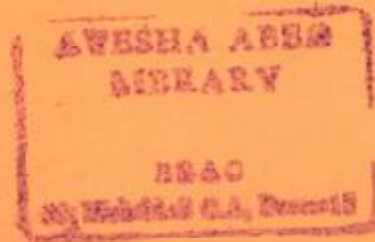


RURAL STUDY SERIES



Series Nos. 7-10

7. Rural Women in Poverty Alleviation: Six Case Studies
8. Continuation of education of BRAC's Non-Formal Primary School Graduates in Formal Schools
9. Evaluation of Community Participation in a Maternal and Child Health Programme Setting in Rural Bangladesh
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December 1995



BRAC

Research and Evaluation Division, BRAC
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ABOUT THE SERIES

The Rural Study Series is a modest venture for dissemination of BRAC research studies concerned with various aspects of rural development in Bangladesh. Poverty alleviation and empowerment of the poor, particularly of the disadvantaged women are the two major goals of BRAC. Since 1972, BRAC has been implementing a multi-sectoral programme to achieve these objectives. BRAC deals with people whose lives are characterized by absolute poverty, illiteracy, unemployment, disease and malnutrition. The underlying conviction in its development approach is founded on the premise that it is the people who can bring about change in their own lives, either individually or collectively, supported by inputs provided by development agencies, including BRAC.

The Research and Evaluation Division (RED), instituted in 1975, is an independent unit within BRAC and it plays a vital role in planning, strategy formulation, monitoring and evaluation of BRAC's development interventions. Its primary responsibility is to provide necessary research support to various BRAC programmes. RED conducts a wide range of research, which includes, among others, surveys, action research, diagnostic studies, impact assessment and evaluation studies on poverty alleviation. In addition, it undertakes studies on request from other NGOs, government organizations, international development agencies, as well as joint studies with academic and research institutions, both in and outside of Bangladesh.

The Rural Study Series emphasizes policy relevance and operational features of BRAC's programmes at grassroots level, rather than theoretical and rigid methodological issues. BRAC, in previous years, published several monographs on development issues (list available at the back of this volume). This new series will cover selected research studies, which have been carried out since 1990. The views and interpretations presented in the Series are those of the author(s) and do not necessarily represent the views and policies of BRAC. Comments or brief notes responding to articles are welcome and will be considered for publication to the extent that space permits. Please direct all correspondence to the Editor, *The Rural Study Series*, BRAC, 66 Mohakhali C/A, Dhaka 1212, Bangladesh.

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RURAL WOMEN IN POVERTY ALLEVIATION: SIX CASE STUDIES

by

DILRUBA BANU¹

Six case studies are presented to describe the process of involvement of disadvantaged rural women in a poverty alleviation programme initiated by BRAC. The programme, among others, include chick rearing, silk yarn reeling, paraveterinary, cattle rearing, fish cultivation and small trading. These women have amply demonstrated that despite serious socioeconomic impediments prevailing in rural areas, it was possible to improve their economic condition, when appropriate opportunities were made accessible to them. BRAC provided training in social awareness and specific skills and gave financial support through non-collateral loans for self-employment generating activities.

I. INTRODUCTION

Bangladesh is one of the poorest countries of the world where about 85 per cent of the total population live in the rural areas. About 47.8 per cent of the rural population lives below the poverty line (B.B.S. 1993). The poverty in rural Bangladesh is mainly discussed with reference to the growing number of landless households, which has not been matched by a rise in employment opportunities. The number of labourers, sharecroppers and unemployed are calculated only in terms of men, keeping the rural women out of focus from the often devastating impact of poverty. Their lives depend on men due to their lack of education, training and job opportunity. The prevailing social custom also acts against their participation in poverty alleviation activities. Now-a-days poverty often forces women to work outside their homes, which is unusual in the context of social set up of rural Bangladesh (Westergaard, 1983). As households get poorer, all family members try their best to find employment in order to help eke out an existence. Women seek employment from other women in wealthier households where they care for cattle, fetch water, sweep the courtyard, husk grains, cook food and do other odd jobs. There is neither fixed rate of payment nor any fixed schedule for these kinds of work. The women are more often paid in terms of meals and clothes rather than in cash. Whether paid in cash or kind, it is extremely low. The condition becomes worse, if a woman comes back from her in-law's house after being widowed or divorced and her parents, sons, or brothers do not or cannot offer her any support. In most cases, it is the main reason for increasing the number of vulnerable women in rural society. Being single, they are compelled to shoulder the full responsibility of feeding, clothing and educating their children. As the women often have little or no status within the household, they live in constant fear of illness, infertility, dowry conflict, a second marriage by the husband and other problems, which might cause their husbands to abandon them.

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The Bangladesh government's development plan (1990) accords highest priority to: (i) alleviation of poverty; (ii) creation of more productive employment opportunities; (iii) promotion of equity and social justice; and (iv) sustainable economic growth. Consistent with these goals, rural development constitute the central theme of the development strategy, as the incidence of poverty is the highest in rural areas. As part of its response to poverty alleviation the government has adopted the following steps:

- accelerate the process of conversion of relief oriented Food For Works and Vulnerable Group Feeding Programmes into development oriented target group programmes so that the poor and the disadvantaged can be made self reliant; and
- restructure the allocation for sectoral investment in favour of those sectors which promote human resources development, creation of job and increase the income particularly of the lower 50 per cent of the population.

The higher crude activity rate compared to the growth rate of population is contributed mostly by increasing female participation rate in the labour force. The crude female activity rate, which was only 6.4 per cent in 1985-86, increased to 40.2 per cent in 1989 (B.B.S. 1992). This was possible due to government's policy on female employment in the public sector, introduction of special food for works programme for women and the high growth rate of the garment industries in the private sector during the early eighties, which employ mostly female workers (Planning Commission, 1990). In complementing the efforts of the government in poverty alleviation, a number of private organizations, with similar objectives are implementing multi-sectoral programmes primarily aimed at the poor, disadvantaged women. BRAC is such an organization.

This study presents an illustration of six rural disadvantaged women who, having been given selected opportunities by BRAC, developed their capabilities to improve their economic condition following "self-help" principles. The broad objective of the study is to explore the factors, which acted as a driving force for the initiative and rationale of these women in changing their economic condition against a very adverse set of difficult situation.

II. METHODOLOGY AND CASE SELECTION

The six women have been purposively selected from four villages of Jessore district in the southwest of Bangladesh, approximately 265 km away from the capital city of Dhaka. Each of these women is engaged in a number of income generating activities such as chick rearing, paraveterinary, cow rearing, small trading, silk yarn reeling, fish farming, poultry working, mulberry plantation and kantha stitching.

In selecting the cases, those activities were given priority, which were mainly done outside the house, though a few are home-based activities. To collect the relevant information the case study approach has been followed. Detailed descriptive information of each case on the background of their involvement with BRAC, training in technical skill, credit management, income generating activities and situational changes in life were collected using a detailed checklist. The information were collected in October'91.

CASE 1: SHARIFUNNESA

(i) Background

Sharifunnesa (45) was born in a lower middle class family of village Munshi-Khanpur. Her father owned 4.62 acres of cultivable land. Her childhood was a happy one. When Sharifunnesa reached the fourth grade in school, she was married to a record keeper of a high school at a neighbouring village. During Sharifunnesa's married life of 13 years, she gave birth to two sons. She was quite contented with her life until within a short span of time, her husband got himself married twice. As Sharifunnesa did not want to live with the co-wives, friction between her and her husband soon reached at a point when her husband divorced her. As her parents were dead and she had nowhere to go, she allowed her elder son to be adopted in her brother's house and with her younger son, she took shelter in her maternal uncle's house and took up a job of a housemaid. She also did odd jobs for others in exchange of cash or kind in the village. Sharifunnesa tried to educate her sons with monetary support from her brothers. In the slack periods of October-November (Ashwin-Kartik in Bengali calendar months) when employment is scarce in the village, Sharifunnesa frequently borrowed money, without interest, from her rich neighbours and brothers. She paid back the loans from her earnings during the harvesting periods from threshing, parboiling and husking paddy. Sharifunnesa spent eight years in her uncle's house, until she inherited 0.15 acre of land from her brothers. Now she lives in her own hut on her piece of land. Her younger son, aged 15, found employment as a day-labourer in farm. With BRAC's support, Sharifunnesa has now been working as a chick rearer and also as a poultry worker.

By learning about the work of BRAC for poor women in neighbouring village in 1989, she played a pioneering role in the formation of a "Shramajibi Mohila Sangathan"² in her own village. During the formative period of the group the fundamentalists and the rural elite opposed her effort; her family members were even refused admission into the village mosque. Sharifunnesa herself faced indecent comments, but these could not deter her from participating in BRAC activities.

As a member of BRAC's village organization, Sharifunnesa received training on different aspects of self-help programmes of BRAC. Through the Functional Education programme of BRAC, she became aware of environment, safe drinking water, and disadvantages of early marriage, dowry, and oppression by rural moneylenders. She initially received a loan of Tk. 2,000 to buy a calf with the hope of generating income in future from selling milk. She also has applied for a loan of Tk. 7,000 for constructing a room in her hut for her son.

(ii) Income Generating Activities

(a) Chick Rearing

With a loan of Tk. 5,000, Sharifunnesa has been rearing chicks for the last one and a half years, and during this period she has reared seven cycles, each consisting of 200 chicks,

² Village Organization (VO) of BRAC. It is a homogeneous group consisting of 45 to 55 female or male members who own less than 0.50 acre of land and who survive by selling manual labour.

for every two months. She constructed a chick rearing room measuring 72 square feet adjacent to her hut. She collects day-old chicks from BRAC area office and after taking care for two months, she sells the poultry birds. Sharifunnesa, herself vaccinates the chicks against common diseases, like Ranikhet, Fowl Pox and Fowl Cholera. During the last 16 months Sharifunnesa has earned a total of an estimated Tk. 14,475.

(b) Poultry Work

As a poultry worker Sharifunnesa attended a three-day training course, which included preventive and curative measures of poultry rearing and its management. She collects vaccines free of cost from BRAC area office and buys medicines from that office and also from the local market. She was given apparatus for vaccinating poultry birds by BRAC. She regularly goes around her designated area of operation (in villages) offering her service. She charges Tk. 0.25 per injection from the owner for vaccinating their poultry birds and sells medicines with a small mark-up price to the owners for treating their birds. On an average, she earns about Tk. 225 per month. Sometimes she faces problems in terms of irregular supply of vaccines, but on the whole, she appears to be satisfied with her work.

