiding conception identified by the population under study include abstinence from coitus for a period of 2 weeks following discontinuation of the menstrual flow, as follows:

If a couple has coitus during the first 2 weeks after menstruation (*māsik*), conception may occur, because during this time the mouth of the uterus remains open and semen can enter. If a couple abstains from coitus then for 2 weeks, there can be no chance of conception. During this period an ovum (*ḍimba*) waits in the uterus to be united with the sperm (*śukra*) of the husband. (M:2,0,0; F:0,1,0)

I know that if I abstain from coitus for 14 days following menstruation then the chances of conception will be low. But it is difficult to abstain for so long a period as 14 days. Moreover, such abstention does not always guarantee that there will be no conception. (M:4,3,2; F:3,2,2)

Informal discussions with some persons in the study area, particularly those belonging to the 2 upper socio-economic classes, show that the rhythm method might be used in spite of the availability of other modern contraceptive methods. Some of the elders were particularly cautious in their estimate of the time during which conception could take place, and advised married couples who wanted to prevent or delay having more children to abstain for 14 days following the end of menstruation.

The indigenous beliefs about a woman's monthly cycle have been discussed in our previous work (Maloney 1981:167-90), in which it is shown that computation of the cycle in South Asia most often begins from the end of menstruation rather than its beginning because that coincides with the end of menstrual pollution, and this leads to a calculation that a woman's fertile period begins soon after she becomes clean again. Ancient Greek medicine taught that the menstrual flow prevents the male seed from attaching itself to the uterine wall (Ross and Piotrow 1974:1-2, quoting Soranus of the 2nd century AD). Conception was thought to occur immediately after menstruation when the uterus is "purified" or "scraped clean." To prevent pregnancy, avoidance of intercourse during the last days of the menses and immediately afterwards was recommended.

Only 3 of our respondents, of high or middle socio-economic class, referred to the ovum in the uterus following the stoppage of menstrual flow. None of the other respondents made reference to the human ovum, but rather most believe conception occurs when male and female semen (*śukra*) mix. This is despite the identification of the human ovum as early as

1827. In the 1930s studies by Ogino in Japan and Knaus in Austria proved conclusively that ovulation occurs between and not during the periods of menstrual bleeding, and now a woman's temperature variation is known to be a more accurate indication of ovulation. But in the study area this scientific knowledge has not become diffused. In a small study in Matlab, Becker and Akhter (1979:7) noted that knowledge of the reproductive process among village women was meagre, with little understanding of the time of ovulation or possible conception within the menstrual cycle.

The accepted pattern in the menstrual cycle of 28 days (Jones et al. 1977) is that beginning with the onset of menstruation, the flow lasts usually about 4 days. Ovulation is about the 14th day, so that coitus on the 12th through 16th days should be avoided. The 10th and 11th days may be unsafe because sperm might remain to fertilize the ovum which will come, and also the 17th day might be unsafe because there is a chance that the ovum might still be present. In case a woman's cycle is irregular and varies as much as 8-9 days between longest and shortest cycles, an extra 2 or 3 days should be added to both sides of the unsafe period. For most women, days 5-9 and 18-28 are safe for intercourse without risk of pregnancy. Apart from calendrical calculation and temperature calculation; women can also observe their pattern of vaginal secretion, and recent research suggests that sperm can live in it for some days prior to ovulation so that the safe period after the end of menstruation is perhaps shortened. This is interesting, in view of the ancient Greek view that a woman is fecund right after the end of menstruation, and in view of the tendency (shown in our previous work) for Bangladesh is to consider the fecund period of the cycle somewhat earlier than it actually is when calculated by ovum release.

Some demographers (Nag 1973:63) believe that the rhythm method was among the main methods responsible for the decline of fertility in western societies. But "in developing countries experience with the rhythm method has been disappointing. Attempts to introduce rhythm in India and Latin America have been discouraging. Despite extensive educational efforts, both men and women not only disliked the method but also often completely misidentified the fertile and infertile periods" (Ross and Piotrow 1974:1-2). A report of a WHO Scientific Group (1967:18) in this respect states:

Studies of the use effectiveness of the calendar methods have given failure rates varying from 14 to almost 40 pregnancies per 100 women-years of use. The difference in these results is due to a variety of facts, including variations in the intelligence, knowledge, and motivation of the user, and in the selection of subjects (e.g., studies limited to women whose range of menstrual onset intervals is below a certain level), the adequacy of instruction, and the specific calendar formula employed.

A pilot study on the calendar method was conducted in a village in Matlab by Becker and Akhter (1979:6). The sample was 36 married women, of whom 25 were motivated to use the method, and 15 of them had husbands so motivated. Of these 15, 5 women were able to use calendars, 5 could not because of irregular menstruation, and 5 were in postpartum amenorrhoea. So there are problems with the method in this country. First, a woman typically spends only a small proportion of her reproductive life-span in a menstruating and fertile state between births, estimated to be 24% or 8 menstrual cycles in an average birth interval of 34 months (Chen et al. 1974), and the rest pregnant or in lactational amenorrhoea. Second, the menstrual cycles of many women are very irregular. Third, the level of education among the women is low, which makes calendar use and planning

difficult for them.

Nevertheless, Becker and Akhter (1979:8-9) feel that the rhythm method is well suited to Bangladesh because it is a natural method requiring no technology and has no side effects. They noted that the women motivated to use it were slightly younger than average, but had older husbands. The motivated women also had a higher educational level, and slightly fewer children than non-motivated women.

In informal discussions with males in the study area it was found that some of them tried the rhythm method without any guilt or shame because through abstention, semen is kept inside the body. Also, abstinence for religious or other reasons is well established in the society, more so even for Hindus than for Muslims, and Hindus have generally a more favorable attitude toward moderation in coitus (Nag 1972:2).

We also found out in our previous study (Maloney et al. 1981: Table 59) that rhythm is used more by people who say they depend on God for the number of their children, who practice *pardā* more, and who fast more, which is also true of use of douche, withdrawal, and abstention in general.

It is suggested, in conclusion, that the rhythm method be promoted as especially applicable to couples who have been married some years or in which the husband is at least of middle age, because it fits in with the religious and cultural expectations of decreasing sexual activity as one approaches and passes through middle age and old age.

### Other Indigenous Methods

There is not much general knowledge in the study area of other indigenous contraceptive methods. Some people, when questioned about it, answer giving useless methods such as the following:

The chance of conception is much less if after coitus, the female urinates or washes her vagina thoroughly. Also, if the wife lies prostrate immediately after ejaculation, there will be no conception. (M:2,1,0)

From a book with information on sex I learned that immediately after coitus if the female stands up and walks for a while there will be no possibility of conception. (M:0,2,2)

The idea that if a woman stands up quickly or lies on her stomach after coitus conception might be prevented is not unique to Bengal; the Kavirondo women of Africa stand up after coitus and shake their bodies in a quick jerking rhythm to get rid of the semen, and the Kgatla women of Africa turn over on their stomachs or urinate with the same intent (Nag 1962:131-2).

Douche after coitus is widespread in the world. In our previous study (Maloney et al. 1981:194, Tables 58-61) we ascertained that douche is practiced more by persons who have less frequency of coitus, are older, and are more religious-minded. But the effect of this method seems to be negligible.

In the study area there is no widespread knowledge of indigenous herbal or other medical means of contraception. A few respondents suggest that they exist but do not know the specific herbs:

I heard that herbalists (*kabirāj*) provide medicines for preventing conception, but I do not know what leaves or roots they use to prepare these medicines. (M:2,3,3)

I know one *kabirāj* who provides pills made out of some herbs of different types for prevention of conception. (F:0,2,2)  
 Only by talking with some herbalists of the study area did we come to know what specific contraceptives they prescribe. These are green pineapple, emblic myrobalan (*phyllanthus embellica L.*) known as *āmalaki*, cloves, and powder of *hon kâic*, a locally available red hard seed having a black spot on one end.

In our previous work (Maloney et al. 1981:206-8) we listed 21 indigenous herbal or chemical contraceptives, but the names in general were known only to *kabirāj*, Āyurveda or homeopath doctors, or midwives. The four items mentioned above in our study area are among the 21 in this list.

It seems to us that there is not very great traditional interest in contraceptives, and people tend to say there are herbal contraceptives in fulfilment of the expectations that herbalists or indigenous medical practitioners have remedies or medicines for any bodily needs. The herbalists themselves are under social pressure to fulfil these expectations. This is an attitude which has now been transferred to injections, antibiotics, and other modern medications in which people seem to have trust sometimes even to a pathetic extent.

Further research should be done on these herbs and chemicals, and more systematic investigations in rural areas should be undertaken. For instance, Hafiz (1978:237) reports that in Rangpur District conception is thought to be prevented if a woman fries henna leaves in *ghi* and eats them. There are more such indigenous contraceptives used in India. Mani (1978:22) reports that in Tamil Nadu women apply margosa oil before coitus, and douche with a mixture of salt and tamarind water after coitus. In India and Bangladesh cotton seed oil or gossypol is used as an abortifacient, but in China there seems to be good evidence that this is an effective antifertility drug for males. The Central Drug Research Institute in Lucknow has found 30 herbal extracts that show spermicidal activity, of which 16 cause instantaneous immobilization of human spermatozoa. Other research is going on at the Jamnagar Institute of Ayurveda and elsewhere in India. The results of this need to be brought to Bangladesh. So far, people working in the field of population have little confidence in them, but this is partly because they have not been tested thoroughly, and there is no scientific measurement of the effectiveness on a wide scale. The Bangladesh Government (1976:10) recognizes the possible utility of traditional fertility control methods, but leaves practice of them to the personal choice of the individual. Unless these methods are tested and promoted, their usage will remain at a low level. But it may be suggested here that middle-aged women who have experienced the side effects of pills, IUDs, or depoprovera injections for some years and are wary of them, might prefer to try some indigenous materials if they could be available and promoted as relatively sure methods.

A more widespread and useful traditional method is withdrawal, or coitus interruptus, in which the penis is withdrawn just before ejaculation. This is known widely among Muslims in Bangladesh.

Modern family planning methods may be practiced to get rid of marital responsibilities; if they are widely adopted there will be population decrease and the number of followers of Islam will decline. However, Islamic tradition teaches that a husband can practice withdrawal (*āzāl*) with the consent of his wife on grounds of health. (M:2,3,1; F:2,1,2)

We found in our previous study that withdrawal was the 5th most popular method of contraception in Bangladesh following the pill, douche, condom, and rhythm, in that order. In some countries such as Turkey, Philippines, Yugoslavia, and Czechoslovakia it is the most widely used method, and in France and Italy it is second after the pill. It may be the most common the world over, and was largely responsible for the falling birth rates in Europe in the 19th century, along with some abortion.

Our respondents did not know of the support *âzal* has in Islamic literature; even the Companions of the Prophet said they used to practice it while he was alive, and it seems the term earlier included other means of contraception and also induced abortion, which we discussed elsewhere (Maloney et al. 1981:237-8). Muslims in Bangladesh use it more than Hindus. It has practical and psychological disadvantages (Young 1981). Its partial unreliability is compensated for in the conditions of Bangladesh by its possibility of practice everywhere, need of no distribution system, no medical teams, and no materials which might be embarrassing to keep in the household. It allows sensory feelings more than condoms, and it is free. But a problem in the case of Bangladesh is that the wife has to have confidence that the husband will do it, whereas we have seen that more often limitation of fertility is wanted by the wife.

### Induced Abortion and Menstrual Regulation

The expected verbalized attitude toward induced abortion in rural Bangladesh is reflected in the following quotations:

From the religious point of view, the taking of a human life is an act of unpardonable sin. Induced abortion is equivalent to killing. Allah is the creator of all creatures, and He is the owner of everything on this earth. For the sin of induced abortion the couple concerned will be answerable to Allah on the Day of Judgment. (M:3, 4, 6; F:5, 3, 8) Allah may forgive one for not performing compulsory prayers or fasting, but not for inducing abortion. (M:1, 0, 0) Allah has created human beings to test whether they perform good or evil deeds. Induced abortion negates Allah's creation. Religious teachers say that those who induce abortion will be burned in hell-fire because the aborted child might have been a saint. (M:1,2, 0)

From further discussions in the study area we understand that people traditionally accept certain grounds for inducing abortion; divorce by the husband in an early stage of pregnancy, death of the husband, or his disappearance in early pregnancy. In addition, pregnancy of unmarried woman usually ends in abortion or sometimes in infanticide, because the society has no tolerance for the presence of such a baby. As for a married woman, 12 male and 10 female respondents expressed the opinion that even in the case of a grandmother becoming pregnant abortion is not publicly acceptable. They say that though it is shameful for a grandmother to become pregnant, it is a greater shame if she undergoes an abortion. But informants also said that sometimes such an abortion might be performed in a distant place.

When abortion is induced it is through the services of a female birth attendant or 'catcher' (*dharuni*), who may also be known as a herbalist (*kabirā*), using some root (*śikar*) or creeper (*latā*). In general, people apart from the specialists involved could not identify the particular plants used. In our previous work (Maloney et al. 1981:208-11) we identified

44 herbs or chemicals used in Bangladesh to induce abortion, mostly mentioned by Āyurveda, homeopath, or *kabirāj* practitioners. There is a real need for scientific investigation of these materials, both to identify those which might be useful and those which are harmful so the people can avoid possible serious effects. In addition to these materials, there are always some women who try jumping, exercising, stick insertion, or other deplorable methods. Mani (1978:24) notes that in Tamil Nadu the most frequent method mentioned by midwives is stick insertion. Yet in India there are a number of useful herbal abortifacients known in Āyurveda and other schools of medicine.

In India, the Medical Termination of Pregnancy Act of 1971 allows induced abortion on eugenic, humanitarian, and socio-economic grounds and for contraceptive failure. Open utilization of facilities under this law at first proceeded slowly, though faster in urban areas. Now 4 million a year are induced. Use of the facilities increased with the increase in family planning, as people are becoming more conscious of their childbearing behavior and may resort to abortion in case of contraceptive failure. This was reported for India by Kaur (1978:16) and Mankekar (1973:75), and the same was reported for Japan, Korea, and Taiwan by The Population Council.