(iii) Situational Change in Life

Sharifunnesa has given up working as a housemaid and is now fully engaged in her own effort for improving of her economic condition. Her works of taking care of the chicks, vaccinating and treating poultry birds around the village and procurement of vaccines and medicines keep her busy. Her older son (adopted by her brother) does not maintain any connection with her. Sharifunnesa manages the domestic affairs by the combined income of her younger son and her own. Meanwhile, she saved enough money to buy 0.29 acre of cultivable land. As the head of household and the confidence in herself, she makes all decisions in the family. In the meantime, she also completed training in “Traditional Birth Attendant” offered by the Thana Health Complex of the government. She hopes to earn an additional Tk. 200 per month from this work.

With the improvement of her economic condition, her status in the society has also substantially improved. She does not have to borrow money, rather sometimes she lends money to others. Her neighbours who once wanted to censor her for not being in strict “purdah”³, now appreciate her works, particularly in poultry, and she is now popularly known as “Murgir Doktor” (doctor of poultry bird).

CASE 2: HAZIRA KHATUN

(i) Background

Hazira Khatun (26) was born in a poor family which owned about 0.16 acre homestead land in Mohonpur village. As a day labourer her father was unable to meet the daily necessities of five members of his family. Consequently, Hazira worked in a neighbouring house, as well as span thread (by wheel) for Bangladesh Rural Development Board as a part-time day labourer. She

³ Literally, veil: figuratively, the veiled seclusion of women (Chen, 1984).

also made biri (tobacco stick) on contract basis. At 14, she was married to a day labourer and she quit outside works after she gave birth to a male child. After two years of marriage, her husband married for the second time and divorced Hazira with one child. Hazira was paid Tk. 1,000 as dower by her husband in accordance with the contract made at the time of her marriage. Being divorced she returned to her father's house and tried to earn by weaving mat with date-palm leaves and sewing kantha (hand made quilt). Later she got married for the second time to a man who already had a wife in another district. Hazira gave birth to a daughter in her second marriage. As her husband was reluctant to support her son from her previous marriage, she was always eager to please him by working hard and earning more money. After three years of her second marriage, her father died and Hazira, along with her husband and children returned to live with her mother. There were eight members (including her divorced sister with her child) in the household and Hazira's husband was the only stable earner. As her husband found it increasingly difficult to maintain the extended family on his income alone, he left Hazira and moved with his first wife. Being in a critical situation, Hazira and her sister took up employment outside the village as cooks in restaurants of the local market. Their combined earning was Tk. 400 per month with meals. Her mother also found work as housemaid in the village. They never had to resort to begging. Sometimes they had to borrow one or two kg of rice from a shop or rich families of the village which they paid back when they got their pay at the end of the month. Besides cooking, Hazira also sewed kantha at night, did domestic work and paddy-husking, and earned about Tk. 100 - 150 a month. Although illiterate herself, Hazira was very keen that her son gets education. Her son is now a student of second grade in a local primary school.

Hazira joined the village organization of BRAC with the hope of changing her economic plight by participating in its various activities of poverty alleviation. Through Functional Education Programme she became aware of some social issues. Apart from these, she received training on poultry rearing, kantha stitching and silk yarn reeling. She received a loan of Tk. 3,000 from BRAC.

At present, Hazira is a regular worker in BRAC's kantha stitching centre. She also works as a housemaid in her next door neighbour's house and is paid Tk. 50 monthly. Hazira's family own one cow, two calves, four goats and seven hens which they bought from their own savings and the BRAC's loan. In the mean time Hazira's husband came back to her and she now resides with her husband, son, daughter and aged mother. Her divorced sister lives in a separate household with her child. Hazira's husband does physical labour in other's farm and earns Tk. 30 per day.

(ii) Income Generating Activities

(a) Kantha Stitching

After receiving one-month long training in kantha stitching, Hazira has been working at BRAC's kantha centre in her village. As she has gained sufficient competency, she is allowed to collect cloths, needles, thread, designs, and other accessories from BRAC and work at home, because her aged mother alone is unable to look after her children and the household works. The finished kantas are brought back to BRAC and she is paid on the basis of amount of works she has done. For the last two years she has been working with the kantha centre where she earns an average of Tk. 250 per month.

(b) Silk Yarn Reeling

Hazira also received a 17-day training on silk yarn reeling from BRAC, focusing on different types of silk worm and how to extract thread from them. She was selected for this training because of her prior experience in spinning by wheel. After the training, she was given a job in the BRAC's reeling centre, where she has been working since 1991. Initially, Hazira boiled the silk worms for two months and then switched over to reeling the yarn which she did for three months. She earned a total of Tk. 793 from these works. Unfortunately, the reeling centre often remains closed due to irregular supply of cocoons. But when it is open, she works there during the day time and at night, she works on stitching kantha at home.

(iii) Situational Change in Life

Hazira works as a domestic help in her neighbour's house for two hours every morning. After completing the household chores she starts stitching kantha and continues till 12 noon. She starts stitching kantha again in the afternoon and often also at night. When the reeling centre is open, she finishes her household chores very early in the morning so that she can go to the centre on time. Her aged mother also helps her in rearing poultry birds, tendering the cattle and by collecting firewoods.

The husband left Hazira in her hardship and did not care for the family for some years. But when Hazira had assured monthly income through her involvement in the economic activities of BRAC, he returned back to her. Her husband does not like her working in the reeling centre as he thinks that a housewife should not go around publicly. But he likes kantha stitching since Hazira can do that indoor and it also ensures her steady income. Hazira wants to obtain a loan from BRAC for opening up a shop. She expects her husband to manage the shop and in his absence she will also be able to do it, if it is located in the vicinity of her house. Hazira looks after her children and mother with deep attachment. Now she is able to take important decisions concerning family expenses. As Hazira substantially contributes towards family budget, she draws more respect from her husband.

CASE 3: MONOWARA KHATUN

(i) Background

Monowara Khatun (38) is the fifth child of her father who owned 8.40 acres of land in Mohonpur village under Jessore district. She had formal education up to class five and received Arabic lessons in childhood. While still in her teens, she got married to a man who worked as a compounder with a homeopathic doctor. Her husband demanded a big sum of money from his father-in-law for establishing his own pharmacy, but was refused. As a result, he often quarreled with Monowara over it. Her husband married again for second and third times. Keeping in mind the welfare of her children Monowara continued to live with her co-wives. Within ten years of her marriage she gave birth to two sons and a daughter. After 15 years of her marriage, her husband joined a religious group called "Bahai" and became busy in religious work rather than taking care of his family. It was too much distracting for Monowara and, therefore, she came back to her father's house and refused to return back when requested by her husband. Later, Monowara's father obliged

her husband to divorce her and pay her Tk. 2,000 as dower. Monowara now lives with her younger son (16) and only daughter (13) in a separate house on her father's land. Her older son (18), a student of ninth grade lives with his father. Her younger son and daughter stopped going to school for financial problem and also because they lost interest in study.

Being divorced Monowara fell in great misery, because her brothers did not give her financial support. She started working as a housemaid in exchange of two meals a day, which she used to bring home and share with her children. In the mean-time she had to spend part of her dower money to meet her family expenses. Sometimes later Monowara engaged her daughter to a neighbour's house to look after their children. Her son also did odd jobs in other's farms and earned Tk. 5-7 per day. Monowara invested rest of her dower money to start a business of stocking paddy, pulse and oilseeds, but did not make much profit as the investment was too small. Monowara rented a goat from a villager for rearing and later got two kids from it. She returned the goat with a kid to the owner and in course of time, from the remaining one, she became the owner of six goats which she sold for Tk. 3,000.

During this period she was attracted by BRAC's activities in her village and despite opposition from the village elders, she joined BRAC's group. She received training in poultry rearing and also in paraveterinary from BRAC.

(ii) Income Generating Activities

(a) Paraveterinary

As a female paraveterinary worker (in short paravet). Monowara looks after the health of livestock in three villages. She was given necessary instruments for vaccination worth Tk. 900 by BRAC. She vaccinates the animals with the help of an assistant male paravet because she cannot handle big cattle alone. Therefore, she has to share her income with her partner. Apart from vaccination, she treats the cattle for common diseases. Since starting this work Monowara has earned Tk. 781 from vaccination and treatment and also as follow-up charges.

Monowara obtains some common vaccine free but buys medicines from BRAC office. She also buys some special medicines from local market, when necessary and sells these with a profit to the cattle owner for treating their animals. Monowara informed that the villagers rarely take her service. Their typical comment is "Many well trained people have failed to treat the animal, while with only two-day training, how can she treat them. If we take medicine from a woman, the cattle will die". Though Monowara hoped to earn more, but because of the traditional attitude of the villagers and their non-cooperation, she could not do so. Therefore, she also became involved in other income generating activities.

(b) Poultry Work

Monowara has been working as a poultry worker for two months. She collects vaccines free of cost and buys medicines from BRAC office. She charges Tk. 0.25 per poultry bird for vaccination and treats with medicine to make a little profit. Till now Monowara has earned only Tk. 25 as a poultry worker, as she could not give sufficient time for this work.

There are two other poultry workers in her village which she thinks act as an impediment for her to earn more from this work. As she is more familiar as a “doctor of cattle” rather than a “doctor of poultry birds”, the villagers often prefer to seek help from the other two poultry workers to treat their birds.

(iii) Situational Change in Life

As household head, Monowara is responsible for all household activities and decision making in the family. Her son does not get work every day due to lack of job opportunity. So, Monowara often has to work as a domestic help for others. Sometimes, by fishing her son tries to meet the family needs for fish. The eggs from her three hens are partly sold for cash and partly consumed at home. Every year during the harvesting period she earns additional money from seasonal employment’s, such as threshing, winnowing and parboiling paddy in the landowners’ houses of her village. She often sends Tk. 5 - 10 to her older son as pocket money, because of her husband’s indifference towards him. She collects old used books from others for her son and hopes that one day the boy will be educated well and remove all her miseries.

As Monowara does not have to depend on her relatives, they are pleased with her. Her fellow group members maintain contact with her for getting loans from BRAC, discuss with her about their problems, and seek advice. The solvent housewives of the village who are involved in pawn business are not happy with the BRAC group members because they have lost a good number of clients who in the past used to borrow money from them. Although the villagers with traditional mentality has not yet fully accepted her participation in BRAC’s income generating activities, she hopes to overcome this negative attitude some day. For the present, it gives her satisfaction to see other distressed women, inspired by her, are joining BRAC’s programme. Though she is passing through difficult times, she is trying to save some money by which she aspires to construct a hut for her children on a piece of land which she expects to inherit from her father.

CASE 4: REHANA KHATUN

(i) Background

Rehana Khatun (35) was married to a lower middle class family when she was only 12. After three years of marriage, she was divorced with a little daughter and took shelter in her uncle’s house where she worked as a housemaid. After three years, she got married for the second time to a middle aged widower who had four daughters and one son from his previous marriage. Her husband had 0.42 acre of cultivable land but it was not enough to maintain such a big family; so her husband frequently worked as a daily labourer earning Tk. 25 per day. Still it was difficult to meet the needs of the family. So, Rehana started stitching kantha in winter seasons and earned about Tk. 150 a month. She also started a paddy husking business by borrowing Tk. 1,000, without interest, from an honest man of the village, to assist her husband in running the family. At that time the daily expenditure of her family was Tk. 30. As in the slack rainy seasons her husband could not find any employment, she used to borrow money from her rich neighbour, which she later paid back by earning from kantha stitching and paddy husking. From the profit of paddy husking business Rehana repaid the loan of Tk. 1,000 and bought a goat and a calf. During her

married life of 15 years, Rehana gave birth to three children, one of them, a son died soon after his birth. Her daughter (10) is a student of second grade in BRAC school and the younger son (6) is still too young to be admitted in school. At present the average monthly income of Rehana's family has been little over Tk. 1,200 and the expenditure is about Tk. 1,050.

While joining BRAC, Rehana had to face stiff opposition from village leaders. A school teacher of the village tried to frighten her husband by saying that after getting involved with BRAC, Rehana would not obey her husband and observe purdah. Persuaded, her husband also opposed her joining BRAC. But Rehana convinced her husband that in his old age, it would be difficult to maintain the family and educate their children. Nobody will come forward with a plate of rice at the time of their necessity. It is, therefore, in their own interest she should join BRAC's income generating activities. Rehana received training as a milch cow rearer, kantha worker and a guard of roadside mulberry tree plantation of BRAC. She has also been trained in poultry rearing with respect to preventive and curative aspects of some common diseases of poultry birds. She has been rearing her own poultry birds following the instructions and obtaining better results.

(ii) Income Generating Activities

(a) Cow Rearing

Rehana obtained a loan of Tk. 1,500 from BRAC for cow rearing and bought a milch cow with a calf valued at Tk. 3,000. The remaining fund was arranged from selling a sick cow which she owned. She spends Tk. 150 monthly for cattle feed. She makes 240 mashals⁴ per month, the price of which is Tk. 120. She earned monthly Tk. 240 in the following three months by selling milk in her neighbour's house. The cow was inseminated from the government livestock centre nearby. She expects that she will get a calf after 4/5 months and can earn more by selling milk. A government veterinary surgeon living in her village, looks after the health of her cattle. Rehana takes care of the cattle herself and spends two hours daily to do it. In rainy seasons, she collects bamboo leaves and grass to feed the cow. Her daughter usually helps her in making fuel from cow dung.

(b) Mulberry Tree Plantation

Rehana stitched kantha in BRAC's centre as a full time worker and earned an average of Tk. 350 per month; her highest monthly income was Tk. 500. As a regular and hard working member Rehana was transferred from kantha work to roadside mulberry tree plantation as a guard for one year. She looks after the mulberry trees from dawn to dusk. Under her supervision, there are 500 mulberry trees along both sides of a metal road adjacent to her house. At the end of each month Rehana receives 90 kg of wheat as her pay and deposits Tk. 50 in BRAC office as her saving. Part of the wheat is consumed by the family and the rest is sold in the market. Rehana is keen to continue in her present job for the second year. If it is not possible to do so, she would like to go back to the kantha centre and also rear silkworm. She perceives that it is difficult to meet the family expenses by her income from a single source, and therefore, she wants to participate concurrently in other income generating activities.

⁴ Made of cow dung wrapped around three feet long jute sticks: when dried they are used for cooking.

(iii) Situational Change in Life

Rehana does all the household chores herself. She starts her daily routine by feeding cattle early in the morning and then goes to her work i.e., watching the mulberry trees. Her husband often helps her in weeding the mulberry plants and selling wheat. By engaging herself in various income generating activities, Rehana has changed her familial and social status in the community. Before joining BRAC Rehana and her husband had to work hard just to meet their daily needs. If her husband fell sick and could not go to work. Rehana had to borrow money to buy food. Now the situation has changed and she is not only relatively better-off, she is even able to give loans to others, if necessary.

When Rehana first came to her second husband's house with her little daughter, her husband was displeased with the baby. Her husband often used to comment, "I do not depend on your income then why bring an extra burden". Therefore, Rehana was compelled to keep her daughter in her father's house. But now since she bears the major portion of expenses of the family, her husband's attitude has changed and allows her to keep the daughter with her and he also gives due recognition to her opinion in household decision making. Rehana believes that had she not been engaged in BRAC's income generating activities, she would have turned into a beggar when her husband became old. She wants to build a bed room and a cowshed from her savings. She also hopes to install a hand tubewell at her home, since she has to waste much time in fetching safe drinking water from neighbouring houses. As she is illiterate, she will have to continue to do physical labour with the dream that her children will once be established in the society after completing their education and she will be relieved from her present predicament.

CASE 5: SANUBIBI

(i) Background

Sanubibi (50), a female fish farmer of village Kashipur, has no formal education. She lost her father in her childhood and was brought up in her maternal uncle's house under a deplorable condition. Her mother again got married in a solvent family. As her step father had no child, he adopted Sanubibi as his own daughter. In her teens, Sanubibi got married to a man who owned 1.26 acre of arable land and an orchard spread over 0.30 acre. After her marriage, Sanubibi stayed at her step-father's house with her husband and gave birth to two sons. She inherited 0.63 acre of land from her own father. After the death of her step-father she inherited one-third of a nearby pond, the area of which is 0.22 acre. The remaining two-thirds of the pond was given to her two sons. After the marriage of her sons, they lived separately from her. In normal years they earn about Tk. 7,200 by cultivating paddy on their own land. Her husband also ploughs other's land by using his own yoke and earns an additional over Tk. 600 per month. They also sell fruits from their orchard every year, which brings in over Tk. 200. Besides these, every year they sell fish from their pond valued over Tk. 3,000 and Sanubibi receives one third of it as her share. The total monthly average income of her family is about Tk. 1,000 and the expenditure is about Tk. 950.

To help her husband in managing family expenses Sanubibi joined BRAC's income generating programmes. She received training twice on poultry and learned about the management of poultry rearing and also in preventive and the curative aspects of some common diseases of poultry birds.

(ii) Income Generating Activities

(a) Fish Cultivation

Sanubibi and her two sons (also members of BRAC) jointly cultivate fish in their pond, for which they received a loan of Tk. 1,000 each from BRAC. Last year they released 11 kg of fingerlings in the pond. Sanubibi also invested an additional amount of Tk. 500 for this purpose. From this stock they sold fish worth Tk. 4,500, of which Sanubibi received Tk. 1,500 as her share of the profit. They sustained a loss of about Tk. 7,000 in the following year, because while removing gas from the bottom of the pond many young fishes perished. In the current year they have again released fresh fingerlings in the pond costing Tk. 560 and Sanubibi paid one third of that. She hopes that they would be able to sell fish worth more than Tk. 6,000. They have no formal training on fish cultivation, Although most of the harvested fish is sold out, of and on they catch fish for home consumption which roughly meet their requirement for 15 days a month.

(b) Cow Rearing

With BRAC's loan of Tk. 3,500. Sanubibi has been rearing a milch cow. Now the cow is expecting and Sanubibi spends about Tk. 64 a month for its feed. She benefits from the cow in two ways. She makes 120 fuel sticks from the cow dung, the local market price of which is Tk. 60. and the cow is also used in yoke to plough land. So, far the cow has been in excellent health and the BRAC's paravet pays visits for her monthly check up. Sanubibi spends about four hours daily towards cow rearing and sometimes her husband helps her.

(iii) Situational Change in Life

Sanubibi lives with her husband, two sons, two daughters-in-law and grandchildren in a common compound, but her kitchen is separate. She starts her daily life at dawn with feeding cow and cleaning the cow shed. She spends a good deal of her time in collecting fire woods and save about Tk. 40 monthly. Usually Sanubibi does all household works herself, but during her illness she is helped by the daughters-in-law. Because of her inheritance of paternal property, her status and position in the family are highly appreciated. Her husband also gives priority to her decision making in family affairs.

Sometimes Sanubibi spends her own income for her own necessity. For example, last year she served food to beggars for asking grace for her mother's departed soul. As Sanubibi enjoys rearing livestock, she hopes to buy more cows and goats from the sale proceeds of fish. She also plans to irrigate crops from nearby BRAC's deep tubewell in dry season. At village Kashipur, everybody likes Sanubibi for leading a simple life and for giving helping hands to the villagers. She often lends money to needy people. Although she has gained sufficient experience in both fish farming and cow rearing, she cannot increase her income as much as she would like to, because the investment is still too low. Nevertheless, her contribution in improving the economic condition and material well-being of the family is quite substantial.

CASE 6: MAJEDA KHATUN

(i) Background

Majeda Khatun (45), mother of five daughters, lost her father at childhood and was brought up in her step-father's house. When she was 12, she got married to a day labourer who owned only 0.28 acre of homestead land. There is a small pond adjacent to her house and she inherited fifty per cent of share in it. Her husband established a grocery shop in front of their house by borrowing Tk. 1,000 from a well-to-do villager. They used to earn monthly Tk. 500 from the shop when it was stocked with goods worth Tk. 1,500. In course of time the loan was repaid from the profit of the shop. About 16 years ago, her husband became seriously ill and Majeda had to sell the shop; but her husband died. Her eldest daughter was married when her husband was still alive. With the death of her husband she faced an uphill struggle for survival. On top of this, Majeda suffered a terrible loss while her only hut was destroyed by storm and her two cows and five goats died of unknown illness. She acquired some of these animals by rearing others' livestock on share basis and others were bought with the income from the shop. Majeda repaired her house with financial support from well-off villagers. She and her two daughters started work in other's house as maids in exchange of cash or kind. She also started paddy husking business by borrowing paddy from the landowners during the harvesting period. The repayment was made on selling rice. She borrowed interest-free loan from neighbours. With the help of villagers, her four daughters were married, but after couple of years two of them after being divorced by their husbands came back to her. In 1983, one of the daughters joined the "Rural Maintenance Programme" of CARE⁵. In 1989 she died of tuberculosis and since then Majeda was allowed to continue her daughter's work. Majeda resides in her own house with two daughters and a son-in-law. In 1987, Majeda set up a shop at a cost of Tk. 1,200 adjacent to her house. Majeda, with the help of her daughters, is looking after the shop. Her son-in-law has been working as a vegetable vendor at local markets and sometimes contributes Tk. 200-300 to the family expenses. Majeda also sells eggs of her poultry birds and her daughters have been looking after the paddy husking business since her employment with CARE.