In Bangladesh induced abortion is illegal except to save a woman's life, according to an 1860 code, which is also retained in Pakistan. But in Bangladesh nearly 90% of people approve of induced abortion in cases of pre-marital conception and rape, and some 53% approve in case of malformation of the baby. Among rural people only 14% approve it for mother's health, 16% for the poor economic situation of the family, and 7% of rural people approve it for any purpose (R. Ahmad 1979). But the Government of Bangladesh is hesitant to change the anti-abortion law because to raise the issue invites comment. As far as we are aware, there has never been any prosecution under the anti-abortion law.

In Bangladesh for the past several years "menstrual regulation" has been offered experimentally. In the study area it was made available by ICDDR,B. This is vacuum aspiration of the uterus (Luafé 1977:253-6) which in most cases is abortion. It is usually done up to the 6th week of pregnancy, but in the study area it was done on women up to the 9th week of pregnancy with minimal complications. Some reactions from respondents are as follows:

After I have as many offspring as I want, I would be prepared to arrange menstrual regulation for my wife. (M:2,1,0) If my husband agrees I would be ready to undergo menstrual regulation. (F:1,1,0) I have 3 children, and now if my wife conceives by accident I will have no hesitation to arrange menstrual regulation because I cannot afford to have a 4th child. (M:0,1,0)

During the first year of the MCH and family planning program based in 70 villages in and around the study area, 212 cases of menstrual regulation were performed. Of these, 38% were age 15-24, 39% were 25-34, 22% were 35-44, and 1% age 45+. Therefore, in contrast with the contraceptive measures mentioned in the preceding pages, this one is in demand more by younger women.

Of those who had menstrual regulation in this experiment, 30% claimed this to be their 8th or higher pregnancy, but a good number said it was their 2nd or 3rd pregnancy, and 6 women said it was their first. Therefore, a fair number of women are willing to use this method to keep their families small for economic reasons or even to defer the birth of the first child. Many of the women who had it either failed to use contraceptives on some



occasions or the contraceptives did not work, so they were mentally prepared to terminate the unwanted pregnancy. Many of the women also used the method to space their children, especially those who were in their teens or 20s, whereas the women approaching middle age who used it usually did not want any more children. Therefore, the method is a potentially valuable one for population policy. The women who came for menstrual regulation were motivated by trained female village workers.

A very important point is that people in Bangladesh generally believe that a fetus has no life until about the 4th month. Some explained this belief by saying that until then there is no movement and without movement, there could be no life. According to the Muslim stages of life to begin with every soul has an external existence. It is usually believed that the soul is given its place in the womb only at a certain stage of the pregnancy (cp. *Ruher Kāl* in Islamic scheme of life stages: p. 19). In this respect the following statement from the Qur'ān (trans. Ali 1938: 23) seems to be relevant:

“How can ye reject  
The faith in God?—  
Seeing that ye were without life,  
And He gave you life;...”

Of our respondents, 4 males and 2 females of high or middle class favored menstrual regulation since it is usually done in the early weeks of pregnancy when it is believed that the embryo does not have any life. An additional advantage is that a woman can keep her pregnancy private in the early stage and secretly have an abortion or menstrual regulation.

There are similarities among peasant societies in recognition of a woman's indeterminate state or a state of potential pregnancy, when it might be reversed because it is too early to confirm its existence. In Colombia, in a study in Cali (Browner 1980:25) it was shown that women take advantage of this state of ambiguity to practice early pregnancy control. The Colombian folk pharmacopoeia contains a large number of substances to bring on a late menstrual period and to induce early abortion, and users often do not distinguish between the two, though actual abortion is illegal and strongly disapproved in that Catholic society. For this reason there is some justification for use of the term “menstrual regulation.”

There is similarity in Bangladesh in that if miscarriage or abortion occurs within the first 3 or 4 months people do not speak of the passing of a fetus, but of a clotted piece of blood, or as a piece of flesh. This finding is based on numerous direct enquiries by the first author about spontaneous miscarriage in the study area.

This belief is also confirmed in the Islamic texts. We have given ample evidence in our previous work (Maloney et al. 1981:238-9) that many Islamic sources support the view that a fetus does not have a soul in the first 120 days or 17 weeks, and some say that it acquires life only in the 5th or 6th month. Various *fatwās* from different countries mention that abortion within the first 3 months is permitted. This is particularly true in Hānāfī law, and most Bangladesh Muslims are of that legal school. Sharabassi (1967:111) quotes several authorities saying that abortion is considered sinful after the 4th month when the fetus moves and shows signs of life. The Grand Mufti in Jordan observed that “the jurists think that during this period (the first 120 days of pregnancy) the embryo or fetus is not a human being,” and the view of some embryologists is similar (Potts 1969:244). Abortion in India is

permitted in the first 12 weeks which is 5 weeks less than permitted according to these Islamic sources.

However, these Islamic textual or legal opinions are not known to most people in the study area, or in rural Bangladesh. The people generally are willing to make a flat statement that abortion is very sinful and prohibited in Islam. On this point, the Government of Bangladesh is following a policy of neutrality, for which a high price might have to be paid in terms of continued population growth and its associated economic and social problems. Given these textual opinions, and similar philosophy expressed through the Islamic scheme of life stages, there should be no major difficulty in popularizing menstrual regulation throughout the country. And because those who favor it are often younger women its potential effectiveness is especially high.

The sex-selective abortion or feticide is performed in the second term of pregnancy, obtaining information on the sex of a fetus derived from amniocentesis. This adds a new facet to the problems of induced abortion particularly in countries with strong son preference. The issue of sex-selective abortion is being debated particularly on ethical grounds by the scholars in India. Barbara Miller (1984) observes, "The question of ethics is impelling in comparative perspective; in the West, debate centres around whether a fetus of a certain stage of development is 'human' or feels pain whereas in India the question is different because female fetuses are the target rather than random numbers of males and females.... Now there is a test that can provide information on the sex of the fetus even earlier in gestation, enabling sex-selective abortion in the first term. Of course such technology will not be available to Asian villages in the near future, but often the transfer of reproductive technology to women's bodies is speedy." The statements in the above few paragraphs indicate that the policy implications of the latest skill of sex-selective abortion in the son preferential society like Bangladesh are heavy.

### Modern Methods and Side Effects

The people of the study area are mostly familiar with modern family planning methods, partly because of the work of ICDDR, B, and also through the general government family planning program. In this section we give a few opinions of respondents on the particular methods:

By using a condom, the male partner does not get full satisfaction that of coitus. Moreover, condoms are not absolutely safe, since they sometimes burst from the pressure of ejaculation, and pregnancy results. (M:2,1,0)

Condoms are widely available in small shops at a subsidized price, and there is some continuing demand for them. But a Matlab pilot project (Rahman et al. 1979) showed that most couples who got free condoms did not use them. Reasons they gave were, "semen is a necessary health tonic for women," and "condom use can cause impotence." Also, people sometimes say they fail, quoting some neighbor or acquaintance who said pregnancy had occurred even with their use, though in fact this may not be very common. The biggest problem with the condom seems to be lack of satisfaction in coitus because it creates a barrier between husband and wife and reduces enjoyment.

Pills, injections, and IUD all have the advantage that a woman might use these privately and perhaps even without knowledge of her husband, but all three have

physiological side-effects which by now have become well-known. Because pills and injections affect the hormone balance in the body, people analyze this in terms of their understanding of body humors and blood, and tend to even exaggerate the physiological affects:

A woman who takes pills suffers from giddiness, weakness, loss of enthusiasm for household chores, burning in the palms and feet, firefly illusion, excessive or irregular menstrual discharge, and loss of charm. With loss of health, a woman fails to properly look after her children, and also loses interest in coitus. (M:3,4,5; F:4,5,4)

The use of contraceptive pills for a long time affects the quality of softness of the female body, especially her breasts, as a result of which the husband is less attracted to his wife. (M:0,1,2; F:1,0,3)

Contraceptive injections often induce giddiness, stomach pains, and excessive bleeding during menstruation, followed by spotting in subsequent days. (M:3,2,1; F:4,4,3)

After an injection, a woman's body becomes dehydrated and the breasts become loose, lessening her husband's attraction to her. (F:2,3,7)

Family planning methods disturb the internal body functions ordained by Allah. These are artificial and result in troubles and ailments. (M:3,4,5; F:4,3,6)

When a female using contraceptives suffers from any illness, she attributes its cause to the contraceptives. The users suffer from anxiety and think they may be punished for the sin of using these methods. (F:0,0,2)

It is harmful to have frequent coitus with the aid of contraceptives. (M:4,3,1; F:2,4,5)

As quoted here, people in the study area believe that these contraceptives have a number of physical and psychological effects on the users. These include pain in different organs of the body, irregular menstruation, nervousness, decrease in breast milk, and drying up of the breasts. The psychological effects quoted include cheerlessness, lack of vigor, indifference to daily cares, petulance, haughtiness, sadness, and sleeplessness, and it is also said that gracefulness and charm disappear from the face of the user. This list reflects more than the actual side-effects of the pills or injections; it reflects the fear that injections into the blood stream or hormone pills upset the balance that should be maintained in the blood and body humors. And it reflects the perception of sexuality, sex, and fertility, as an essential part of mental health.

Of our respondents, 7 said that contraceptive pills cause drying up and lack of firmness in the woman's breasts, so only the nipples are left and the breast resembles a man's. When the wife's juice of youth (*jaubaner ras*) dries up, her husband no longer feels attracted to her. It is also stated that pills and injections cause dehydration of the uterus and birth passage, loss of softness throughout the body, and reduced sexual excitement.

Such changes in a woman's body are kept private as otherwise talk about them might prevent future marriage. Such changes might lead to divorce. The parents of a divorced or widowed woman might say, "One cannot tell others of the changes in her body. This one with dried breasts and body has become a male. Who will take her any more?" The husband of such a woman might send her to her parental house, stop visiting and maintaining her, and ultimately initiate a divorce, according to 7 of our respondents.

Traditionally, it is believed that the development of a woman's breasts mark her

passage through 4 life stages, as quoted above: when they are budding they are worth a crore of *taka*; like pomegranates they are worth a lakh; like marmelos they are worth 1000 *taka* and sagging they are worth nothing. It is believed that with contraceptive pills or injections the breasts go through these changes ahead of their normal biological schedule, and since this schedule is so much linked with life stages and one's role in society, any departure from the schedule of changes troubles the couple and may lead to maladjustment on conjugal life.

It has also been noted that such beliefs about contraceptives prevail in India and other societies. Good (1980:147) noted that in provincial Iran such beliefs about female physiology have far reaching consequences for women's behavior and attitudes regarding fertility and contraception. Women there complain that the pill causes one's entire body to "dry up" and hastens the onset of menopause and old age.

Moreover, 6 male and 11 female respondents volunteered the opinion that contraceptive injections often cause giddiness, or excessive menstrual bleeding followed by spotting. The fact is that such injections may cause irregularity in menstruation, and if the flow of blood is less it disturbs the women because they feel that the "unclean" blood should come out, but if there is excessive bleeding or occasional spotting it is also troublesome because this is a barrier to performing the daily prayers, reading holy books, entering a cowshed, and for some Hindus, handling kitchen utensils.

However, many women satisfactorily take contraceptives, as the following quotations show. Tests of injectables in Bangladesh have had good reception on the whole, and when menstrual regulation is offered there is good demand for it:

By taking these injections at intervals of 3 or 6 months one can easily delay the birth of the next child and still have coitus without restriction. (F:0,2,0)

After having 3 children a woman should take injections, insert a coil, or get sterilized. (F:2,1,1) My husband and I have 2 children and do not want another now, and I am satisfactorily taking contraceptive injections. (F:0,2,0)

I am taking contraceptive pills without my husband's knowledge, because he opposes use of contraceptives. I wanted to wait 3 years before having my 3rd child. (F:0,0,1)

People in the study area are also well aware of the possibility of sterilization for males and females. We cite a few responses of persons who have personal knowledge of it:

It is good for parents to adopt family planning methods after 2 or 3 children. I believe sterilization of the wife is the best method to control fertility, for it ends any fear of conception. (M:3,4,1)

I have 2 sons and a daughter and have successfully had a tubectomy. (F:0,1,2) My elder brother's wife has 5 children and she has had a tubectomy. It is a good method to stop future conception. After I have my 4th child I would like to have tubectomy. (F:0,0,1)

Vasectomy may create complications. One of my neighbors had it and developed an infection which caused him to suffer for about a week. Besides, sometimes a husband whose wife is no longer fecund undergoes vasectomy for the monetary incentive. (M:0,1,0)

During field work it was observed that the cases of infection following these operations were few, but news of even a few cases spreads around and the seriousness gets exaggerated

in the gossip.

We found in our previous study, and it has been observed in the extensive monitoring and evaluation of sterilization programs in Bangladesh, that the average age of persons undergoing this operation is considerably higher than those using other contraceptive means. In an experimental sterilization project conducted in the study area the average age of tubectomy acceptors was 34 and their husbands 44.4. The average age of vasectomy acceptors was 49.3 and their wives 38. From the age-specific distribution of sterilization acceptors it was found that a couple got protection for an average of only 6.3 years (Osteria et al. 1978:13-4) and even this is in the fecund phase of life when fertility is at its lowest. Nevertheless, it was computed in this program that about 1.7 births per sterilization were averted, but most of these were from tubectomy clients as the wives of most of the vasectomy clients were at the end of their fecund period or had passed it and were in menopause.