Being attracted by the development programmes of BRAC for poor women in her village, Majeda joined "Baliadanga Shramajibi Mohila Sangathan". She did not face any opposition from any quarters in the village for joining BRAC, because she has been participating in outdoor activities since before. Two of her daughters are also members of BRAC. Majeda received training on Functional Education and poultry rearing. Now she has two kids and seven hens, which are being taken care of in line with the training and is achieving better results. Majeda secured two loans from BRAC for small trading amounting to Tk. 1,000 and Tk. 1,500.

⁵CARE, an NGO, stands for Cooperative American Relief Everywhere.

ii) Income Generating Activities

(a) Paddy Husking

Before joining BRAC, Majeda was engaged in paddy husking business with borrowed paddy. Now with BRAC's monetary support, the business is running more efficiently. She buys paddy from market, parboils and after drying, husking is done in a rice mill adjacent to her house. Majeda is helped by her daughters in this work. They can handle at most 450 kg of paddy a month. As fuel for cooking, they use husk of paddy, leaves of tree and dried cow dung. They store and sell rice from their own shop. Sometimes the whole-seller buys the stock from their house. On an average they earn Tk. 580 per month from this business. During rainy seasons the paddy husking business is discontinued because of insufficient sunlight, which interfere with drying paddy.

(iii) Situational Change in Life

After returning from work at CARE Majeda goes to tend her shop. Sometimes she goes to market to purchase goods for the shop. Occasionally, she sleeps in her shop at night, especially when it has large stock of goods which require protection. From September to December when leaves of date palm are available, Majeda and her daughters weave mats with them and earn about Tk. 40 a month. As household head she takes all decisions in household matters. Most of the family income is spent for food. Sometimes they are given cloths by their relatives and rich neighbours during religious festival.

By properly utilizing limited financial support and training from BRAC, Majeda has been able to establish herself in the community. She has a hut which is partitioned to accommodate her daughters. Majeda cultivates fish in their pond jointly with her brother-in-law which gives them an additional income, as well as provide partial requirement of protein for the family.

Majeda does not have to borrow rice anymore as she used to do before. After repaying the current loan, Majeda would like to obtain another loan for rearing a milch cow in order to increase her income from selling milk. The people of the village regard with respect the effort Majeda has made to improve her economic condition.

IV. DISCUSSION AND CONCLUSION

The study has made an attempt to illustrate how six poor women in four villages in the south-west of Bangladesh, faced with acute poverty situation, abandoned some of the social norms often against severe opposition from the village elite and participated in various income generating activities to come out of the vicious circle of poverty.

There are certain characteristics common to all six cases. All the women came from lower middle class or poor families, married when they were still in teens, illiterate or with little education, four divorced and one married to a middle-aged man, husbands of three women married more than once, all had more than two children, none had any landed property and in all but one instance miserable life started after being divorced or widowed.

In rural Bangladesh the traditional role of women is to stay at home and look after children and housework according to their social standing and financial ability. But when misfortune strikes, as was the case with the six women, they become utterly helpless, especially when they have no rich relatives to look for help. They have to do all kinds of odd jobs just to keep alive, the children become undernourished, and they are put to work at an early age to augment their meager income. They have to frequently borrow money from well-off neighbours, which they usually pay back at the peak crop harvesting seasons, when they have more employment opportunities. More often they are paid with cooked food, rather than in cash. Sometimes the foods are brought home to share with the children. Occasionally, neighbours give them old clothes. In other words, they lead a hand-to-mouth life, just short of begging.

Although one of the stated objectives of the government is to alleviate poverty in the country, its effort is limited because of resource constraints. Under these circumstances, several non-governmental organizations (NGOs), of which BRAC is one, have come forward to complement Government's endeavour in assisting these poor people, especially the women who are the most disadvantaged segment of the rural society. BRAC's philosophy is based on the conviction that people themselves, if provided with appropriate tool, can bring about changes towards their economic upliftment. On this premise, BRAC provides training to women in rural oriented income generating activities and more importantly, it also grants non-collateral credit to poor women who have no access to formal credit due to their vulnerability. Such credit programme encourages the shift from wage employment to self-employment (Mahmud and Hamid, 1990). Prima facie, the income generating activities, per se, appear to be of little significance. However, when considered under the prevailing socioeconomic context of rural areas, where the scope of self-employment opportunities are so limited for disadvantaged women, these ventures, singly or collectively, assume the role of determining factors in the process of alleviating poverty.

With appropriate training and credit, the six women improved their economic condition through an array of income generating occupations, such as chick rearing, stitching of native quilts, mulberry plantation, cow-rearing, fish farming and small trading, like small grocery shop and paddy husking business. Female-headed household rely more on non-agricultural activities for their primary income (Haque, 1989). Most of the cases in this study are engaged in non-farm activities, because BRAC provides these more for the female group members. Shehabuddin shows in her study (1992) that the nature of the young housewife's work depends on the economic standing of her husband's family. If they are relatively well-off, then she is expected to remain and work within the confines of the homestead. Likewise, before joining BRAC, the six women started to earn their livelihood through home-based activities, such as kantha stitching, housemaid, etc.

Along with self-confidence, these women also earned respect and admiration from the same people who once opposed them while joining BRAC's programme. Previous interactions with the well-to-do neighbours were limited to borrowing money from them or helping them in their household works in exchange of cash or kind; but now they provide services by selling milk, treating livestock, rearing poultry, and so on. Where she is the head of a household, she takes all decisions concerning management of household affairs. However, when she has a husband, the household decisions are co-shared with her husband, if she contributes financially to family

expenses. But in a normal household, the husband is always the sole decision maker. This also confirms the findings of other study (Banu and Mustafa, 1992).

One important aspect came out of the study is that in a male headed household, the women aspire to educate their children; but in a female headed household, the main goal is to ensure food security and after meeting primary needs, they want to save a part of their incomes for their children. This may be due to: (i) not earning enough to think about the education of their children; (ii) children are also required to supplement the family earning; and (iii) absence of the source of steady income. It is evidenced from the study that one source of income alone is not often sufficient to sustain the family and, therefore, the women have to be engaged in more than one income generating activities. Nevertheless, economic independence of these hard working women gives them a sense of pride and develop a cohesiveness among the group members which is manifested in the willingness of the women to lend money to needy fellow group members. It is also apparent that there is an inherent inclination to save money, however small the earning may be; one woman even purchased land from her savings which is considered as the ultimate security in rural Bangladesh. Repayment rate of loan of women must be satisfactory, for most of the women received more than one loan simultaneously; some indicated their desire to obtain another loan after she repays the ongoing one. This demonstrates their seriousness in loan repayment.

The study adequately reveals that credit and training that are being provided by BRAC do have significant impact on the disadvantaged people in the rural areas, but up to a point. They help to develop certain intrinsic qualities in human character, which is very important, and they help to alleviate poverty to some extent. In this situation importance of credit is unquestionable, however, it gives rise to two further questions: (i) is the amount of credit sufficient to really make a dent on poverty which is so pervasive in rural Bangladesh; and (ii) if the amount of credit is increased do the recipients have the capability to properly utilize it? One has to look into the existing socioeconomic realities of rural areas for the answers. It is quite obvious that the subject persons are not capable of utilizing the credit amount, if substantially increased. They are mostly illiterate, short of able-bodied helping hands and have no trusted relatives. They will, therefore, remain more or less at the same economic level achieved through credit and skill training programmes.

This situation, however, does not fully conform with the BRAC's objective of poverty alleviation programme. Therefore, some other mechanism may be thought of to expand the scope for further improvement of the economic condition of the programme participants. One way of doing this may be to modestly increase the amount of credit to enable the group members to go for relatively bigger enterprises such as poultry hatchery, poultry farm, dairy farm, grocery shop, and fishery development. However, in view of the limited capability of the group members, some kind of collaborative arrangements between the group members (or an individual member) and BRAC itself will have to be evolved, where BRAC will limit itself to supervisory and advisory role, while the management, including marketing will be the responsibility of the group members. Admittedly, it is not expected that all the group members will have the required entrepreneurial bend of mind and, therefore, the participants of this experiment must, of necessity, have to be highly selective. Initially, this may be started on a pilot scale in two or three areas and if proved to be successful, it can be extended to other areas, based on a set of criteria to be carefully developed from the experience in the pilot areas.

Despite the drawbacks mentioned above, BRAC's poverty alleviation programme has given the women a vision of what is achievable through individual and collective action, necessary skills in commensurate to their capability, and initial resources for investment to improve their lot and above all, their self-reliance and self-esteem.

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CONTINUATION OF EDUCATION OF BRAC'S NON-FORMAL PRIMARY SCHOOL GRADUATES IN FORMAL SCHOOLS

by

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In 1984, BRAC initiated two models of primary level education programme for the rural poor children. After graduation, these children are admitted in formal government schools for further education; but it was observed that a significant number of these students leave school before completion of their studies. Attempts have been made in this study to identify the major impediments which cause the former BRAC students to drop out from formal school. The reasons for such predicaments include, among others, illiteracy of adult household members, poor economic status, certain costly requirements in high schools, and relatively higher age of BRAC graduates. Another important reason that could be detected was the failure of former BRAC students in adjusting themselves with the new environment of the formal schools. The study also singled out some reasons which are exclusive for girl students such as, early marriage, parents' negative attitudes and concern for their daughters' security.

I. INTRODUCTION

Human resource development has long been recognized as one of the essential pre-condition in the area of socioeconomic development throughout the world. More recently, it has become even more important to the development process, as technological advances and new production methods are fast transforming the economics and the social order of the developing countries (Lockheed, 1990). In this context, education is considered as not only the cornerstone in human development but also a powerful tool of change. It gives people the knowledge, skills and values to develop and express their full potential and to help shape their communities. Access to education is, therefore, the fundamental right of every person. The 1948 declaration of the Human Rights Mandate stated that "every one has the right to education which shall be free, at least, in fundamental stage and such elementary education should be compulsory" (UNESCO, 1989).

Bangladesh ranks 136th, out of 160 countries in terms of human development index as reported in Human Development Report of UNDP, 1991 with a literacy rate of 24.8% for all age and that of adult (15 years and above) about 31%. Women have a disproportionately lower share in literacy, as 85% of rural women cannot read, write or understand numbers at functional level. Bangladesh spends 1.9% of its GNP on education, compared with the regional average of 4% (UNICEF, 1992). While 80% of the

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population live in rural areas. 70.0% of the education budget goes to urban areas, particularly into higher education. In the Fourth Five Year Plan (FY 1990-1995) of Bangladesh, the target was set to provide primary education to 85% of the children by 1995. Unfortunately, inadequate budget appropriation and lack of infrastructure kept this goal unattainable. In 1993, the government was committed to attaining the Universal Primary Education (UPE) for all of its population by 2000 AD. However, efforts towards development of primary education have not been effectively coordinated and have been seriously constrained by lack of sufficient funds (Banbeis, 1987) and its poor utilization rate. Data presented by UNICEF (1993) showed that 31% of the primary school age children did not enroll, 47% left schools before completing the third grade and 62% before completing the fifth grade.

Under the above circumstances, with a view to complement the government's effort, BRAC launched a programme called Non-Formal Primary Education (NFPE) to provide a meaningful education in basic literacy, numeracy, and social awareness to the poor children in the rural areas. The programme was first started in 1979 with one school at Savar, about 40 km west of the capital city of Dhaka, on an experimental basis and upon achieving positive results, a pilot programme was launched in 1984 with 22 schools in Manikgonj and Tangail districts for children aged 8-10 years. A second model designated as Primary Education for Older Children (PEOC) was commenced in 1988 in several districts for adolescents aged 11-16 years.

In both models, the female - male ratio in a class of maximum of 30 students has been maintained at 70:30 to offset gender discrimination and it also helps to increase student-teacher interaction. The course duration for NFPE is three years, while it is two years for PEOC. By the end of 1994, the number of schools under the programmes increased to 28,274 (NFPE-21,183, PEOC-5941) with 8,61,885 children (BRAC,1993). After completing the NFPE course, about 98% of the students were admitted into formal schools run by government. Despite this positive development, it was also noted that, on an average, 56% of those enrolled students dropped out within the first two years and the number of girl students' dropout was higher than that of boys' (Khan and Chowdhury,1991). Since not much is known about the problems related to dropouts, an effort has been made in this study to identify the reasons behind such a high rate of dropouts of the NFPE graduates after their enrolment in the formal schools.

II. METHODOLOGY

Study Location

The study was carried out in Gorpara Area of Manikgonj District about 70 km north-east of Dhaka and Shibpur Area of Narshingdi District about 80 km east of Dhaka where the programmes have been running for at least five years. The selected schools were considered to represent most of the other similar schools in view of the similarity of the socioeconomic characteristics of the students, though they may somewhat differ, in minor details, from location to location.

Sample

Relevant data and information for the study were obtained from the sources as follows: (i) NFPE graduates who had been admitted into formal schools but dropped out before completing their education and the students who are still enrolled; (ii) the parents of the sample students; (iii) concerned NFPE teachers and Programme Organizers (PO)³ of NFPE, who have been working at the grassroots level; and (iv) teachers from one formal school in each of the two areas, where the NFPE graduates had been enrolled.

Data Collection Techniques and Materials

Data were collected through focus group discussions (FGD) and group meetings. The study conducted six FGD meetings (two each with the students, the parents and the NFPE teachers). In each of the two areas two small group meetings with BRAC staff (NFPE) and teachers in formal schools were held. For each group of respondents separate checklists were used. Besides these, information were also generated through individual in-depth interviews, informal discussions and observations. A total of 25 dropouts and 19 still-enrolled students and their parents from both the areas were covered through FGDs and small group meetings. Altogether 116 respondents were selected for the purpose.

III. RESULTS AND DISCUSSIONS

Since the target group for the NFPE schools are mostly the children of poor landless day labourers and belongs to the lowest socio-economic segment of the rural society, almost all the parents of NFPE students were found to be illiterate (See Annex 1-4). Annexes 1 and 2 show, the dropout rate is higher among children who come from illiterate families. In the following sections, the study will be analysing the barriers which are created in the way of children's education resulting from parents' illiteracy. As most of the parents themselves were raised in an illiterate environment, they are not in a position to fully appreciate or be aware of the positive impact of higher education. They fail to provide proper guidance for their children's education, not so much by design, as much as for their incapability and ignorance on the advantages of education. Thus the tendency of dropout was higher among the children from such families.

It may be argued that how could the same children successfully complete the three years course of NFPE, without a significant number of dropouts, prior to their admission to the formal schools. The answer lies with the innovative approach of NFPE system which include, among others, flexibility in school timing, attractive extra - curricular activities, regular supervision and above all, the least direct involvement of the parents in education per se of their children, as most of the teaching is done in the classroom.

³ The PO are BRAC employees who are assigned to establish and supervise the schools and the teachers. They also conduct monthly teachers training sessions and parents' meetings.

The NFPE students are always practiced to learn their lessons in the classroom, while in the formal schools the students are assigned to learn their lessons at home for which they usually need someone's help. If there are no literate members in the family to help them, the students fail to accomplish their homework. As a result, they are given punishment and this discourages them from attending schools.

In a literate family the picture is entirely different. It was observed that in such families during pre-school childhood, the children are casually taught basic alphabets and numbers and in the use of pencil and notebooks by someone in the family. This is normally done by either of the parents or older siblings. They grow up in an educated surrounding, which help them to be psychologically prepared for future schooling. On the other hand, the children from the disadvantaged families, from the very outset, suffer from the lack of mental and material preparedness and the absence of a literate atmosphere in the household fail to develop a motivational foundation, which is so important for the children to grow up. The children of these households, therefore, often cannot perform as well as the relatively well-off children and the situation worsens when they find it too demanding to adjust themselves in the changed educational environment of the formal education system.

As most of the NFPE students come from poor and landless labourers' households, they have to help their parents both at home and in outside works. The girls normally help their mothers in household chores including looking after the younger siblings, while the boys often help their fathers in crop cultivation or work elsewhere to earn some extra money for their livelihood. This becomes even more critical when the mothers also work in others' houses. In such families, it is difficult for the parents to appreciate the importance of education, which is, in their perception, a longer term goal. Besides, they are also not fully convinced how it can materially help the family. To them it is a question of survival now, and every member of the family must try to contribute something to this end. Taking into account this practical problem, the NFPE school timing has been kept flexible and it is fixed only after discussion with the parents. The attendance is, therefore, excellent. But, in formal schools, attendance of the former NFPE students is irregular, because the school timing is fixed and it is strictly observed.

In NFPE and government primary schools, the students are provided with education materials free of cost and school uniforms are also not compulsory. The NFPE children do not normally face any problem when they are enrolled in class IV in government primary schools. However, complication arises when these students after completing class V are enrolled in high schools, where the curriculum for class VI starts. Most of the high schools, especially at thana or district levels, follow dress code and students have to pay admission fees and donations, and buy books and other educational materials costing a minimum of Tk. 500 to Tk.600 for each student. For most NFPE graduates, this financial burden is too high for continuing their studies and they drop out. It clearly indicates that poverty does not always deter the poor students from primary level education, but it is the cost of getting into class VI level in the high schools which is certainly prohibitive for many of them. A study on primary education in Bangladesh (Gustavsson,1990) concluded saying,

“The children from highest land holding group, the highest income group, with guardians engaged in services and highly educated families are more regular in school than those of disadvantaged classes.”

Annexes 1 and 2 show that the majority of the dropout students left schools before getting admission in class VI, though they successfully completed class V. It is also evident that, the economic status of the dropout students' households is worse off than the continuing students' households (Annexes 3 and 4). Perhaps relaxing dress code and staggered payment of fees for the poor alone may considerably improve the situation. Some of the students enrolled in formal schools were getting financial support from their relatives (aunt, maternal uncle, uncle, etc.) to meet educational expenses. And a few others have gotten assurance from their affluent relatives that they would be provided with jobs after completion of their education. It was found that about three-fourths of the NFPE graduates find it difficult to attend high school due to financial reasons. Recently, the government has introduced a scholarship programme for the rural girl students, which may have tremendous impact on the advancement of female education.

Achievement of former NFPE students in formal schools is often determined by their success in the NFPE schools. Performance in the NFPE schools, in turn, depends, to a large extent, on the quality and competency of NFPE teachers. It was observed that if the NFPE teachers are kind, understanding, competent the performance of the students is also generally good and it is likely to be continued when the graduates are enrolled in the formal schools. Consequently, chances of dropping out from the formal schools are considerably reduced. If, on the other hand, competency of the NFPE teachers is less than satisfactory, performance of the students suffers and the rate of dropout from the formal schools increases. Teachers of formal schools and POs of BRAC indicated that level of performance and retention of NFPE graduates is good in formal school if they had graduated from a good NFPE school.

Another small but critical factor for NFPE graduates for leaving the formal school is boredom. In NFPE schools about 40 minutes, out of three hours of lesson (22%), is allotted to extra-curricular activities, such as physical exercises, singing, drawing, games, crafts, etc., which are either minimal or totally absent in the formal schools.

The study showed that most of the dropout students did not attend any types of school before being enrolled in NFPE schools. Being from disadvantaged families, they had neither prior preparation to enroll in school, nor any preconception about school. Their parents, being illiterate themselves also had never thought of sending their children to school. The parents were motivated by BRAC staff to enroll their children in NFPE schools, where innovative methods of teaching were followed including attractive extra-curricular activities specially formulated for the rural children. But after successfully completing the full course of NFPE, when the students enroll in formal school, they suddenly face with the realization that there exists a systemic difference between their old school (NFPE) and the new school (formal). This gives a psychological shock which they try to overcome; those who cannot, drop out. The following table shows the major differences between the two types of schools.

Table 1. Situational Difference Between the Non-Formal and Formal Schools

Non-Formal Schools	Formal Schools
Regular supervision and motivation	Irregular supervision and no motivation
Teacher - student ratio is low	Teacher - student ratio is high
Schools are close to home	Schools may be far from home
Have no formal examination	Have formal examination
Have no physical punishment	Have physical punishment
Have extra curricular activities	Have low level of extra curricular activities
Have community participation	Have no community participation
School hour is flexible	School hour is fixed
Cost free education	High cost of education (In high schools)
Students are neighbours	Student from other villages
School dress is not compulsory	School dress is compulsory particularly in most of the thana level high schools
Little home assignment	Heavy home assignment

Parents of the NFPE graduates who enroll in formal schools have high expectations for their children in getting higher education; but for one or more of the above reasons, many of the students drop out.

Beside these, the study observed that the tendency of continuation in formal school was higher among the children who had been previously enrolled in any type of school before being enrolled in NFPE (see Annexes 3 and 4). The household economic status of these children seems to be better than their counterpart. The study further observed that the average age of these children is lower than the dropout children (see Annexes 1,2,3 and 4) which indicates that most of these children had started their education at an early age and received their first lessons at the beginning of their childhood. According to Aziz and Maloney (1985) child aged 6 years is expected to take up his/her study more seriously and they are more conscious about their goals in life.

One of the disturbing findings of the study is the exceedingly high rate of dropouts among the girl students in the formal schools. The reasons for this phenomenon that could be discerned during the study are the following:

(i) Early Marriage: Traditionally the girls of poor illiterate families in rural areas are married at a very young age. Their education is, therefore, given low priority. For most parents it is more than enough if their daughters can read and write letters for they will be getting married at the age of 13 or 14 anyway. So why they would spend hard-earned money for higher

education for them when no financial return is expected. The study indicates that within three years of completing NFPE course about 30% of the NFPE girl students got married.