### Objections to Family Planning

An intensely applied family planning program can reduce fertility 30%, as shown in the ICDDR,B experiment in Matlab described below in this Section. Nevertheless, people remain ambivalent about it, and quote many reasons why they fear or object to the family planning methods. The following quotations deal with illicit coitus:

If contraceptives are easily available to young people it will encourage illicit coitus on a large scale. The risk of pregnancy without contraceptives keeps young males and females away from illicit coitus. (M:7,5,6; F:8,7,8) After menstruation the sexual urge of a girl increases and she will take the initiative to engage in coitus if contraceptives are available. (M:2,1,0)

Once a person starts to have illicit coitus with contraceptives he or she will continue even without them. (M:2,1,2)

"If contraceptives are available married women whose husbands live away will have extra-marital coitus and will only pretend to be faithful to their husbands. (M:3,4,5; F:3,2,2)

One can easily keep illicit coitus a secret with the help of modern family planning methods. But Allah will know. In this world nothing can happen without the knowledge of Allah. (F:3,4,6)

It would be good if modern contraceptives are available to young unmarried males and females. Good males and females keep their sexual desires under control, but many young people cannot do this. If a girl becomes pregnant it will damage the honor and prestige of both partners and their parents. If the partners have coitus with contraceptives and no one knows, nobody will be disgraced. (F:2,3,4; F:3,2,3)

Of our respondents, 17 volunteered the statement that contraceptive availability to unmarried young people is good if they cannot restrain themselves from having sex. A larger number disapproved of young people having access to them on the grounds of morals, and quite a few are also afraid of their availability to women whose husbands are away for work. Neither social class nor sex makes much difference in these responses. The strong opinions about young people's morals will have to be accommodated in one way or another if contraceptives are widely available locally. The fears expressed here are real and

present fears for many people, and they feel that the very basis of the social order is threatened by immorality. But the views of those who have no such fears must also be respected.

The following opinions are against modern family planning methods:

There is no need to practice any fertility control method. Birth and death occur according to the wishes of Allah. It is He who blesses one with a son or daughter; the partners supply only the semen, out of which Allah creates the baby. (M:3,1,4; F:4,2,7)

There is no need to adopt any family planning method because every woman is allotted a fixed number of children which is indicated in her childbearing tube (*nār*) according to the will of Allah. This number is not for a couple to decide. (M:0,2,3; F:2,3,4)

Women who observe *pardā* believe that Allah allocates food for every offspring before He sends them to this earth. Women who observe *pardā* believe that children are born when Allah wishes so they consider use of family planning methods sinful. Allah keeps a soul ready before every conception; if a conception is prevented, the soul will fail to come to this earth. (M:4,5,1; F:2,2,0)

Modern family planning methods are advantageous, but they are not acceptable. They are beneficial in this world, but will harm the users in the after-world. (M:5,6,8; F:4,5,3)

In present times people take recourse to family planning using condoms, pills, or injections to avoid pregnancy and parental responsibility because they do not have faith in Allah and do not obey His instructions. Children are given to a couple to test their ability to work for Allah, and if parents work hard to meet the expenses of child raising it earns religious merit. But if one does not care to fulfil the wishes of Allah and His Prophet, Allah may take away all his children in his lifetime. (M:3,2,4; F:4,2,5)

It is sinful for the rich to use modern family planning methods because they have enough resources for an unrestricted number of children. (M:0,2,4; F:0,3,4)

My husband opposed my taking a coil to prevent conception, saying that people who use such methods will be punished by Allah with various ailments. (F:0,0,1)

If the population decreases a day may come when the number of people devoted to Allah will be few, and ultimately there will be nobody to worship Him. (M:2,4,5; F:3,3,4)

Of our 65 life-history respondents, 20 stated that use of contraceptives is sinful; these included 9 males and 11 females. It was observed that some people holding this opinion feel it pleasurable to bear more and more children because of encouragement to do so from members of the older generation.

A fatalistic attitude about birth and death and number of children is expressed more by women than by men. Five male and 9 female respondents said that the number of children born to a woman is predetermined by Allah and/or is so indicated in a woman's "childbearing tube," meaning the knots in the placenta. These tended to belong to the low class. They are skeptical of their ability to control their own fertility and seem to have developed an indifferent attitude, shifting the responsibility for their actions to external sources. It was observed in the study area that those who believed in a predetermined

number of children frequently referred to their offspring as the property of Allah. If such a person is asked how many children he has, he might reply: "If Allah keeps them alive they are the property of Allah and they are 6 in number." This indicates a lack of confidence in one's own ability to determine the events of life and death.

As many as 21 of our life-history respondents were concerned that use of contraceptives will decrease the number of people available to praise or worship Allah. This is an opinion arising from Islamic teaching that Allah is pleased to see long lines of Muslim worshippers praying.

More women were fatalistic about the number of children they might have, partly as a response mechanism to the social expectation that a woman should be fruitful and if she does not it is somehow her fault. But more men than women stated that Allah pre-arranges food before a soul is born, because the men in Bangladeshi society are responsible, and often very hard-pressed, to maintain their children by their work. It is interesting to note that only the poor or the middle-poor state that the locally "rich" can maintain any number of children so contraception for them is sinful. The locally prosperous people do not share the idea that they should be able to maintain any number, though demographic studies all show that landed peasants have higher fertility than the landless laborers or the really poor. They may want more children because of the social and political advantages of a larger family and larger kin group and for hands to work on the land, but they are also more accustomed than the poor to planning for themselves and implementing the plans.

These ideas are discussed more fully in our previous monograph on beliefs and fertility in Bangladesh, and the findings are in general the same.

### **Success of Family Planning in Different Life Stages**

Despite the negative comments quoted in the previous Section, at least half of our life-history respondents expressed support for family planning and modern methods, and an experimental project in Matlab has shown that fertility can indeed be brought down precipitously. The following are positive quotations:

Family planning methods have come to this world according to directions from Allah and people accept it according to His wishes. Without direction from Allah, even the leaves of trees do not move, and all events in this world occur according to His will. (M:3,2,5)

Allah has blessed man with intelligence and has given him responsibilities. Allah has introduced family planning methods through human efforts. Without the wishes of Allah these methods could not be there. (F:4,3,5)

Some people accept family planning thinking that on the Day of Judgment they will not be answerable to Allah because they practiced these methods on the instruction of the Government. (M:1,2,0)

Parents who care about providing their children with enough food, clothing, housing, and education, will make a conscious effort to have few children. (M:5,6,5; F:5,6,4) A family with a large number of children suffers from want. They will be answerable to Allah if they fail to properly maintain their children. People accept family planning to avoid the pressure of poverty. (M:3,2,5; F:5,4,6) Children will curse their parents if the parents fail to provide for them properly. It cannot be a sin if

parents adopt family planning with the objective of providing better care for their children. (M:1,2,4)

The responsibility of parents begins with birth, and if young children move unattended on the pathway or near the *ghāṭ* of the canal or river, neighbors and friends criticize the parents for neglecting them. (F:1,2,0) Family planning has done a lot of good, particularly for the poor. Had there been no family planning methods, the poor of our country would have perished. (F:0,1,0)

Of our 65 respondents, 31 (16 male, 15 female) supported the use of modern contraceptives on grounds of avoiding economic hardship, maintaining mental peace, and leading a happy life. They tended to be of middle socio-economic class. Some also supported it on religious grounds, arguing that Allah gave humans power of judgment and responsibility to plan and raise children properly, and these respondents tended to belong to the low social class.

We began this chapter asking what mechanisms prevent fertility in Bangladesh from approaching its theoretical maximum, particularly when compared to the Hutterites or others whose women continue to have high fertility right through their 30s and 40s. Obviously, the mechanisms preventing maximum fertility in the second half of woman's fertile stage of life are mostly the traditional ones discussed here: self-restraint expected of persons with grown children, absence of spouse, occasional and postpartum abstention, rhythm, withdrawal, and to a small extent other indigenous methods. In our previous study (Maloney et al. 1981:Tables 59-61) we have shown that these methods are used more by women in their 30s and 40s whereas modern methods tend to be used by somewhat younger women also the women who use the traditional methods have higher practice of *pardā*, more fatalistically depend on God for the number of their children and fast more. Also, the fertility of women aged 35-44 who use traditional methods is shown to be considerably less than of women of that age who have turned to modern methods.

We have noted that vasectomy tends to be done on husbands so old that it has little potential effect on overall fertility, but tubal ligation, though also largely done on women with few childbearing years left, has some potential effect. Contrary to these methods, induced abortion and menstrual regulation tend to be used by younger women and teenagers, though sometimes also by older women such as widows. The pill, IUD, foam or jelly, and injections, tend to be used by women age 25-34, as we found in our previous study. Therefore, these methods, plus induced abortion and menstrual regulation, will have more effect than traditional methods in fertility control because they are used by more fecund women who have intercourse more frequently. Nevertheless, it is a truism that a successful family planning program should offer all available methods simultaneously so the clients can select the method they prefer, whether on physiological, religious, aesthetic, or other grounds.

Now we wish to cite the results of the experimental ICDDR,B mother-child-health-care and family planning program in Matlab; which was implemented among over 20,000 women. Results were compared with findings in a nearby control area. The results for 1979 and 1981 were as follows (M. Chowdhury et al. 1982:30-1; 1983:30-1).

This shows that with intensive effort fertility can be brought down rather quickly; in the two years shown in the table below, it is 32% lower in the project area than in the control area; the crude birth rate in the project area was 35 both years, but in the control area 47



Age-specific fertility rates	MCH-FP area		Control area	
	1979	1981	1979	1981
15-19	119.5	104.8	140.9	127.7
20-24	256.0	259.3	337.8	309.0
25-29	265.5	251.1	341.5	315.7
" 30-34	187.8	185.7	308.3	251.2
" 35-39	109.5	119.8	200.9	187.2
" 40-44	32.6	34.7	47.4	51.1
" 45+	6.0	7.1	11.2	13.7
all ages	149.6	148.4	205.1	189.4
General fertility rates	150	148	205	189
Total fertility rate	4884	4813	6940	6278
Crude birth rate	35	35	47	44
Death rate	12.1	11.9	15.6	14.4

and 44. Overall health also increased in the project area, as the death rate is measurably lower than in the control area; this was particularly true of infants and of children under 4.

An analysis of this project by Phillips et al. (1982) points out that in little more than a year prevalence of contraceptive use rose from 10% to 34%, and it has remained at 34%. Provision of a wide choice of contraceptive methods was an important factor (Phillips et al. 1981). The program had its greatest effect on women over 30, more so on women over 35. It also had a tendency to dampen seasonal fertility swings among older women.

An important point suggested by Phillips et al. (1982:138) is that intensive family planning campaigns launched between December and March, when conception rates are double those of the summer months, will have more effect on reaching national goals of fertility reduction. This should be incorporated into the whole family planning program.

The main point of interest to us, however, is that in the Matlab intensive family planning effort, effectiveness was greater in each 5-year cohort between 15-19 and 35-39. For women age 30-34, fertility was 39% and 36% lower in the project area than in the control area, in the two years for which data are given in the above table. For women age 35-39, it was 46% and 36% lower in the project area. This is in line with all that has been written in this book about the cultural preference for childbearing in *pūrṇa jāuban* and not in *madhyamkāl*. This tendency exists all over South Asia; in Nepal, India, and Sri Lanka it is considered shameful for a woman to continue childbearing once she has become a grandmother. In cultures where women become grandmothers relatively young, this has a substantial potential impact on fertility levels. The Matlab project shows that family planning efforts directed toward women over 35 (and their husbands over 42 or 45 on the average) are likely to have the most result. The existing beliefs about the ideal characteristics of *madhyamkāl* (not just grandmother status) should be capitalized on by the whole family planning program.

This Matlab effort was a health-related one; it was linked with mother-child-health-care. But there are opinions that the health care system may not be the best one for the population control effort. UNFPA evaluated 5 family planning efforts of NGOs, presenting different models (Sharma 1982): 2 were through health care, 2 through economic and all round development, and 1 through mothers' clubs. Whereas the Matlab project achieved a prevalence rate of 38% of married couples, the CHCP (Christian Health Care Project) achieved 50%, which is surprisingly high. However, CHCP has a target population somewhat special and more educated, and the workers have a dedication to their job which is difficult to duplicate. Some of its locations are in the vicinity of old mission hospitals so the project is building on an old base of development activities.

Concerned Women for Family Planning worked through mothers' clubs and achieved a prevalence rate of 24% of married couples. This approach is also partly successful, but in working for women's consensus on fertility control, the men are left out, and without them community consensus cannot be achieved. Probably women's clubs may be seen as a supplementary means of raising consciousness of fertility control, not as the main motivation for achieving community consensus.

In the UNFPA study, two organizations were evaluated that took a community approach. One was the Meher Panchagram program, which achieved a prevalence rate as high as 48%. The method was all round development through cooperatives. This did achieve community consensus, but the experience with cooperatives in the country suggests that this could only be successful in a small area with heavy supervision and constant encouragement which seems not possible on a wide scale. It is doubtful if the cooperative movement can be the vehicle for fertility reduction as needed in the country.

Swanirvar achieved a prevalence rate of 36.2% and a natural population growth rate of 1.93% per year, over a substantial area of many thānās. The program now works in 70 thānās, and will soon expand to 140, so the approach may be replicable. It arranges loans for poor women through a large cadre of local intermediaries who get a small service fee from the bank loans they arrange. The program is directed toward the women and the poor, not toward the whole community. But the original Swanirvar method was consciousness-raising in the whole community of development possibilities and of population control possibilities, simultaneously. It may be now that Swanirvar will return to this approach, which may be the best one for internalization of small family size and for engendering peer pressure to limit fertility.

Since half of our respondents approved of using modern contraceptives and the grounds were avoiding economic hardship and maintaining mental peace, these should be the points emphasized in the population control program. This implies a wider approach than health delivery.

## TRADITIONAL COMMUNICATION AND KNOWLEDGE OF SEX

### Communication among Peers

The most important source of information about sex in rural Bangladesh is one's peers, not parents. This begins of course before puberty. Several pre-pubescent boys mentioned during the study that they bring up sex topics when they gossip, and it is also evident in their play. The following is an example of this kind of entertaining gossip. It is said that at the beginning of creation the Creator made various types of animals but did not allocate their sex organs. After all the sex organs were made the horse was given the responsibility of allocating them to each of the animals. The horse made the allocation accordingly, keeping the biggest one for himself !

Another example is in play when the pre-adolescent boys divide themselves up into 2 teams by random selection. A pair of players secretly agree on names for each other, then give only these names to the captain, who would take a name from every alternate pair and later find out the identity of the players he had chosen. The agreed upon names would include terms for sex organs of various animals. In this way, the boys would become more conscious of their own sex organs and would be prepared for typical adolescent interests in the subject.

With the onset of puberty, discussion of sex increases for both males and females, and this is well known to adults. Respondents in the study area made the following comments about such information exchange:

Pubescent males of the same age may get absorbed in discussions of sexual topics. They discuss topics such as partner preference, facial features, size and shape of the breasts, heaviness of women's buttocks, body shapes, and hair length. (M:4,3,5; F:2,5,3)

Pubescent males feel excited and restless. During adolescence the blood boils and bubbles, and pubescent males in particular move around with restless mind. They find pleasure in discussing sex with their friends and develop a curiosity to learn more and more about sex. (M:4,5,2; F:5,4,4)

Females who are pubescent but unmarried like to indulge in idle and frivolous talk with other females inside the *bārfī* where the number of guardians is smaller. In such conversation every girl attempts to extract information on personal love affairs of

others. (F:2,1,2)

Boys usually sleep together, perhaps in the guest room of the *bārī* and naturally this provides opportunity for discussion as well as for isosexual experimentation. In the study area it was found that both boys and girls come to know about masturbation from their peers. The girls have less wide sources of information, but since the society isolates them from other friendships they make the most of the opportunities they have. As the female respondents quoted above say, it is considered "frivolous" or less acceptable for *kaiśorer prārambha* or *kaiśor* girls to talk about love and sex than it is for boys to do so.

The fact that sexual topics are not openly discussed across sex and age groups, nor with persons of the next higher or lower generation to oneself, does not mean that they are not discussed at all. The extent of frank discussion can be seen by the Rag Day titles used in 1979 in a university in Bangladesh, among young men of *nabajauban* stage :

- (1) I remain silent  
Sometimes alone  
So many days have elapsed  
Haven't met anyone.
- (2) His rectum is a big rectum  
In the middle of the rectum there is a hole  
It will give way as much as you push  
He will become your close friend.
- (3) Have coitus with a goat, have coitus with a woman.  
The upper part of the penis has become corpulent  
and the lower part has become thin  
By pushing the branch of an aram plant through the anus.  
Satisfy the coital desire.
- (4) He says 'my darling,'  
Sixteen years young.  
But when attempt is made to have coitus  
The testes make way inside.
- (5) I am a gentle young man;  
If I get my wife, I don't want anything else.
- (6) I wish without any break  
To have coitus with a new young girl every day.  
I have done it so far.  
That is why I am under treatment now.  
Alas! The blood has become diseased.  
I promise, from now on  
I will not have coitus with any more girls.

- (7) My penis is big;  
I go home six times a week;  
I tell my wife "To have coitus with you,  
I come home frequently."
- (8) The top is fat and the lower part is thin;  
This is the shape of my penis,  
I will face death in having coitus  
In the first night with my wife.
- (9) In childhood I was a child,  
and still I am child.  
That is why I have not been able  
to give up the breast of woman.
- (10) Through masturbation my penis has become  
four feet six inches tall.  
Now if it is pushed inside the vagina  
surely it will travel up to the chest.
- (11) Every day I visit  
my mother's brother's daughter  
But still I have not been able  
to see her vagina.
- (12) She is my dry canal;  
On both sides it has green grass.  
At the time of coitus these grasses create obstacles;  
A rhythm is created by the touch of bones.
- (13) How far is the house of prostitutes?  
The fifty paisa vagina is like an ocean.  
I get sunk in that ocean.  
Now if I get a cow, I would like to have sexual union with it.
- (14) I am a gentle young man outwardly,  
If I get a chance I would like to have coitus with a woman.  
My penis has become dried.  
Now I stay away from women.
- (15) Sitting in the toilet room,  
many times I have thought,  
How I can have coitus  
with her by my diseased penis.

- (16) He has pushed his penis through my anus;  
As a result the opening of my anus has become widened.  
Now if I want to have coitus with a woman  
She tells me "keep off."
- (17) If I get a chance  
I push my penis through my friend's anus,
- (18) The size of my penis is small;  
That is why I get scared when I think of coitus.  
Brother, I will have to pass my life looking at girls  
and by resorting to masturbation.
- (19) I am 24 years old;  
I am bald headed;  
Every woman considers me 'old';  
They don't allow me to have a glimpse of their vaginas.
- (20) After working hard for a period of four years  
I got hold of a darling.  
But because of my small sized penis  
She ran away from me.
- (21) I am a handsome boy;  
That is why young men tell me to take off my pants.
- (22) Round shaped sweet boy;  
The buttocks are excellent.  
By seeing it, everybody comes  
speedily with an erected penis.

#### Parents and Other Traditional Sources of Sex Information

Parents, other respected persons of the family such as elder brother or uncle, and teachers and other guardians, do not discuss sexual topics with a young person in rural Bangladesh. In our study 14 male and 15 female respondents denied getting any sex education at all from sources such as parents or teachers. Of these only 5 belonged to the low socio-economic class, so it is clear that families which claim to be self-respecting and observe *pardā* are even more likely to consider such inter-generational discussions as inappropriate.

The reason is that discussion of sex is a joking matter. There are certain dyadic relationships within the family where a joking relationship is permitted (see Chapter 4). The most important source within the family for a child is grandparents. A girl will have a joking relationship with her grandfathers and might get some useful information from her grandmothers. Emotional barriers are also relaxed between a girl and her elder brother's

wife, and her husband's younger brother, and for a young man with his brother's wife's brother. Of our respondents, 9 males and 12 females mentioned that they got useful information from grandmothers and to some extent from elder brothers' wives.

A feeling of shame stands in the way of communication about sex with one's parents. Parents rarely enter the bedroom of a newly married son or daughter. The feeling of shame and embarrassment between parents and child on this topic is viewed as having great value. In the study area, it is widely believed that if one's offspring become shameless they will lose respect, devotion, obedience, and admiration for their parents, and would not be able to prove themselves worthy in the future. This shame and embarrassment between parents and child is a learned aspect of behavior whose roots are partially in the consciousness that the child was conceived through the sexual union of the two parents. Shame also exists between student and teacher because according to tradition, the school teacher is viewed as equivalent to a father.

This phenomenon is not unique to Bangladesh but exists in many peasant societies, and also in the urban societies that spring from them. In a study in Bangalore among middle-class people of the city (Chandramouli 1982), only 26% favored giving family planning information to their offspring, and in fact only 3.6% had done so; 23% said the time was not right or something of the sort, 33% said it may be done after marriage, and 18% said it is not necessary as it is available in the media. All the non-acceptors in that study and most of the acceptors had not discussed family planning with their children. About half the parents had discussed the problem of population with them. As for the children, they usually knew if their parents had vasectomy, tubal ligation, IUD, or took pills, though they were not always aware of use of condom, so considerable knowledge was transmitted even without pointed discussion.

In East Asian countries the tradition of filial piety prevents such discussions:

It is often suggested that sex education belongs in the home, and that parents should take responsibility for preparing their children for marriage and parenthood. Experience shows, however, that parents are ill-equipped for this task and do not have the relevant knowledge. The special parent-filial relationship often inhibits parents when it comes to discussions of sexual emotions and behavior (IPPF Seminar 1972:9).

Numerous foreign authors such as Modak (1972:169) or Shanker and Shanker (1978:110) recommend that sex education be imparted to youths by parents and teachers. The latter recommends that "parents or teachers who themselves are not only to be enlightened by way of factual knowledge about matters concerning sex, but have also to be emotionally objective, unsentimental and natural in their attitude towards sex. They have to accept the sex function in all aspects, as a natural process and they should not impart a sense of secrecy or shame while talking about it to children." But this is hardly possible in rural Bangladesh, and even more so among the urban middle class who tend to be more prudish in this respect.

A girl on her first menstruation may receive advice from her mother to wear rag and wash it. Of course, she is advised about decorum suitable for a *kaisor* girl: to wear a *śārī* now instead of a skirt and blouse, to shave the pubic and arm-pit areas, to observe *pardā* according to the standard of the family, and to be shy and behave properly in preparation for marriage. But she does not get specific sex education from her mother.

Other sources of information are: older peers who have had wider contact or experience, discussions with a friend of the opposite sex in cases where this is possible, family planning workers, radio, and folk drama (*jātrā*) which are popular particularly because the drama tends to be bawdy; these *jātrās* are very popular with the young men, and girls also sometimes go if they possibly can. Boys also get information from salesmen dealing with various medicines and tonics supposed to promote sexual vigor, and from some traditional books on sex.

### **Husband-Wife Communication**

In the study area it was observed that communication within the marital relationship is not emphasized. Marriage is not viewed as primarily a means of companionship as it sometimes is in the West. Companionship more often comes from persons of one's own sex. Marriage partners usually have no romantic involvement before marriage, and early in marriage they are not expected to talk to each other in the presence of their elders. Even then when they are alone the wife is expected to be shy and discuss such subjects only when her husband initiates them.

Moreover, the mother-child relationship seems to inhibit husband-wife companionship. It was shown by Gore (1961) that in rural areas of India husbands feel closer to their mothers than to their wives. The pattern of child sex socialization described in Chapter 2 above, and the pattern between a woman, her married son, and her daughter-in-law, are to be considered. Kakar (1981:185) in his study entitled *The Inner World*, comments: "Most Indians have remained true to the traditional Indian identity in which the maternal cosmos of infancy and early childhood is the inner world ... the central unconscious concerns are a simultaneous longing for and a dread of fusion with the maternal matrix." This has an effect on a man's view of female genitalia as ominous and leads to an association between femininity and lust, contaminating sexuality, and treachery (Kakar 1981:92-3). This is one reason for the age difference of 9 to 10 years on the average between spouses. However, the pre-emption of the mother over the wife in the sentiment of a man also has support in the Islamic tradition noted among the people of the study area, that a son must always consider his mother more important than his wife.

After a few years of marriage, communication between husband and wife might become more free. But about that time the children in the bed would be old enough to inhibit the parents in their conversation. People in the study area said that when the children reach age 8 or so they are likely to have some knowledge of sexuality, and the parents will then refrain from talking altogether during sexual relations. Now, instead of a husband talking to his wife to create sexual feelings, he will just poke her. If she makes a sound of *dūrh* in feigned disagreement, he might object, saying that such a sound might give their children a clue to their love-play, which would be utterly shameful. In such circumstances, discussions of birth control methods such as condoms, jelly, or other devices, are hardly possible.

In the study area it was observed that husband and wife usually begin to discuss issues related to family planning within 5 to 10 years of marriage, provided they have opportunity in the house. Bogue (1975:19) noted that in developing countries in general, couples who are married for 10 or more years talk more freely about a variety of subjects, including



family planning. It was also observed that when daily commodities keep selling for inflated prices couples are more inclined to discuss the number of their children; they may think that their actual standard of living is declining with the inflation. (While this may not be entirely true, it is known that over the last few years consumption per capita of items important to the diet such as pulses and fish have indeed been declining because their production has not kept up with population increase). It seems that wives are more inclined to discuss family size earlier than husbands, but the husbands also appear ready to do so when some undesired children are already born.

Despite the increasing consciousness of possible control of family size, such discussion is not traditionally expected, and many couples do not have a relationship conducive to such discussion.

But there is no clear-cut evidence from Asian countries in general that husband-wife communication is necessary or is a sufficient condition for successful use of birth control methods (Carlaw et al. 1971:583). Bhende (1975:473) in a thesis on lower middle class suburban dwellers in India, showed that acceptance of family planning methods does not require a modern type of relation between husband and wife.

Another study in India, however, conducted among a sample of 6300 adults in several parts of India (Bhatia and Neumann 1980), showed that 41% of respondents had discussed their desired number of children with their spouse. Of them 47% had actually used family planning methods, against 27% of all persons in the sample who had actually used them:

Based on a large sample in India, this analysis shows that inter-spousal communication was a better predictor of family planning practice than other background characteristics of the respondents, and that influence of this single variable was much stronger than the combined effect of all other variables included in this multivariate analysis.

Husband-wife communication on sexual matters certainly is not a factor that stands by itself, but is related to the overall pattern of family interaction and gender role expectations. It may not necessarily be a pre-condition to use of contraceptives in general, but from this evidence it may be concluded that a family constellation in which husband-wife communication about sex is possible and is conducive to much higher contraceptive prevalence.

### **Sexual Knowledge and Misinformation**

Sexual knowledge in rural Bangladesh is riddled with misinformation, as the ideas listed below show.

But at the same time it is to be noted that rural Bangladeshis live close to the land, the animals, water, and fertility of all sorts. They also have a good feeling for their bodies, and are perhaps more conscious of nuances in body changes and responses than people who are educated to devote their energies and thoughts to technical or organizational interests. For example, the strong seasonal pattern of marriages, conceptions, births, and resumption of menstruation after births, shows a relationship with nature which gets smothered in more "advanced" societies. Bangladeshis are highly sensitive to weather, food types, and other environmental factors, and of course to their own sexuality as well. Women observe the lubrication in the vagina of cows at the time of ovulation and can easily apply this to use of

the rhythm method for themselves. Indeed, it may be said that the existing state of information about sex is biologically functional in that it leads to persistent high fertility.

But in the contemporary situation it is non-functional, because the objective must change from considering high fertility as adaptive to considering low fertility to be adaptive. One of the concomitants of this in the context of modernization is diffusion of "scientific" knowledge about sex.

Almost all the following misconceptions about sex fit into the indigenous world view system, in which the traditional ideas of human physiology, medicine, diet, and reproduction, define health and sickness. We are not of the opinion that the whole body of ideas about the human body and the environment can or should be changed to a more "scientific" view quickly. Nevertheless, these misconceptions should be understood in implementation of the family planning policies, and gradual changes can be made in those which inhibit population control, through different types of population education and sex education. At present most people tend to believe that youth can learn about sex spontaneously. In the absence of parental or school instruction, youngsters are thrown on their own initiative to learn what they can, so naturally enterprising youngsters acquire extensive knowledge, but others remain virtually ignorant even of the traditional knowledge.