(ii) Insecurity: Since independence in 1971, the country has been passing through a transitional period of social upheaval, which fosters an uncertain situation. Under this condition, many parents feel insecure in sending their adolescent daughters to schools, especially when the schools are located at a longer distance from home. They apprehend that their daughters may be teased by local boys or they may develop love affairs (which is not generally accepted by the rural society). Some of the parents expressed their strong indignation about this “social evil” and some even forbade their daughters from going to school on this score. In fact, the researchers found some adolescent unmarried girls, instead of going to schools, were spending their time around their homes doing petty household works.

In addition to the major reasons mentioned above for leaving formal schools, the study identified the following minor causes which discourage the ex-NFPE students from continuing studies in formal schools: out migration, age discrimination of the former NFPE children (because of late start they are often older) vis-a-vis their classmates in formal schools, failure in examinations, fear of formal examinations, and partiality of the teachers of formal schools in favour of the students who had enrolled in their schools from the very beginning of their schooling.

IV. CONCLUSIONS

With a view to expedite and complement the government’s policy on rapid expansion of literacy in the country, BRAC has been implementing its NFPE programme for disadvantaged and impoverished children. After completion of the full course of NFPE curriculum, the graduates get admitted in class IV of the formal primary schools to continue their education. But it has been noticed for some time that a fairly high proportion of these students, after successfully completing first two years (class IV and V), leave schools without getting admitted in class VI, which is the first year of the high schools. The study attempted to identify the major causes for such dropouts of NFPE graduates from formal schools and to find out the ways and means for improving the situation in this critical area of the education system.

As the parents of almost all the ex-NFPE dropout students are illiterate, they are not very conscious about the positive consequences of education. However, the study clearly indicates that as long as the education is free, which is the case with BRAC’s, as well as government’s primary schools, parents are supportive of their children’s education. In this context, it is worth mentioning that the BRAC’s schools appear to be preferred by both parents and children over the formal schools because of their innovative teaching approach and flexible school timing - the latter is determined by the parents themselves according to their convenience. As a result, the students are seldom absent and there are very few dropouts from the BRAC schools. After two years of enrolment in the formal primary school, when the high school curriculum starts, a large sum of money is required on account of admission fees, school uniform, supplies, etc. which is beyond the capacity of many of the parents of the ex-NFPE students to pay. This results in a large number of dropouts.

Since the parents of these students are landless day labourers and very poor, the high school authority may like either to exempt them from payment of these expenses or stagger the payment over a convenient period of time to help out the parents.

One of the major problems the ex-NFPE students face in the formal schools is the high volume of homework. In NFPE schools, the load of home work is purposively kept low in view of the illiteracy of the parents, but in the formal schools, the teachers follow the traditional style. A study carried out in 1991 (Chowdhury and Chowdhury, 1991) on a formal primary school showed that teachers do not always follow the lesson plan. They just read out from a text book and all the students are asked to follow. They rarely use blackboard, charts and other teaching aids. A handful of ex-NFPE students do get help from literate relatives or neighbours, but in most instances the homework remains undone or incomplete. The students cannot make much headway and thus become disillusioned and soon drop out of the school. This is a situation where the parents and students are keen to continue education, but circumstances act against them. In such cases, which are easily identifiable, the teachers of the formal schools could be little more considerate and make special arrangement for coaching these disadvantaged students within or outside of the school hours.

Distance of the formal schools from home is very crucial for girl students. They often fall prey to teasing and other unbecoming behaviour of the local hoodlums which greatly upset the parents, as well as the girls. Wherever possible two or more girls band together while going to school; but these are exceptions rather than the rule. In the families of the ex-NFPE students, for economic reasons early marriage is a norm and so the general trend is to get their daughters married as soon as they attain puberty. Under these circumstances even if the parents are motivated to send their daughters to schools, they become easily disenchanted when they face security risk that may compromise the honour of their daughters. Some girls may also develop affairs with local boys against the liking of their parents. Marriage, therefore, becomes the easy way out for the parents to avoid unpleasant situations.

Another important aspect which both the government and the NGOs are to pay close attention to is the formulation of proper curriculum for both the education systems. There seems to exist considerable difference between these two school systems which need to be narrowed down to encourage and facilitate the students from non-formal education systems to continue their education in the formal schools.

On the government side perhaps the following few simple actions at primary level may strengthen the effectiveness of the school systems:

(i) school timing in rural areas may be made flexible to accommodate the labour needs of agricultural production cycles which will allow the students to help their parents during the peak crop seasons and also help improve their school attendance as well (Ubinig ,1986);

(ii) as is the practice all over the world, emphasis should be given on recruiting more women teacher to serve in both primary and secondary level schools, where they have proved to be more effective in managing children than their male counterparts (Kamrunnessa et al, 1988);

(iii) supervision system of the primary and secondary schools need to be much strengthened; and

(iv) at present there is very little or no interaction at all between the parents and the teachers, as a result of which, the parents remain in darkness about the progress of their children until the end of the year, when it is impossible for them to take any corrective measures with respect to the deficiencies of their children. The government schools do have provision for teacher-parent committees, but in the absence of proper follow-up by the school authorities, they remain inactive. It is, therefore, strongly recommended to activate these institutions to ensure community participation that will greatly help to improve the performance of the schools, as well as the students. This is rigorously followed in all BRAC schools with excellent results.

Socio-economic profile of dropout students in Gorpara, Manikgonj

SL No	Name of students	Present Age (Yrs)	*Drop out class	Father's education	Mother's education	Father's occupation	Land (acre)	**Pre-NFPE schooling	Comment and observation on drop out
1	Nasima (F)	15	V	Nil	Nil	Farming	5.80	Nil	Got married
2	Rafiq (M)	15	IV	Nil	Nil	Labour	Nil	Nil	Failed in examination
3	Aminoor (M)	16	IV	Nil	V	Labour	1.00	Nil	Left school; his friends do not go to school
4	Bimala (F)	16	V	Nil	Nil	Vill. guard	0.35	Nil	Did not seek admission in high school because of high cost
5	Sakina (F)	15	V	Nil	Nil	Labour	Nil	Nil	Did not seek admission in high school because of high cost
6	Anwara (F)	14	V	Nil	Nil	Labour	0.50	Nil	Did not seek admission in high school because of high cost
7	Zobeda (F)	14	IV	Nil	Nil	Farming	0.78	Nil	Father prefers her to work at home; she was weak in NFPE school
8	Alamgeer (M)	14	VI	Nil	Nil	Labour	0.56	Nil	Dropped out after admission in high school due to high cost
9	Rowshana (F)	14	V	Nil	Nil	Labour	Nil	Nil	Father's reluctant
10	Rahima (F)	15	VI	Nil	Nil	Labour	0.28	Nil	Parent's reluctant
11	Delwar (M)	14	V	Nil	Nil	Small trader	Nil	Nil	Did not seek admission in high school because of high cost
12	Bakul (F)	17	V	Nil	Nil	Farming	1.68	I	Did not seek admission in high school because of high cost

* This indicates dropout after that particular class

** 'Nil' means that the student did not attend any school before enrolling in NFPE school

Note: Average age is 14.9 years

Socio-economic profile of dropout students in Shibpur, Narshingdi

SL No	Name of students	Present Age (Yrs)	*Drop out class	Father's education	Mother's education	Father's occupation	Land size (acre)	**Pre-NFPE schooling	Comment and observation on drop out
1	Parveen (F)	16	V	Nil	Nil	Bamboo work	Nil	Nil	She helps her father in bamboo work
2	Razia (F)	15	VI	Nil	Nil	As above Labour	0.10	I	Dropped out after admission in high school because of high cost
3	Taslima (F)	15	V	Nil	Nil	As above	0.20	I	Did not seek admission in high school because of high cost
4	Arif (M)	16	V	Nil	Nil	Small trader	0.30	Nil	Failed in examination
5	Sahana (F)	15	V	VI	Nil	Labour	Nil	Nil	Did not seek admission in high school because of high cost
6	Sultan (M)	12	IV	Nil	Nil	Labour	Nil	Nil	Dropped out before examination from class V
7	Harun (M)	15	V	Nil	Nil	Labour	0.12	Nil	Failed in the examination
8	Mafia (F)	15	V	Nil	Nil	Labour	0.45	Nil	Did not seek admission in high school because of high cost
9	Monwara (F)	14	VI	Nil	Nil	Farming	0.15	Nil	Did not seek admission in high school because of high cost
10	Sayeed (M)	16	V	Nil	Nil	Labour	Nil	Nil	He pulls Rickshaw. Failed in examination
11	Amirchan (M)	15	IV	Can sign	Nil	Labour	0.70	0.70	He lives with his step mother. Did not like to go to school
12	Zayeeda (F)	14	VI	Can sign	Can sign	Labour	0.35	0.35	Dropped out after admission in high school due to high cost
13	Rezaul (M)	14	IV	V	Nil	Bamboo work	0.30	0.30	Lives in Dhaka with elder sister

* This indicates dropout after completing that particular class

** 'Nil' means that the students did not attend any school before enrolling in NFPE school

Note: Average age is 14.8 years

Socio-economic profile of continuing students in Gorpara, Manikgonj

SL No	Name of students & sex	Present Age (Yrs)	Pre-sent class	Father's education	Mother's education	Father's occupation	Land (acre)	*Pre-NFPE schooling	Comment and observation for schooling
1	Karim (M)	15	VIII	Nil	Can sign	Farming	1.70	Nil	Mother is a VO member; she completed the paralegal course
2	Awlad (M)	14	VII	Nil	Nil	Small trader	1.50	II	Gets help from private tutor
3	Faridur (M)	17	IX	III	Can sign	Hotel trader	2.80	II	Mother serves in foreign country
4	Zoynal (M)	13	VI	Nil	Nil	Labour	0.25	II	Repeating. Mother is a VO member; completed paralegal course
5	Shaheeda (F)	14	VII	IV	Nil	Harval doctor	Nil	II	Elder brother is a small trader
6	Rina (F)	13	VII	V	Nil	Labour	Nil	Nil	NA
7	Shamali (F)	14	VII	Nil	V	Farming	6.72	Nil	Elder brothers are involved in trading
8	Shaheen (M)	15	VII	Nil	Nil	Labour	Nil	II	Mother is a member of Grameen Bank
9	Anwar (M)	14	V	Nil	Nil	Farming	1.56	Nil	Gets economic support from uncle

* 'Nil' indicates that the students did not attend any school before enrolling in NFPE school