The traditional "knowledge" did form a system, though with many internal contradictions. But at least there was some sort of consensus, or a set of stable guidelines, which has become disrupted with diffusion of the new scientific ideas. The following ideas which are misconceptions from the scientific viewpoint are derived from the study area, and are held by most or at least some of the people:

#### **Conception:**

A child conceived when the parents are exhausted grows up with ill health and a bad temper.

A child conceived during the night of the new moon become dark and ugly and one conceived during the night of full moon become fair and handsome.

A child conceived during the night of the new moon or full moon, or during a lunar or solar eclipse, become a thief, scoundrel, or simpleton.

From the 5th month of pregnancy a mother can predict the sex of the baby. If it moves a lot she assumes it will be a male (unproved?).

A birth drains out a lot of blood and energy from the mother, which requires several years to replenish.

#### **Menstruation:**

A male is created to work in the field because he does not menstruate. Females should be kept from agricultural fields during menstruation because their impure blood will affect the crops.

A menstruating woman visiting a sick person will only cause the sickness to be aggravated.

A menstruating woman entering the cowshed will cause ill effect on the cows. Menstrual blood is impure so coitus should be avoided then.

Menstrual blood may cause sores or itch on the male organ, or even gonorrhoea. Menstrual blood has germs so its smell affects the male if there is coitus at that

time.

If a woman has coitus during menstruation she may have irregular menstrual discharge, vomiting, constipation, spirit possession, disturbance of the monthly cycle, stomach ache, frequency of urination, or weariness.

If coitus is too frequent a woman may experience incomplete menstrual discharge; the impure blood may be retained in the abdomen and cause discomfort.

If conception occurs because of coitus during menstruation, the resulting child may be unhealthy because he has been conceived in impure blood.

#### Miscarriage:

If miscarriage occurs within 3 months of conception, it is only spontaneous passing of a clotted piece of blood.

If an evil spirit finds any fault in the behavior and movements of a pregnant woman, it casts evil eyes on her which results in miscarriage.

Miscarriage may result from a curse cast by parents, elderly persons, or animal souls, on the pregnant mother.

If a pregnant woman crosses a rat hole or the bone of a dead cat, miscarriage may occur.

#### Sexual Capacity:

After the birth of the first child a couple's sexual urge decreases because of the loss of strength and of semen caused by frequent coitus.

If the husband's sexual power is low and his semen is thin and weak, his offspring will be born unhealthy, deformed, and susceptible to disease.

The size of the penis is related with a man's virility or sexual capacity (unproved?).

A man who has "excessive coitus" loses bodily strength and his semen become thin and weak.

A woman who has "excessive coitus" loses interest in household activities; she may have incomplete menstruation, and her semen becomes thin and weak.

In old times people had more self-control and coitus was less, and religiosity was more.

#### Semen and its Use:

Male semen is good for the wife's health. The health of the wife improves if she frequently receives semen through coitus.

Conception occurs when male semen and female semen mix.

Semen is made out of blood; 80 drops of blood produce 1 drop of semen.

When semen is initially formed out of blood it is thin; later it becomes thick. With excessive use the thick portion is exhausted and only the thin portion can come out, which produced an unhealthy child.

A male who has had no previous coital experience or who has not wasted his semen will have more strength and semen.

Semen is made in the brain, or is closely related to the brain. Withdrawal and ejaculation of semen outside the vagina shocks the husband's brain and also affects his eyes.

Frequent coitus diminishes the predetermined quality of semen in every human being.

A decrease in the supply of semen causes a decline in body strength.

Health of the baby conceived is related with the quality of the semen of the progenitor.

When a person wastes his semen by any means except coitus with the spouse, he/she becomes unattractive and the effectiveness of the semen deteriorates.

A tired person should not engage in coitus because it drains out further strength through passing of semen.

### **Masturbation and Emissions:**

Through masturbation a male is bound to suffer from seminal weakness, and the penis becomes thick on the top and thin at the root.

Young men and young women lose their strength through their semen when they masturbate.

Masturbators lose sex power, confidence, and moral faculties, and become incapable of intellectual pursuits.

A female masturbator suffers from general physical weakness, decreased capacity of lubrication, aches in the stomach and waist, loss of appetite, and a burning sensation during urination.

Nocturnal emissions or lubrications occur at the instigation of a devil or evil spirit.

In nocturnal emission, twice the amount of semen is discharged as in normal coitus, which affects one's health.

Males who have excessive nocturnal emission may suffer from gonorrhoea or impotence.

### **Homosexuality:**

Homosexuality among males leads to loss of memory and loss of general health.

Homosexual males will run short of semen, lose their sexual strength, and cannot ejaculate semen into the female organ.

Although a homosexual woman may conceive following coitus, the child born to her will be unhealthy.

### **Restricted Coitus:**

Restricted coitus has the benefit of maintaining a high quality in the blood, a charming face, a pleasing disposition, and a strong body.

Limited coitus keeps skin diseases like scabies and itch away. These diseases spread because of deterioration in quality of the blood as a result of excessive coitus.

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Coitus once a month is good for health.  
Excessive coitus makes both male semen and female semen thin. A child conceived out of such semen will have ill health.

### Stages of Life:

Children below puberty have hardly any sexuality.

During adolescence, the blood boils and bubbles.

Youth may be expected to be continent till they are 20 or so if they remain unmarried.

Sexual complaints of pubescent children are attributable to bad living by the parents.

Semen of older men is not of good quality and makes weak children.

Most men and women who are older abstain from sex or have it infrequently.

Middle aged parents should not have children because they may die before the child is married off or earning.

### Contraception:

The number of children destined to be born of a woman is indicated in the placenta or the childbearing tube, and it also indicates whether the births will be spaced widely or closely.

Immediately after coitus if the female stands up or walks for a while there will be no conception.

If the female urinates or washes her vagina thoroughly after coitus the chance of conception is much less.

Numerous scientific studies in South Asia have also shown that there is a huge reservoir of misinformation on sex, from the viewpoint of modern medicine and physiology. The Āyurveda medical system has a magnificent pharmacopoeia and many useful insights about the human body and mind, but some of its tenets about sex are wrong from the modern medical viewpoint. Many of them resemble the above-quoted statements we have gathered from our study area, such as the value of retention of semen, relationship between semen and the brain and spinal cord, the idea that semen is the essence of blood, the idea that classificatory "hot" foods stimulate sexuality and "cool" foods inhibit it, and so forth. B. Gupta (1976:368-78) has reviewed the revival of Āyurvedic medical teaching in Bengal and explains how for centuries it taught only internal medicine and neglected human anatomy. This is being corrected in the Āyurvedic colleges in India now, but the heritage of incomplete scientific knowledge is very strong.

Similarly, Obeyesekere (1976:201-26) has shown how the beliefs about sexuality in Sri Lanka which are mostly related to Āyurvedic tenets, create diseases which could not exist apart from the system, and, that it is believed that children are incapable of sexuality. One result of all this is a high rate of "impotence anxiety." There are several similarities between this and beliefs about sex in Victorian England.

In a study in a hospital in Simla, Uttar Pradesh, the complaints of 366 medical patients who had sex related complaints were analyzed, with the following results (Ahluwalia et al. 1981):

a) 28% complained of white emission before or after urination, and they thought this indicated loss of vigor and manhood (similar to the "disease" analyzed in Sri Lanka in Obeyesekere's findings whose symptom is any whitish discharge in women's "semen" or in men with urination).

b) 18% complained of "wet dreams," of whom 81% were not married.

c) 16% complained of premature ejaculation.

d) 12% complained of having masturbated and feared weakness or moral depravity.

e) 13% had problems with contraceptive devices or in choice of contraceptive.

f) 7%, among men, complained of having no erection or a weak one.

g) 5%, among men, complained about size or shape of their genitals, most of whom had wrong ideas from their friends.

Of these complaints, most are obviously not based on any real medical problem as clinically defined, but on incorrect ideas and fears about human physiology and sexuality. The investigators concluded with a recommendation that sex education be introduced in schools, and they thought that teachers would have a favorable attitude toward it.

Both the lack of factual knowledge, and the attitudes and values held, often impede full responsible sexual expression. People abuse and misuse one another, not simply out of ignorance, but also because of compelling values and beliefs. Some of these values and beliefs are well founded, but others are not. Those not well founded are generally based on motifs that have served to create and maintain an aura of mystery around sexuality. These have led to ignorance, abuse, discrimination, and sometimes to dehumanization.

Because people do not feel free to search out answers to their questions they often remain confused and frightened of their own sexuality. One's gender is clearly established, but how one expresses it is not always so easily learned. The lifelong process of learning sexual expression is more torturous than necessary when based on misinformation and misunderstanding, or with lack of awareness of the forces that influence the unfolding of one's development through the stages of life.

## FAMILY LIFE EDUCATION

### Attitudes Toward Instruction in Reproduction Matters

This study was not undertaken with the main objective that the findings would be useful in the family planning program. It was undertaken because this was an area of anthropological interest which had not been investigated. However, in this final chapter we discuss some possibilities of education in reproductive matters on which our findings have bearing, in the belief that this is important for policy making and project implementation in the population control effort.

The concepts of family planning, population education, and sex education, are alien elements in Bangladeshi culture. A cultural system is very selective in acceptance of cultural traits from outside, and if such ideas as these are circulated widely for years, and incentives are offered, and still they are not accepted, there must be features in the cultural system with which they are incompatible. Despite positive opinions on these subjects given by some respondents, unless the communities accept and internalize them the controversy that may surround their introduction may render them ineffective.

The following opinions were volunteered by the 65 respondents of this study, concerning education in reproduction matters.

#### Positive Opinions:

A person having had 'sex instruction' (*jauna śikṣā*) will understand how conception occurs and the harmful consequences of discharge of semen apart from coitus with the marital partner. So young males and females will learn not to engage in illicit coitus because they will fear pregnancy, and will know the harmful effects and scandal that can arise. One should be taught to have coitus only with the marital partner. (M:2,4,3; F:2,1,0) Through sex education young males and females become aware of the ill effects of illicit coitus and of behavior that may bring them disgrace. (M:3,2,3; F:4,3,2) Without sex education, people may remain ignorant of the mysteries of sex life and young girls may conceive, creating a social scandal. (M:2,3,1)

With sex education, people will know that loss of semen through illicit sex is detrimental to health, and will make efforts to refrain from ejaculation. (M:2,1,4)

Sex education will help protect the honor and prestige of the family and community, and it will communicate information on the basic differences between

males and females. (M:1,0,0)

Persons with no sex education do not realize that illicit coitus is a sinful act, so they look for any opportunity to have it, and illegitimate conceptions may occur since they will look only for satisfaction in coitus. Such people are likely to be easily misled and will fail in handling problems related to sex. (M:3,2,4)

A girl without sex education may become restless after she experiences the pleasure of coitus, and may like to have it frequently even at the cost of her health. Girls with no grandmothers or elder brothers' wives' mostly remain ignorant of sex, and face various problems after marriage. (M:2,4,3; F:3,5,4)

Sex education can help make married life well controlled and lead to having a small family. The partners will know how to avoid a conception, will think of the future and their health, and will wish to have fewer children. (M:3,5,2; F:2,1,1)

Through sex education a person can learn that abstention from coitus for 2 weeks after menstruation prevents conception. One will learn not to have excessive coitus which affects the health of both husband and wife. (M:5,3,6; F:2,0,3)

Through accounting one can maintain a balance between income and expenditure. Similarly, with sex education one can keep account of the losses and gains of his sex energy. (M:2,0,0)

One without sex education may frequently indulge in coitus since he does not know the harm of such excess; he may suffer from ill health, anemia, giddiness, stomach ache, and general weakness. Such a person thinks little of the future, indulges frequently in sex, and begets many children and so lives in poverty. (M:4,3,5)

Lack of sex knowledge causes problems in conjugal life. Some girls are afraid of going to bed with their husbands and create an awkward situation by crying and offering resistance, so sometimes a husband may engage in coitus by force. (M:3,2,1) Without sex knowledge a girl may be afraid of going to her husband's house and may regard coitus with him as improper conduct. (M:0,1,1; F:1,0,0)

Without knowledge of sex a woman cannot fully understand her husband. Sex education ensures good adjustment in family life, so husband and wife can maintain a peaceful relationship. Wastage of semen is stopped and every adult follows the path of virtue. (F:1,2,0)

Sex education should be given prior to marriage to help build up a happy conjugal life and so the couple can time conceptions suitably. (M:3,4,6; F:2,1,2)

Parents are unable to provide facts of sexual life to their children because of embarrassment. They may also be suspicious of the sex conduct of their children and may be uninformed about the sex knowledge the children have. The suspicion creates a distance between them and the parents so they cannot communicate. (M:2,1,0)

The guardians (*murabbirā*) cannot impart sex education; they can only emphasize values related to sex through indirect statements such as "don't mix with children of evil habits," but they never explain exactly what they mean by the term evil habits. (M:6,2,4; F:3,2,5)

It may be noticed that practically all these opinions deal with moral values in which the respondents would like to see the young people better educated. The respondents do not refer at all to education in population as a critical issue, nor to the wrong information about sex people hold, nor to the psychological needs of the young



persons involved. Yet these are the very issues which would be dealt with in any structured education on reproductive matters. Some of the respondents do refer to usefulness of such education in avoiding unwanted conceptions, and in building a happy conjugal life, but most respondents who are favorable to such education have in mind the moral values of the society.

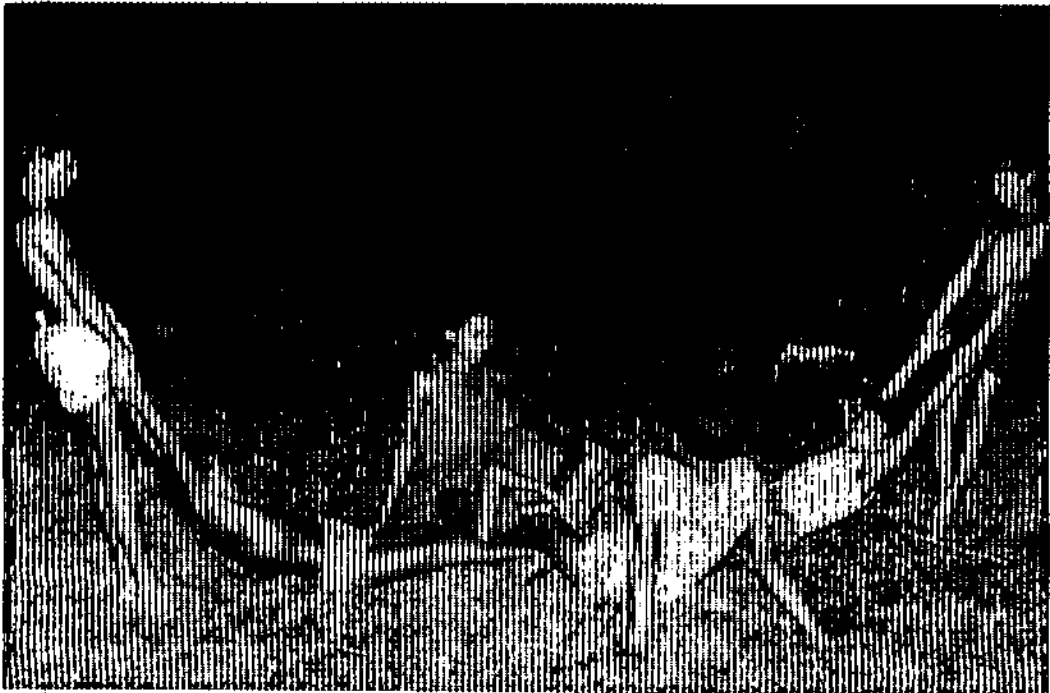
### Negative Opinions:

If teachers impart sex education, the young males and females will become impolite, and they may have the audacity to discuss sexual topics with their parents. (M:1,2,4; F:2,4,5)

After getting sex education from teachers, young males will try to entice girls to have coitus. (M:1,2,4; F:2,3,5)

It is useless to impart sex education to males or females prior to marriage. After marriage they get instruction and indirect information from grandparents and elder brother's wives. Sex knowledge before marriage may lead them on the wrong path, and they might feel no shame but would do anything to satisfy their sexual urges. (M:2,1,3; F:1,2,1)

Young males and females learn some about sex by observing copulation of cows, goats, sheep, dogs, cats, hens, ducks, pigeons, and sparrows. Similarly, children aged 8 to 12 years old learn about the reproductive role of females by playing the 'game of birth process of a goat' (*chāgal biyāni khelā*). (M:2,1,3)



The game of birth process of a goat (*chāgal biyāni khelā*) is in progress.

Sex education would make bad offspring only worse. Sexually mature males and females are likely to be led astray if they have sex education from teachers without parent's control over them. The good ones will learn about sex by observation but the bad ones will remain bad after having sex education. If the youth get sex education from teachers, they will lose respect for them, and the same would happen if they get it from their parents. (M:5,6,3; F:6,7,2)

In these negative quotations, male respondents are more concerned about moral issues and the reputation of young people and the family. Female respondents are more concerned that young girls might enter marriage without any instruction at all in sexual matters. Males and females know the uselessness of the indirect statements of advice on reproductive matters given by guardians or elders. Both males and females, representing all three socio-economic classes, are often firmly opposed to even informal instruction in reproduction or sexual matters.

These quotations show that to institute anything like family life education, or reproduction education, or sex education, will be very difficult and sure to meet opposition, though if it emphasizes the moral interest of the people there are some who will find it acceptable.

### **Population Education**

Several kinds of reproduction-related educational programs have been undertaken in different countries: population education, contraceptive instruction, family life education, and sex education. These may be in schools, in media, or informal. The quotations in the preceding section show what a difficult area this is for implementation in Bangladesh, and how the objectives of the respondents in any such programs might differ from the objectives of: 1) knowledge to affect change in behavior so fertility declines, and 2) knowledge to enable improvement in the quality of life through better physical, psychological, and mental functioning of the individual in different stages of life. Need for the first is without question in Bangladesh, and need for the second is shown in the large body of misinformation quoted in the preceding chapter.

Poffenberger (1976:147), after studying the situation among high school students in Gujarat, stated:

There is need for sex, reproductive, and family planning education. The question is not if it should be taught to those about to marry, but how it can be done most effectively. Perhaps the most effective programme the government can undertake is assisting the next generation to have the number of children they want.

Perhaps this indeed is the most important thing the Government might undertake. The World Population Conference in Bucharest in 1974 was a turning point in the acknowledgements of many governments of their potential role in this area; the Conference urged governments to take the necessary steps to provide all couples and individuals with information, education, and means to decide freely and responsibly the number and spacing of their children as a basic human right.

The 4 types of education referred to above have been implemented quite differently in different countries. For example, population education in Latin America often includes a component of sex education, but in India it often rigidly excluded any sex education or even

contraceptive instruction (Wadia n.d.). In countries with strong religious institutions the family life education approach may find greater acceptance. In some North European countries and North America sex education in its own right has won a place in the educational system in many communities. Population education can be taught about population in the abstract and not deal at all with the student's own reproductive and sexual interests (Kline and McCann 1974:7).

It is not known, however, whether any of these types of education really result in behavior change either to affect fertility declines, or to affect better quality of life for the individual in the area of reproduction. It is just assumed that such education might have an impact, and the importance of these areas is such that many programs and seminars have been undertaken. In 1978 UNESCO put out a guide based on existing programs, entitled *Population Education: A Contemporary Concern*. It was recognized that course content would have to be very flexible, according to the cultural requirements. One conclusion was that in spite of substantial increase in population education in the schools in some countries, there would have to be much more effort outside the schools.

China provides an example of how publicity and education on a wide scale throughout the country has generated an atmosphere in which the small family norm has to some extent become internalized and it is possible to rely on moral incentives. Singh (1979:264) has noted:

While trying to use both material and moral incentives to motivate the labor force, the Chinese have shown a willingness to rely on the latter to a much greater extent than anywhere else in the world....The use of moral incentives is inseparable from attempts on a large scale on ideological and political re-education....Hence the frequent ideological mass campaigns in China to inculcate among the people the virtues of a 'socialist man' free from self-interest.

In Sri Lanka a different system of population education was initiated both among Sinhalese and tea estate Tamils. Local suitable persons were requested to start information chains. It was observed that most people wanted responsible family welfare information. Another example is from Puerto Rico, where the motivation came from the private sector. A contraceptives manufacturer launched a campaign of population and reproduction education, including contraceptive use. The island was divided into 20 zones. Agent-teachers were selected from among people of all occupations to visit homes and teach about reproduction and contraceptive use, and there was no involvement of medical clinics. The result was successful, with a 50% increase in contraceptive use (Cadbury 1962).

In India, with many conditions similar to those in Bangladesh, a multi-faceted program of population education was launched in the 1960s. Large signs showing the two-child family, with slogans, were painted on walls all over the country, and other media were utilized. Within a few years people all over the country came to know that the government considered that population growth was a problem, and that it wanted people to restrain their fertility, and that means were available to do it. These three facts were new to most Indians, but the publicity job was essentially done. It remains yet for this knowledge to be translated into contraception, but there is necessarily some time lag there, and in the states with more indices of development the population growth rate has clearly declined.

As regards experience with population education in schools in India, results have led to

certain recommendations of specialists (Mehta 1969; Kuppaswamy et al. 1971; Kale 1978) as follows: The goal of population education in schools should be to teach that family size is controllable and to affect change in reproductive behavior in the society. It should be introduced in all levels of the educational system, including the lowest classes. The objectives can be achieved without new courses, by modifying existing syllabi. Adequate books and materials must be prepared in all the regional languages. Preparatory work must be done in teachers' colleges. In colleges, courses in demography may be widely introduced. The subject in schools should introduce not only population dynamics in the abstract, but have some content on marriage, show advantages of the small family to the individual and to the locality, and have an appropriate level of content about the methods of population control. It has been ascertained that most teachers agree that population education should be taught; this should be taken advantage of by requiring courses in population education, family welfare education, and sex education, as part of the core of the teacher training program. In varying degrees in different parts of India there has been some implementation of these ideas, but generally without much reference to the sexuality of the individual student.

As regards Bangladesh, in the first 5-year plan (1973-78) it was stated that it would be feasible to introduce the concept of the small family in syllabi in schools, colleges, and universities. In lower levels this would be in existing courses, but at higher levels there could be separate courses on reproductive biology, family planning, demography, etc. The school syllabi should stress the economic and social benefits of the small family. But the proposals were not implemented within the plan.

However, the Ministry of Education did implement a plan to begin short term training workshops for teachers and revision of educational materials to include population content. This was supported by UNFPA and has been evaluated by Sharma (1982). Between 1976 and 1980 about 28,000 teachers were given short training, and materials were prepared to include population content in existing courses in classes IV-VII, ranging from 2 to 4% of overall syllabi content. This is too small a percentage to motivate teachers or students to stress it much, as the teaching is mostly examination-oriented. More important, since the school drop-out rate in classes I-III is over 60%, this has not affected the majority of children who begin school, let alone those who never go to school at all.

Most of the teachers in Bangladesh are men, and many are rigid in their personalities, at least while teaching. They are hardly inclined to teach anything remotely related to the sexuality of their students. In fact, the evaluation of the UNFPA-sponsored program showed that some teachers were reluctant to deal even with the population education content of the syllabus because they equated it with family planning. We know, as shown by quotations throughout this book, that a teacher is equated with a father in the respect he demands, and that it is not possible in this society for a matter that belongs in a joking relationship to be discussed between father and child, or teacher and child.

Nevertheless, the program for population education in schools is proceeding. UNFPA is funding a project 1982-85 to introduce population content in existing syllabi in classes VIII-XII. By the end of this time, some 172,000 primary school teachers will have received brief training, which is 67% of such teachers. Also, by then some 20,000 secondary school teachers will have received brief training, besides 1500 teachers in *madrāsās* and some from vocational schools. At the college or university level, 960 teachers are to receive population

training. This is an important step towards raising consciousness of population dynamics. Its effectiveness will not be known for a long time: 1) most children do not attend school or drop-out before class IV; 2) motivation for teachers to teach it is small, and students do not see it as important in preparation for examinations; 3) the gap between school and reproductive life is several years in most cases; 4) it is not known if teaching population in the abstract will have any effect on behavior; 5) the only level of personalization, of the type "a happy family is a small family," is patronizing in tone and not exactly honest, for people may think their ideas of what makes happiness is more valid than that of teachers or books.

Despite this a beginning has been made. It will be important to follow the attempts of private organizations to teach family life education, and see if in time more of such course content can be incorporated into the school syllabus on population education.

### Sex Education in Schools

Sex education may be defined as any gaining of knowledge about human sexuality and reproduction, designed to help each individual to understand and control his own sexuality and reproduction. It may include scientific, ethical, social, and religious content, and may also deal with population dynamics. But young people are usually interested more in their own sexuality than in population dynamics. Many observers have noted that a policy of silence leads to crude, strange, and fearsome notions (Kale 1978, Kellog et al. 1975), such as those we have quoted in the preceding chapter.

The development of psychoanalytic theory in the West in the 1920s and 30s emphasized the importance of providing accurate information about sexuality to the young (UNESCO 1965:79), and in the 40s and after, the place of sex education in the school curriculum in many Western countries was strengthened. One of the reasons early advanced for sex education was to assuage the fears of the parent generation that its sons might get venereal disease and that its daughters might become pregnant while unmarried (Braestrup 1970:46), which are along the line of the responses we found in the study area which we quoted in this chapter.

The Swedish approach to the subject is in line with the Swedish concept of the welfare of the young (Kellog et al. 1975:9):

The purpose of teaching about sex in schools is to help children so that sexual development may occur as naturally as possible. Forming a healthy outlook on this side of life will be a great help to them in mastering the various problems connected with sex.

In Sweden sex education has been introduced in schools on the demand of the people themselves. The Swedish Association for Sex Education is supported by the labor unions of the country and indirectly through them by 80% of the people. This Association has education as its major commitment, but instead of setting out on a program to educate the public directly, it seeks instead to educate those people who have influence at the local level who can act as teachers. One observer commented that it was striking that leadership for this did not come from the educational authorities, nor from medicine, but developed independently in response to the public demand (Stallworthy 1972: 188).

The British approach developed with the goal of helping children form a healthy outlook on reproductive matters and sex, and it has met with some success (Newsom Report 1963). In France (Ministry of Education 1973), West Germany (1969:49),

Czechoslovakia (1973:379), and Hungary (1973:774), sex education also acquired the objective of moral responsibility to society and protection to the family.

The International Planned Parenthood Federation 1970 took up the issue and worked for institution of population programs in formal education systems to help develop "rational knowledge of sex and reproduction, together with an understanding of the responsibilities involved in interpersonal relationships." It sponsored a conference representing 14 countries to identify common aims in "responsible parenthood and sex education" and to arrive at common standard concerning content and teacher selection (Somerville 1971:30). Others in the field developed imaginative and well-planned approaches for all levels of schooling and through university, to teach accurate facts, help young people to understand their own sexuality, and develop sexual responsibility (Israel 1974:2).

When objections are raised to programs for sex education, one response has been to distinguish between the function of the school to teach facts, and the function of the home and religion to teach ethical and moral values and attitudes. In this sense, teaching "facts" may be termed "information," and teaching of "values" may be termed sexual "education" in a narrower sense (Kellog et al. 1975:11). An alternative approach to splitting the subject is to provide instruction in schools on "family life." Family life education includes human relations, emotional development, parenting, home making, sex education, and moral values, at least as developed in India where the emphasis is necessarily more on social and moral values (Kuppuswamy et al. 1971:68).

It has been the realization that neither parents nor the religious institutions are teaching this that has given rise to this movement in a number of countries. Krishna Rao (1968:viii), in a book on sex written for teenagers in India, writes: "In my practice, I have found that the greatest single factor responsible for sexual problems and marital conflict is ignorance." This comment pertained to modern or urban people who had been exposed to new waves of ideas on dating and sex but had often not been able to integrate these successfully into their personal lives. In another study Bhasin 1978 it was found that of a large sample of unmarried teenage mothers in Bombay, 95% had no exposure to anything that might be termed sex education, and the "girls were alarmingly naive about how conception takes place, how menstruation occurs, and at what time there is risk." Most were of lower socio-economic status, and most expressed the possibility of continuing sexual relations after an abortion. But after counselling 76% of them agreed to accept contraceptive use.