Note: Average age 14.3 years

Socio-economic profile of ongoing students in shibpur, Manikgonj

SL No	Name of students & sex	Present Age (Yrs)	Pre-sent class	Father's education	Mother's education	Father's occupation	Land (acre)	*Pre-NFPE schooling	Comment and observation for schooling
1	Rashida (F)	14	VI	Nil	Nil	Farming S.trader	0.45	II	Parents are motivated
2	Ibrahim (M)	15	VI	NA	NA	Labour	Nil	Nil	Maternal aunt helps with educational expenses
3	Bellal (M)	14	VI	Can sign	Nil	Farming Labour	0.45	I	Gets economic support from cousin
4	Rehana (F)	14	VI	VIII	V	Teacher	2.75	II	Educated elder brothers helps her in home task
5	Aklima (F)	13	V	Can sign	Nil	Farming	1.05	Nil	Repeating for two years
6	Al Amin (M)	12	V	Nil	Nil	Small Trader	1.80	II	Repeating for two years
7	Shaeuly (F)	15	VI	Nil	Nil	Farming Labour	Nil	II	They have two Rickshaw
8	Asma (F)	14	V	Nil	Nil	Labour	Nil	NA	Repeating for two years
9	Asma (F)	14	VI	Nil	Nil	Labour	0.35	Nil	Parents are motivated
10	Satter (M)	13	VI	V	VI	Farming Service	1.60	II	Parents are motivated

* 'Nil' indicates that the students did not attend any school before enrolling in NFPE school

Note: Average age 13.8 years

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EVALUATION OF COMMUNITY PARTICIPATION IN A MATERNAL AND CHILD HEALTH PROGRAMME SETTING IN RURAL BANGLADESH

by

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Community participation (CP) in planning, implementation, monitoring and evaluating the primary health care (PHC) programme is considered as one of the two pillars of WHO/UNICEF endorsed PHC strategy. Many agencies continue to promote CP in developing countries including BRAC in Bangladesh. BRAC pursued CP in planning, management, and execution of its PHC programme through formation of village health committee. At the end of three years, an evaluation was carried out to assess the achievement of the PHC programme in terms of service utilization and the extent of community participation. The study revealed that the programme was quite successful in changing behaviour of the villagers in respect of selected indicators of health care service utilization. An interesting aspect was that the improvement was not restricted to any particular group and all socioeconomic groups were equally benefited. However, at village level, it was found that CP through the village health committees (VHCs) was less encouraging, particularly of the poor and women. The reasons for poor participation in Bangladesh appeared to be similar to those of the experiences in Latin America. Like most other health programmes this was a case of 'mobilized participation' in the sense that the health committees were set up at the initiative of BRAC. Unlike 'self-determining participation', where people participate on their own, mobilized participation is characterized by lower than optimum participation. In the former case participation can be increased by provision of direct or indirect monetary or other benefits. In the Bangladesh case there was no or very little incentives for VHC members, Where the elites were dominant. Measures to increase community participation are also discussed, and a new methodology for quantitative measurement of CP is proposed.

I. INTRODUCTION

In the Alma Ata Declaration of 1978, primary health care (PHC) was defined as essential health care made universally by means acceptable to the people through their full participation and at a cost that the community can afford (WHO/UNICEF,1978). Based on this concept, the emphasis was shifted from a medically oriented decision-making to

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involvement of the community in planning, implementing, monitoring and evaluating the PHC programme.

Community participation as a concept dates back to the post World War II days. In the Fifties and the Sixties, it became quite a common feature in agriculture and urban development projects (Ugalde, 1985). Starting in late sixties, most of the countries in Latin America accepted and implemented community participation in health care, though it remained mostly “symbolic”. But by early 1980s, community participation in most of these countries was discarded (Morgan, 1990). It has, however, not lost its utility or attraction in other countries or with donor agencies. Ugalde (1985) and Morgan (1990) provide an interesting discussion as to why these agencies continue to promote community participation in developing countries. It is still considered as one of the two pillars of WHO/UNICEF PHC strategy and also the ‘heart of PHC’ (Ahmed, 1980).

Bangladesh has a vast health infrastructure administered by the government. The health service delivery system is mostly static centre-based, but its utilization is very minimal (Khan, 1989). Although there is a large number of outreach workers but they are hardly motivated in their work (BRAC,1990). Participation of the poor community in health programme is almost non-existent.

BRAC, along with other non-governmental organizations (NGOs), is working to improve the health of the poor in Bangladesh. It started a community based oral rehydration therapy (ORT) programme in 1980 to teach mothers about a simple remedy of diarrhoea using ingredients available at home (Abed, 1983). By 1986, when the programme had reached nearly 10 million mothers and about two thirds of rural Bangladesh, BRAC decided to include other child survival components into it. Subsequently, immunization (BRAC providing assistance to government primarily in social mobilization) and promotion of vitamin A were included in the programme and it was carried out among the remaining one-third of the rural mothers until 1990. To test a more comprehensive model of PHC, BRAC started a pilot programme. It included maternal and child health care and attention was given to seek community involvement in planning, management and execution of the programme. Accordingly, village health committees (VHCs) were formed and mothers’ clubs were organized. At the end of third year, an evaluation was done to assess the achievements in terms of selected ‘process indicators’ (Chowdhury, 1986), and the extent of community involvement attained in VHC activities. This paper presents the results of the evaluation study.

Community Participation

Let us consider the two terms, ‘community’ and ‘participation’. Each of them have been defined in a variety of ways by different authors. Agudelo (1983) defined community as ‘a group of people residing in a specified geographic area who have common values, cultural patterns, and social problems, together with an awareness of belonging to the group that causes them to interact more intensely with one another than they would with outsiders in a similar context’. Rifkin et al. (1988) reviewed three definitions of community and tended to agree to one, which was ‘rooted in the epidemiological view of community’. Since the BRAC programme was intended to cover all inhabitants of a village, the community in the present case would include all people living in a village covered by the programme.

Authors have also defined 'participation' in their own ways. According to Agudelo (1983) participation means 'involvement of a community in the administration and financing of a health service'. Rifkin et.al. (1988), on the other hand, reviewed a wide range of interpretation of the word 'participation' and found three common characteristics associated with it. These were: that participation must be 'active', that participation must involve 'choice' for the people, and that the choice must be 'effective'. They considered community participation as a 'social process whereby specific groups with shared needs living in a defined geographic area actively pursue identification of their needs, take decisions and establish mechanisms to meet these needs'.

In defining indicators for monitoring progress in Health for All, the World Health Organization emphasized the word 'involvement', and considers the word participation 'passive' (WHO, 1981). Some view that mere receiving of services by a community is not 'active' enough participation. Receiving drugs may not be construed as direct participation in a health programme, but to change traditional values and beliefs in order to accept a new technology such as ORT or family planning may represent a strong case of participation. Likewise, getting a tubewell to provide safe water involves efforts both in terms of funds and time, which is a case of participation. In our analysis of participation in the BRAC programme, we have considered any change in health behaviour of the villagers as a passive indication of participation.

The BRAC Programme

BRAC implemented the PHC programme in six thanas⁵ (Manikganj sadar, Gheor and Satura in Manikganj district; Santhia in Pabna district; and Rangpur sadar and Taraganj in Rangpur district), covering some one million people. The programme had eight components, which, along with their operational strategies, are briefly described below.

ORT: Similar to the nation-wide programme carried out by BRAC, mothers were taught how to make an ORT solution at home using salt and sugar⁶. Female health workers visited mothers at their homes to teach the method. While teaching ORT in the six thanas they also identified traditional birth attendants, potential members for mothers' clubs, and target children for immunization. The male health workers met the male members of the community through meetings and seminars to identify potential members for VHCs. The ORT teaching was completed within the first two months of the programme.

Immunization: Instead of doing the actual immunization by itself, BRAC decided to assist the government programme through training its workers and social mobilization for immunization through mothers' clubs and VHC meetings and home visits (Abed et al., 1991). BRAC workers also assisted in the organization and management of immunization sessions in villages.

Vitamin A: The villagers, particularly mothers were made aware of the need of vitamin A for their children. They were also told about the source, namely, the natural sources such as deep green leafy vegetables and yellow fruits, and vitamin A capsules that were being distributed by the government to all children between six months and six years of age.

⁵ Thana is an administrative unit under the district.

⁶ BRAC's programme on ORT has been well reported in literature (see: Abed, 1983; Chowdhury et al. 1988).

Nutrition education: This was concentrated on breastfeeding (with emphasis on colostrums feeding) and intake of proper food during pregnancy. These were done through mothers' club meetings and growth monitoring sessions.

TBA training: Traditional birth attendants and some family members were trained on safe delivery, and pre- and post-natal care.

Family planning: BRAC health workers motivated eligible couples to adopt appropriate family planning methods depending on their parity, but did not supply any contraceptives, which was the government's responsibility. BRAC also organized sterilization camps to promote terminal methods of family planning for those who had completed their family size.

Water and sanitation: Villagers were motivated to use safe water from tubewells not only for drinking but also for cleaning utensils. They were also motivated to install low cost sanitary latrines distributed by the government.

Basic curative treatment: BRAC did not provide any curative service, but the villagers were advised to use government health facilities available through static centres and health workers. They were also mobilized to ask for proper attention and services from the outreach workers of the government.

Village Health Committee (VHC)

Apart from being a means to achieving improved child survival. BRAC considered community participation as a tool for sustenance of the programme after BRAC's eventual withdrawal. BRAC organized a village health committee, and several mothers' clubs in each village. In the following, we describe how VHCs were formed and how they functioned.

There was one VHC in each village except in rare instances, where more than one VHCs were formed if the village was unusually large with say, more than 1,000 households. Following the 'sociometry' method (Abercrombie, et al., 1988), persons to whom others turn to for advice were considered as potential members for VHC. BRAC workers, through interactions with these individuals and other villagers, formed VHCs with 8 to 12 members with representation from each 'para' (neighbourhood) of the village. This process of selection resulted in VHCs made up of only males representing the better-off communities of the village. Later on, BRAC revised its strategy to include female and poorer villagers. Within a few months, 1,015 VHCs were formed in the programme area.

The initial involvement of the VHC members included informal orientation on the BRAC programme in the village emphasizing particularly on its temporary character (meaning that BRAC will withdraw after 3 to 4 years) and the need for the VHC to take over the responsibility after the withdrawal of BRAC. They were also oriented on how the government health system worked and how important it was for the VHC to interact with government workers to get most out of the public sector programme. At a later stage three members, elected by other VHC members and with the approval of BRAC worker, were sent to a BRAC training centre for a 3-day orientation on PHC and development of skills in leadership, communications and planning.

BRAC listed a set of responsibilities for the VHCs. Apart from expecting the members to attend monthly meetings and liaise with government workers, they were also required to plan, implement and evaluate health related activities in the village. There was no cash or any other direct remuneration for them. BRAC workers motivated them to devote part of their time for the good of the community of which they themselves were a part.