In all countries where this movement has taken root the motivating reason is the realization that neither parents nor religious institutions are teaching sex and reproduction, and that it is being transmitted by the children's peers. We have given ample evidence that this is even more the case in Bangladesh than in most countries.

We would like to put forward another important reason for such education in Bangladesh. In this country (and in North India and to some extent in other countries where sex roles are widely divergent) there is much "Eve-teasing," or inappropriate behavior of males toward females. This, of course, is a two-way process, and is rooted in the whole matrix of gender roles. Young men usually isolated from contact with females, stare at them in a most disconcerting way. This is one of the first comments about Bangladesh

females may get used to it, but their response is to go in public as little as possible, so that society as a whole is often deprived of their abilities and labor contribution, and *pardā* is perpetuated. The women who travel from one place to another pass through public places on foot or avail of public transport to reach their destinations. During the course of such travel some males invariably gaze at the women excluding the old ones while in turn women wilfully keep their eyes away from the direction of the males. This is one of the reasons why males are usually viewed by some females as shameless *behāyā*. A more relaxed relationship between the sexes can be promoted by family life education.

In his work dealing with sex education in India, S.N. Kale(1978) feels that there, as in the West up until recent decades, association of sex with evil leads to fear, disgust, shame, and guilt, and this cannot be removed by a little sex information. The prevailing position in many homes is that sex can be controlled by fear and ignorance. Another prevailing attitude is that sex knowledge is innate and will be discovered naturally. In our study we have found that most respondents voice these ideas. But these policies lead to perpetuation of the fearsome and scientifically wrong ideas quoted in this book, which may also sometimes lead to impaired mental health and to fixation on certain aspects of sex or sexuality. It is better if a young person can acquire: the ability to enjoy instinctual pleasures without guilt; the capacity for lasting positive relationships; knowledge to enable him/her to cope with the existence in society of venereal disease, illegitimate births, prostitution, and divorce; and if he/she can internalize individual responsibility to society in sexuality and reproduction.

Kale's recommendation for sex education in schools, based on the actual needs and experiences of young people in India, are as follows. Before adolescence most points should be discussed just as subjects of interest rather than as personal problems. During adolescence the young person needs information on physiology, puberty changes, personal hygiene, sexual morality, social responsibility, marriage, pregnancy, childbirth, home-making, and family planning. Boys may receive separate instruction in anatomy, masturbation, ejaculation, etc. Girls may receive separate instruction in pregnancy, masturbation, childbirth, and mother feelings. Other points to be covered are love and tenderness, sexual aggression, venereal disease, and divorce, depending on the level of instruction and maturation, and what the students and the community will accept. Instruction may be given by a science teacher, social science teacher, medical person, counsellor, or psychologist, in upper levels, and by the primary school teacher in lower levels.

But many teachers are unable to teach such subjects, and they cannot be made comfortable with them by a requirement to teach them. It was found in research among teachers in India (Kuppuswamy et al. 1971:19) that most think that population education should be taught, but only half are willing to teach either family planning methods or human sexuality. If no alternative is available, such teachers can teach a sexless population education. But meanwhile family life and sex education can be introduced in the core of the teachers' training institutions. In a study of teachers' attitudes toward sex education in Andhra Pradesh (Reddy and Babaijah 1979), it was determined by quantitative analysis: that teachers in general do have a favorable attitude toward sex education at the secondary level; that they would like to see it introduced; that married and unmarried teachers do not significantly differ in their attitudes; and that science teachers do not have a particularly more favorable attitude towards it than other teachers. Female teachers, however, had a

less favorable attitude toward it than male teachers, and contrary to the findings regarding men teachers, the married women teachers had a less favorable attitude than the unmarried women teachers. But in all, 60% of the teachers favored it (70% of the men). These questions need to be investigated in Bangladesh prior to organizing any efforts regarding sex education in the educational system.

However, there are some more fundamental questions to be raised. First, it is suggested that "school sex education is probably of somewhat dubious value for reducing fertility levels in many developing countries of the world where average school attainment is about three years of primary education" (Keller 1974:59). This is particularly true in Bangladesh where the drop-out rate is very high, and it is hardly feasible to expect that anything significant in this area can be taught just in classes I, II or III.

Second, there is the question of whether sex education or scientific knowledge of reproduction is necessary for family planning. May be it is not essential. There are no data to answer this question for Bangladesh. Even for India what is mostly taught in rural areas is population education rather than sex education, and no study seems to clearly set forth a requisite of scientific sex knowledge before fertility can drop. Perhaps sex education, or family life education, or even population education, would play a less important role in overall fertility reduction than general education. General education of females is shown in many studies to be a very strong factor, though recently it has been found that in many cases it does not cause so much decline in parity, as postponement of childbearing to later years. A recent study in Matlab (Chowdhury, Phillips, and Rahman 1983) shows that educational attainment of husbands is more important than either age or parity in prediction of adoption of family planning. But there is hardly time to wait to discover whether incorporation of such education in the curriculum for either males or females will have much effect on fertility behavior.

But third, there is the question of whether such education is even possible in Bangladesh. In general, we may say that it is not possible. We have quoted many respondents in our study area as saying that the teacher is considered as a father, meaning that the child is to extend the same respect to him. A father, a teacher, or other person who expects respect cannot speak of sex with youngsters, as this is considered the subject of a joking relationship. Some of our respondents have said that for a parent or teacher to speak of sex would cause the youngsters to lose respect for him and to become unruly. This is a very deep-rooted aspect of behavior in Bangladesh.

A young person in Bangladesh should not smoke in the presence of a teacher or professor. He should rise on his entrance into the room. He should follow instructions without talking back. The teachers are not expected to show any interest in the play or games of the youngsters. To speak of sex would be to break this barrier, which is internalized in almost all children.

One point in view is that sex education is more needed by urban students than rural people. In this case, the aim would be to help the students in their psycho-sexual development and mental health rather than to cause overall change in fertility behavior. The recommendations of psychologists such as Kale are particularly applicable to urban students.

On another level, the medical profession could do much more to prepare its



practitioners to deal with reproduction and sex matters, and to encourage them to teach it. In Bangladesh, since the family planning program is linked with health care, this would be particularly appropriate. WHO (Mace et al. 1974) has summarized the experience of medical schools in training doctors and nurses in this subject, with suggestions of how medical personnel may become involved in teaching this throughout the educational system, based on experience in many countries.

### Education through Media and Use of Traditions

Discussion of sexual matters in some contexts in Bangladesh is quite open and frank, but it is forbidden in others, so that the familial opposites of joking relations and respect relations apply to some extent in other social situations. It is avoided in a formal setting, or where there are people who should be respected, or in relations between older and younger, or in relations between males and females with certain exceptions. In our previous study of beliefs and fertility in Bangladesh, all our field investigators found it much easier to gather information about sex than they had anticipated, and in the present study the 65 respondents who gave their life-histories and views were mostly quite frank on the subject. In advertisements of contraceptives and in family planning publicity there is more frank discussion than might be possible in such advertising in Western countries. In *Jātrās* and other traditional entertainment allusions are explicit. For population education and sex education the media may be more important in the long run than any addition to the school curriculum because it is not linked with interpersonal relations. It might bring quicker results with less cost as regards fertility change and improvement in knowledge.

Indigenous themes and values find a far more ready response than external ones. It was found in a study in Uttar Pradesh in India (Gupta 1965:2-6) that appeals based on urbanized or westernized concepts proved ineffective with the respondents, whereas use of local idioms led to better communication. In Bengali the traditional literature is rich and flowing with witticisms and homilies. A few of them relating to number of one's children are as follows:

#### Advantages of Few Children:

One jewel enlightens seven oceans.

One moon can enlighten the whole world and the family. In spite of the presence of hundreds of stars the world remains in darkness. If only one son becomes educated and talented he is better than a hundred foolish sons.

One mouth can be filled up with gold, but 5 mouths cannot be filled up even with ashes.

The sow has 7 pigs, but the tigress has one cub.

One son is equivalent to a bed of flowers and 5 sons are equivalent to a bed of thorns.

#### Disadvantages of Having Children:

If no son is born there remains only one worry, but if a son is born there appear a

hundred worries.

In spite of having 12 grandsons and 13 granddaughters, the wealth of the old man is going down.

When there were 2 legs, one could go anywhere according to one's choice. When there were 4 legs, the question arose, where do you go? When these became 6 legs, the demand arose, "Father, take me along!"

Children are like a lump of clay suddenly thrown into the water.

Children are reared only to become the harvest of the angel of death.

#### **Need for a Son:**

When a son is born, he will call me "father," and then all my mental anxieties will be gone.

If a son is not born in early adulthood, neither the father nor the mother can be happy.

#### **Advantages of Daughters:**

A daughter can be equivalent to 10 sons if she is married to a worthy groom. The woman who bears a baby in her womb cannot attach less value to her own daughter.

If a couple has 7 daughters they can go to heaven.

#### **Disadvantages of Daughters:**

If a man has 3 married daughters, he is to negotiate with the Qazi (to arbitrate the issue of divorce).

He who commits sin will become the father of 7 daughters.

#### **Advantages of Many Children:**

Dependence on one son is like living in a house built by the side of a river, having anxieties in mind all the time.

The mother of one son shivers with fear.

In the household where there is only one son it is a happy situation, but when the parents become seriously ill there is none to look after them, and that is a great disappointment.

One son is not a son, one eye is not an eye, and one cowry is not a cowry. (Some of these oral traditions are mentioned in Chowdhury and Sen 1367 B.S., Muhammad 1968; Sen 1956; Bangla Academy sources; Pathan 1976)

The human conditions and the world view of rural Bangladesh is interpreted and justified in the folklore and oral traditions. Sufficient appropriate motifs can be selected to convey the desired message in the idioms the people understand and are familiar with. Bengalis love their language and its literary traditions, and this feeling may carry more

weight than many exhortations couched in unfamiliar reasoning. The best approach to motivating people is in terms of their own life experience, and this is particularly the case for any publicity or educational program in Bangladesh (Croley 1967:9).

The UNFPA has initiated a program of "use of folk talents for family planning publicity and education" in the country. This has been in operation since April 1977, under the Information, Education, and Motivation (IEM) Unit of Population Control and Family Planning Division. Many motifs and oral traditions have been collected (Abu Saeed Zahurul Haque, sometime Consultant, UNFPA, Dhaka) and methods developed for rural publicity and communication. Aside from radio, television, the press, movies, and advertisements, a particularly interesting feature of Bangladesh culture is the entertainment fairs (*jātrā*), held from time to time over the country. These are entertaining and humorous dramas or presentations, mostly about actual past traditions and present conditions in the society. They are very popular, and if tastefully done, they might be utilized for wider education in reproduction matters. Another medium is puppet shows, which have already been brought under contract to convey the family planning message in several parts of the country. The puppet dialogue is to the point, entertaining, and clever.

It is also highly useful in the case of Bangladesh to invoke religious traditions. For example, we have referred to the Islamic tradition allowing induced abortion during the first 120 days; in our previous work (Maloney et al. 1981) we have given other references to that as well as to other relevant religious traditions. Islamic tradition can be invoked to advise regulation of the size of the family in accordance with income and mother's health condition. In the Islamic Shariat of Hazrat Imam Abu Hanifa (R) breast-feeding has been made legal up to 2 years, while his two devoted disciples, Hazrat Imam Abu Yusuf (R) and Hazrat Imam Muhammad (R) extended it up to 2½ years. These sources may be interpreted as cautioning a woman to not be pregnant while lactating, and that there should be enough space between the births of children (Islam 1976:40-1). Useful but more general advice can be understood in passages such as the following by Ali (1938:88) in his commentary on the Qur'ān:

A man does not sow out of season nor cultivate in a manner which will injure or exhaust the soil. He is wise and considerate and does not run riot. Coming from the simile to human beings, every kind of mutual consideration is required, but above all, we must remember that even in these matters there is a spiritual aspect. We must never forget our souls, and that we are responsible to God.

|| The acceptance of advice from external sources on such matters as spacing of children may depend on how closely the advice is seen to correspond with norms and traditions the people hold in esteem. This is particularly true in a situation where people communicate orally and the topic affects interpersonal relations, or in a community setting where there is social pressure to express approved ideas.

But these constraints can to some extent be avoided in literature. A recent study in India (Kapoor and Saroj 1982) of journals in Hindi, Marāṭhi, and English, covered presentation of the anatomy and physiology of human reproduction, family planning, population trends, and gynecological ailments. Articles on such topics have increased in recent years, and there is high demand for them especially among the urban youth; they are commercially successful also. Young people said they got more information from them than from parents or teachers, and only a little less than from friends. The conclusion of the

study was that: the articles should be practical and include references and names of organizations; discussion of emotional aspects and puberty changes is insufficient; there is too little content on population; more scientific facts are needed; more information on venereal disease is needed; and readers could share their experiences more by readers' columns and other printed responses.

Reproduction education through media and by using traditional entertainment should be directed toward targeted population groups for maximum efficiency. The first point is that publicity campaigns may be more effective if launched from December to March (Aziz 1981:185; Phillips et al. 1982:138) because conceptions are at twice the rate then as in the summer and monsoon months. Other material has to be prepared for particular age groups, or for one sex or the other. It has been shown above that reduction of fertility in women over age 30 or 35 is more feasible than in women of younger ages for a number of cultural reasons. There is more realization in many countries that family size may be mostly determined by men, whereas projects in the subject tend to be directed towards women. Publicity campaigns thus should be designed to affect specific target populations.

### **Suggestions for Family Life Education and Population Control**

Population growth can come down in the long run essentially when a lower level of reproduction is internalized in the individual and in the society. The existing program of contraceptive distribution and family planning activities designed to meet latent contraceptive demand will only produce part of the results required. Motivation to contracept on the whole cannot be induced by the medical system, which is geared to health services. Primary motivation must come from social and economic realities. Perhaps compulsion, or a range of incentives and disincentives verging on compulsion will be necessary. But before that, there should be a substantial attempt to utilize peer pressure and micro-community leadership.

In the concluding chapter of our previous work we set forth our ideas about the hamlet (*pārā*) or the natural geographical micro-community. In most parts of the country it is the *pārā*, though in some places there is also a socially defined village (*grām*) likely to be different from the administrative village and the revenue village (*mauzā*). We gave a description of the social and political structure of the *pārā* in general and how it regulates behavior. We presented ideas about organization of group discussions in the natural micro-community, and about incentives to community leaders to exercise their position for population limitation within the micro-community, in the interest of the people of the community and their children (Maloney et al. 1981:268-83).

We reaffirm these ideas, and from the viewpoint of anthropology they are sound. There are also precedents in other countries. And we would state even more clearly than before that consciousness of population limitation in the micro-community should be mostly linked with consciousness raising about micro-community resources, living standards, and economic possibilities, now, and 10 or 20 years in the future. Medical back-up is necessary, but population control is too large an issue to be tied just to the medical profession or the health delivery system. It should be tied to the overall welfare and consciousness raising of the natural micro-community. Our respondents also said they adopted modern contraceptives for economic reasons and mental peace.

We are dealing with two goals in this chapter: population education which should lead to decreased fertility, and family life education which should lead to better individual understanding of the self and mental health, and which also might have some effect on fertility levels in the long run. Population goals may be targeted by working through community consensus on resources and population constraints, and by a optimistic attitude of development potential combined with a projection of attainable goals of economic standards. This may be achieved by the micro-community as a whole putting responsibility for achieving these goals on community leadership, either existing leaders or new ones. These subjects can be discussed openly and consensus achieved among all the members of the community, as was done originally by the Swanirvar movement.

But family life education (which may include sex education) is a different matter and requires a different methodology. We have seen that no existing institutions can do it. We propose to try it through the system of fictive kinship operating in Bangladesh.

For example, a woman's elder brother's wife (*bhābī*) and a man's sister's husband's brother (*beyāi*) can discuss such subject with one. The use of fictive kin terms is strongly rooted in the culture, and is a mechanism of building interpersonal relations, such as dependency and intimacy. Most strangers, when they are in a place for a time, come to be referred to in fictive kinship terms (Aziz 1979: 127-36; P. Sarker 1983:46-53). Perhaps an acceptable way of conveying the content of family life and sex education is through this means. If in a natural micro-community some persons who can be referred to there as *bhābī* or *beyāi* can be located and trained, they will be listened to. Such persons can act as local social workers. A *bhābī* can develop a clientele among the women of an *āṭī* or a small *pārā*, whereas a *beyāi* can develop a clientele among men throughout the *pārā* or the natural *grām*.

Ideally, in a micro-community there should be 6 discussion groups: 3 for men and 3 for women. For each sex there will be groups of unmarried young people (*kaiśor* and *nabajauban*), younger married adults (*pūrṇa jauban*), and middle age people (*madhyam-kāl*). This may be necessary because people of different age groups cannot easily engage in discussion of such private matters. If people of all ages discuss such matters together, the younger people will not make any comments in the presence of the elders.

It may be suggested that at the Union level there will be an Association for Family Life Education, comprised of the interested males and females who voluntarily join, from the different natural micro-communities of the Union. They must be willing to serve as family life educators on a voluntary basis. They would be trained in workshops held in the Association for Family Life Education. The training would incorporate not only information content, but also ideas on how the volunteer can usefully approach the target population. He/she would be initiated to consciously assume the role of a specific category of fictive kin required for the program, such as *bhābī* or *beyāi*, and to persist in this role. The training would stress how to give information and help without intimidating people, and without causing fears of breakdown of cherished values about gender roles or age set behavior expectations.

In his own micro-community, the volunteer will give lessons in family planning, health education, and family welfare, which will provide the setting in which he/she can also provide information on anatomy, physiology, venereal disease, and reproduction, displacing the existing misconceptions which have been identified in this book. We believe

that people in rural Bangladesh are genuinely interested to have better information on sexuality, and their quotations given above support this view. But it is apparent that so far neither teachers, nor medical professionals, nor other development workers, nor family planning workers, have been able to discuss matters of human sexuality so that individuals may have more realistic understanding of their own sexuality, and its relationship to reproduction and population.

A method such as is suggested here has not been tried, but it seems the only viable one in view of the existing communication patterns and mores about discussions of such subjects. Existing misconceptions can only be unlearned if the new conceptions are presented in a way acceptable in the culture and convincing to the people.

Perhaps these volunteers can also function in other aspects of development. For instance, Swaniarvar has a system of maintaining 10,000 rural workers by offering them small service fees from the loans the banks give their clients. This gives just a little income as an incentive, and enables the workers to feel socially rewarded. These workers might also learn some other skill, as in agriculture, fisheries, entrepreneurship, or health, which might be in demand in their micro-community. This would give them even better status and also social rewards to enable them to continue giving practical instruction in reproduction matters. The key relationship must be one of an accepted kin (actual or fictive) who will be listened to.

A few other practical suggestions may be offered. Often a sense of shame (*lajjā*) prevents a young woman from coming in contact with unrelated males, and it is also sometimes difficult for a woman observing *pardā* to discuss subjects even with a female family planning worker. In our previous work (Maloney 1981:59-74) we discussed *pardā* in detail and its effect on development and the population control objectives of this country.

Usually an unrelated male, especially a male friend of the husband or other elderly males of the *pārā*, can enter the courtyard of a *bārī* after obtaining permission. Women of middle age and old age continue to do their work in the courtyard, but adolescent and young females frequently hide themselves in the house. Thus, the most fecund women cannot easily be contacted by visitors, female as well as male. But sometimes young females will talk with the visitor in the presence of elderly females.

In view of these norms of behavior, a visiting worker would do well to first establish personal relations with the men of a community in tea shops or other public places and get their confidence, and get accepted at least as brother (*bhāi*). The worker may then seek the permission of the men to enter the *bārī* on the grounds that he has been trained to provide assistance and useful information, and he wishes to be accepted by the people of the *bārī* as a respected kin. A visitor then will find the young men and young women of the *bārī* more willing to talk, and can get himself/herself known and accepted by the fictive kin term.

A further suggestion is that a visitor will find much more acceptance with the young married women of a *bārī* if he has first found out what families they are from, and if he has become known to those families. A visitor that says to a young married woman that he knows her parents and has visited her parental home, will cause her face to light up. Gradually, the visiting worker can arrange meetings of age-sets within the neighborhood.

The visiting workers may also offer practical suggestions for increasing the welfare of the people. For example, health workers might utilize the system of *bārī* to provide

create a horticultural belt just outside the living area. Even now, women plant vegetables and small trees, and tend animals, usually in or near the homestead grounds. A horticultural belt could be dug around part of the *āṭī* or the *pārā*, to encourage women to venture out a bit, engage in cooperative work, and increase productivity and nutrition. This will help develop community feeling and optimism, and lead to community consensus on both development goals and on population dynamics goals.

Such programs as this need to be developed with the support of the *pārā* leaders and elders, and gradually the *pārā* can be mobilized for labor, for development, and for population control. It is not possible that such programs can be implemented quickly in the 68,000 villages of the country, much less in the 200,000 *pārās*. But pilot projects may be undertaken in substantial areas and expanded as rapidly as feasible. And some organizations such as Swanirvar have the strength and the infrastructure to proceed with implementation over most of the country within a few years.

### The Life Plan, The Natural Community, and Concluding Suggestions

At the heart of current social changes are 1) relations between the sexes, and 2) relations among people of different life stages. Existing patterns of both are threatened by the current social trends as well as by the whole population control movement and the new attitudes about sex.

Any change in the status of women (and the corollary status of men) has deep effect on the social order. In this sense, the Islamic belief that the threat to *pardā* (widely defined) is a threat to the society as a whole. In the study area it was observed that sexuality, conception, and childbirth are believed related not only to the human body but also to the soul. People know very well that if women work outside in agriculture and trade and take up roles in public events productivity will increase, but it would effect not only all established gender roles, but all dyadic relations within the family, and the whole divinely-appointed order of society. There is a love and an attachment to the ideas, for instance, of how a young female should behave, and if this changes the texture of the social order would be partly rent.

And any change in relations among people of different life stages also has a deep effect on the social order. The respect the young are supposed to have for their elders promotes the stability and continuity of the whole society, and facilitates perpetuation of core values in one generation after another. Many of our respondents have warned against family life education or sex education which might lessen the respect the young have for their elders and teachers. The whole pattern of kin relations is structured around with whom one has a respectful relationship and with whom one has a joking or relaxed relationship. People know that better sex information is needed, as most of our respondents agreed, but this has to be couched in moral terms. Any trends to obliterate the age-set distinctions and to talk about sexual and reproductive matters in bland terms overrides the established patterns and would cause the texture of the society to be partly rent.

Until this generation it has been a shared belief among the study people as a whole that sexual expression must be controlled or inhibited, and that the sexual instinct is dangerous. It is held in check only by the bounds of law and custom, fear of embarrassment or loss of

reputation, fear of bad effect on the body, disease, illicit conception, and even fear of hell. This is part of the foundation of the whole society (*samāj*).

At the same time, people are genuinely concerned about the population problem. The majority of them are also genuinely concerned about the costs and liabilities of having more children than they can manage and train up.

Resolution of these tensions in the society will have to be worked out within the society. Peer consensus will have to be achieved at the micro-community level, and the revised values have to be internalized both at the level of society and at the level of the individual. Bombardment of the society with family planning advertisements, materials, incentives, and family life information, is a necessary step to cause focus on the mal-adjustments, but the objective must be internalization through new resolution of the tensions in the social order.

The first part of this study was undertaken to explore areas of Bangladeshi society not discussed before. Population was not the main subject. But in the latter half of the study the finding led naturally to discussion of factors in population control and sex or family life information.

We now summarize some of the findings in the latter part of the study bearing on population control.

1). Life stages. The most important force keeping reproduction well below its biological maximum is the feeling that it is improper to have children in middle age and old age. The ideal of self-control in middle and old age is well established in South Asian tradition and exists in all the life-plan models we have discussed here for South Asia. It is reinforced by a sense of shame of pregnancy when one has married children or grandchildren. There are a number of traditional and natural means of fertility control, such as abstinence, absence of spouse, withdrawal, rhythm, and abortion. Older people prefer to use the traditional methods, and it was found that use of modern methods also increased with each 5-year age cohort after age 20. The reluctance to bear children in middle and old age is reinforced by other beliefs, such as that women who have a good number of children may get poor health, and that men who are older have weak semen which produces weak babies. According to the traditional life-plan in South Asia the youth before marriage were also to be continent, and only young adulthood was the time for childbearing. This set of attitudes may be capitalized on by the family planning program for further reduction of fertility.

2). Contraceptive methods. The support for withdrawal in Muslim and especially in Hānāfī tradition needs to be publicized, as it is the most popular method in several European and Muslim countries and costs nothing. The indigenous beliefs about the rhythm method should be better utilized. Indigenous contraceptives and herbs should be investigated. These methods are preferred by older people, but younger people tend to prefer modern methods. However, with effort, it has been shown in Matlab Thānā that fertility can be brought down 30% consistently, and that older people too will use the newer methods.

3). Abortion and menstrual regulation. These are in favor more with young women and their use should be geared to the age group that demands them most. The traditional Islamic support for abortion within the first 17 weeks should be publicized. The



Bangladeshi belief that a soul is not given until about the 4th month is also important, and should be utilized in the population control program.

4). Targeting of contraceptive efforts. Modern methods should be promoted especially in winter and spring when conceptions are at a higher rate. This may have a significant result. Of our respondents, 65% favor delay in the first birth after marriage. And 70% see no sin in use of modern methods. As many as 25% approve the use of contraceptives by unmarried youth if they cannot sexually restrain themselves. These existing attitudes should be fully exploited in the population control program.

5). Gender roles. The existing gender roles are clear and strong because they provide a bulwark against feared inner sensitivities; people are deeply socialized into them. They fear that breaching them may destroy the social order. So fertility needs to be brought down without overall expectation of quick structural change in gender roles. Work for women outside the *bārī* is thought by some observers to be necessary for reduction of fertility, but it may have the side effect of reducing post-partum amenorrhea.

6). Involvement of men. More population control work and family life education needs to be done with males. Consensus on need at the micro-community level, both for development and for population control, requires the commitment of men, and their organization and leadership. Withdrawal and condoms are convenient contraceptive means, but they require that the women have confidence in the men at the critical time. But it is often the women rather than the men who wish to contracept. The false ideas presented above about reproduction are held as much by men as by women.

7). Economic, psychological, and medical means for population control. The present tendency to administer population control efforts through the medical set-up can have only limited results because it caters to latent demand. Our respondents have said they are willing to use modern contraceptives for two reasons: economic reasons and mental peace. The appeals should be based on these criteria, with medical resources only for back-up. Rather than preaching a negative population control, it is better to promote a positive attitude about community participation in economic development of which population control is a part. People have children largely for psychological reasons, for which counter psychological reasons concerning mental peace can be made appealing in the population control program.

8). The micro-community. The natural *pārā* or *grām* may be utilized, so as to key into the existing social resources for achieving micro-community consensus on goals in development and in population control; then this consensus may be implemented by existing or new leadership in which the community has confidence. In this way, the small family norm can become internalized.

9). Population education. The existing program of population education in schools should be brought down to Class I, and should be intensified throughout, with more weight in examinations. Gradually, family life content may be added.

10). Family life education. This may be conducted through existing women's groups, girl scouts, boys sports organizations, and such, for which a system needs to be set up, so it will not violate the norms of discussions across age groups and between sexes.

11) Fictive kin. For family life education and sex education, a possible means is training of people who can establish a fictive kin status in a given micro-community through which it would be acceptable for them to help and instruct in private matters.

12). Approach to the household. It is useful if field workers come to know the men of the household in public places, then the old women, and finally the young women, establishing at each stage the confidence and fictive kinship relationship appropriate. It is also helpful if they can say they know the parents of the young married women in a household. In this way, communication is possible without challenging deeply rooted distinctions of gender roles and life stages.

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