II. METHODS AND MATERIALS

Participation has been analyzed from two perspectives: level of villagers' acceptance of the messages delivered by BRAC (or, in other words, the impact in terms of different services coverage) and the level of their involvement in VHC activities. Since two different methodologies were used in addressing these issues, they are separately presented below.

A. Evaluation of the Services: The question of impact of the programme as measured by selected indicators was addressed through a large community survey within and outside of the programme villages. The objectives of this part of the study were to assess the changes in : (i) the level of ORT usage during diarrhoea episodes; (ii) immunization coverage; (iii) vitamin A capsule distribution coverage; (iv) contraceptive prevalence rate; and (v) selected health behaviour knowledge and practices promoted by the programme.

Out of the six PHC thanas, five (all but Taraganj) were included in the study. Since these thanas came from three different regions of the country. three adjacent thanas with "similar" socio-economic characteristics were selected for comparison, which were Singair (for Manikganj sadar, Gheor and Satura), Bera (for Santhia), and Mithapukur (for Rangpur sadar). A multistage sampling procedure was used in selecting the households. Four Unions⁷ from each thana were selected randomly, and from each, three villages were chosen at random. A total of 610 households were finally selected from each thana and these were proportionately allocated to the selected villages according to the size of the villages.

A pre-tested questionnaire was used. Trained female interviewers collected the data which were later analyzed under the close supervision of Field and Head Office level supervisors (Karim and Chowdhury, 1990). In the present paper, however, we presented data from Gheor (intervention) and Singair thanas (comparison), as the VHC study was carried out only in Gheor (see below).

B. Evaluation of VHC: The objective of this part of the study was to assess the extent of community participation attained through VHC activities. Two villages (Bastia and Purangram) in Gheor thana were selected for the study which were close to each other having similar transportation system (by boat or on foot according to the season). Housing, agricultural patterns and practices, and language were also similar. Both the villages were known to the investigators through previous researches. There are 158 villages in Gheor and VHCs were formed in all of them.

⁷ Union is an administrative unit under the thana with approximately 22,000 population.

Data were collected during October-November 1989 by interviewing several groups of people including village elites, VHC members, other villagers, and workers of BRAC and the government. Methods used included direct observation of activities, semi-structured and unstructured indepth interviews and group discussions. Except for respondents' background which was collected through a pre-structured schedule, all other information were collected by using checklists. Suggestions on the nature of questions to ask as recommended by Rifkin et al (1988) were freely used in developing the checklists. Triangulation technique was used to verify information from multiple sources, where necessary. Table 1 shows the number of individuals interviewed by type.

In analyzing villagers' participation in VHC activities, the scheme of analysis proposed by Rifkin et al. (1988) was used. It identified five processes viz., needs assessment, leadership, organization, resource mobilization and management based on which the extent of participation could be measured. In the present study all these were studied for the two villages.

The central feature of the Rifkin scheme is to develop a continuum for each of the five processes through which people are assumed to participate in a health programme and to appropriately place the programme impact in the continuum. If the programme has very wide participation, i.e., the people are involved in planning, implementing and evaluating the programme using professionals as resource persons, it is placed at the extreme end of the continuum. Similarly, if the programme has narrow participation, i.e., the professionals take all decisions and that people are least involved, it is placed where the continuum meets. Each continuum is divided into a series of five points and a rank⁸ is assigned to each point, as indicated below:

Assessment of participation	Rank
Narrow or no participation	1
Restricted or small	2
Mean to fair	3
Open	4
Very wide	5

A mark which closely describes participation (in a somewhat subjective manner) is then assigned to a point. Each point is then connected to represent the depth of participation. The resultant 'web' can then be compared with a baseline or with other villages to give a comparative picture. The scheme assumes that each programme has some degree of participation and, therefore, the first point at the narrow end of the continuum is not where the continua meet (Fig. 1).

Because of its unique nature, the above model has been used in several countries including Nepal (Bichman, 1989) and the Philippines (Laleman and Annys, 1989). Visual comparison of the 'web' between two or more villages was found to be problematic because the technique seemed to be highly qualitative. We thus made an attempt to quantify participation, by taking the Rifkin scheme a little further. In doing so a

⁸ Ranking scale for the processes has been elaborately by Rifkin et al. (1988).

standardization was needed in the length of the diagonals of the figure. If each diagonal is five centimetres long and has five points in it, the adjacent points will be one centimetre apart. In case of maximum participation the extreme ends will be joined together to give a pentagon. The area under the pentagon can be worked out easily by applying standard mathematical techniques. For each diagonal five centimetres long, the area is found to be 59 square centimetres which, in other words, represents 100 percent participation. For any project attaining certain amount of participation this area can be found out and then compared with the optimum area when maximum participation is achieved. For example, if Project X has participation best described by the shaded area of Fig. 2, the area under it is 4.28 sq. cm. which is 7.4 percent of the maximum 59 sq. cm. It will imply that 7.4 percent participation has been achieved by Project X as measured by the Rifkin scheme. This method obviously inherits all the drawbacks of the parent method such as the assumption that all the five measures of participation have equal weights and that the points on the diagonal are correctly placed.

III. FINDINGS

Impact on selected process indicators

Table 2 provides information from the community survey on selected indicators as found for both study (Gheor) and comparison (Singair) areas. Assuming that the pre-programme situation in the two thanas was similar, statistically significant changes have occurred in Gheor in all indicators, except contraceptive use. The changes were not restricted to any particular group as the positive changes happened irrespective of socio-economic background.

Measurement of participation

Information on the level of participation by the community in each of the five processes for the villages of Bastia and Purangram are given below.

Needs assessment: Needs of the villages in health matters were assessed by BRAC staff with assistance from VHC members. Among the needs identified were: installation of sanitary latrines, provision of immunization and distribution of vitamin A capsule (VAC) for children, increasing acceptance of family planning, and creation of employment. Incidentally, except for employment, all the needs were identical with what BRAC had planned to do in the villages. The BRAC programme, implemented in these villages, did not have any employment generation component. Hence this need did not get addressed, even though the villagers made repeated requests for it to BRAC workers. However, after the three-year phase was over. BRAC decided to extend its credit and employment generation programmes to these villages.

The VHC of Bastia initiated two surveys to identify babies who did not receive vitamin A capsule. No action on the part of the VHC, however, was followed to ensure that the babies, who did not receive the capsules, get them. The VHC of Purangram did not undertake any such needs assessment.

Monthly meeting was an important forum to talk about needs and other matters related to the health programme in the village. Unfortunately this did not happen regularly, and the attendance was also unsatisfactory (<50%). In Bastia, 32 meetings were supposed to be held upto the

time when the study was carried out, but only 11 were held. In Purangram it was much lower. The agenda, in most cases, were decided by BRAC staff, and the VHC members did not want to play any role in it. The work they were expected to do was voluntary and without any remuneration, but they wanted to be paid. They wanted it as a salaried job. Comments made by some people in this respect may be worth mentioning here:

- "They (BRAC workers) want me to spend some time on this and I love to do this for my village. But I have to earn to run my family. If they pay I will do whatever they want me to do" (a male VHC member);
- "Why should I work for other people? What BRAC will give me?" (a female VHC member);
- "What will be our benefit? BRAC workers get paid but we don't" (a male VHC member); and so on.

It seemed that both the villages were far behind in doing a real needs assessment. Since Bastia showed some activities, it was assessed as 'restricted'. Purangram was assessed as 'narrow'.

Leadership: After initial formation the composition of membership of the VHCs changed at least twice: firstly, when BRAC wanted to include representatives from women and the poor; and secondly, when the members themselves decided to replace some inactive members. At the end of three years, the two VHCs had sizeable representation from the women and the poor, but still was being dominated by male, the rich and the elites. The average landholding, a widely used socio-economic indicator for rural Bangladesh, was over 2.5 acres⁹, and the average schooling was over 6 years. Although representation from the landless poor was ensured in the VHC, they were either absent in most meetings or were only passive listeners.

All the paras (neighbourhoods) were not represented in the committee which was contrary to what was planned earlier. In Bastia, for example, two members were from the same family (a couple). In Purangram, no representative from a cluster of 20 households was included.

There was no secondary leadership. Mujibor Rahman was the leader of Bastia VHC, but there was none in the second position. Every other member seemed to be dependent on him. "He knows everything and will do all the necessary work", was a frequent comment from many VHC members. Rahman, himself a rich farmer, was in fact the most enthusiastic and tried to do everything from organising meetings to conducting village surveys to keeping liaison with BRAC workers. Interestingly, he himself was sceptical about the future of VHC in his village. He felt that it would be difficult for him to continue for long without any remuneration. It became obvious that he was working because he felt obliged in front of BRAC staff, who according to him worked very hard to organize the programme in the village. On the other hand, no functional leadership developed in Purangram.

⁹ In Bangladesh, households owning this amount of land are considered as well-to-do. More than half of Bangladeshi households are landless.

There was not much awareness among villagers about the VHC. More than half of the villagers could not name a VHC member. About a third of the villagers who reported to know some VHC members claimed that the members visited them in the previous month. In Purangram the situation was worse.

It was, therefore, not surprising that any member could tell us about the purpose or goals of VHC. To improve the leadership quality and organizational competence of VHCs, three members from each VHC were trained at BRAC's training centres; but it seemed that the training did not help much in activating the members or improving their knowledge.

Based on the above findings, the level of leadership was ranked 'mean to fair' for Bastia and 'restricted' for Purangram.

Resource Mobilization: Sharing of costs for health services for greater reliance is considered a good indicator to ascertain resource mobilization by the community. The government provide services to the people free of cost through the union level facilities but such services are rarely used (Khan, 1989), mainly because of their poor quality. People resort mostly to private health care, the cost of which, at times, could be prohibitive. BRAC wanted the VHC to start demanding on the government for improved services and at the same time motivate the government staff to improve the delivery of these services to the people. Our evidences suggest that this was not done very well. In Bastia, it was found that the VHC was trying to organise satellite clinics, growth monitoring and immunization sessions; but to do this well it was important to establish effective linkages with government staff. The family welfare assistants (FWAs) and health assistants (HAs), the lowest level field workers of government services, informed that they were not familiar with the VHC members or its activities, or that none of them ever contacted them.

Evidence of demanding safe latrines was found. The VHC of Bastia claimed that 17 latrines were installed at their initiative, but on verification it was discovered that the number of new latrines installed in the village was only 13. In Purangram 20 new latrines were installed. Installation of such latrines required some amount of cash, but the VHCs did not take any initiative to mobilize funds to help these poor villagers. BRAC did not provide any funds for such activity. The VHC of Bastia generated some funds to buy stationeries, to write the minutes of their monthly meetings and also to do the needs assessment survey.

Given above, the community participation in Bastia was considered as 'mean to fair' and that of Purangram as 'restricted'.

Organization : As mentioned earlier mothers' clubs were organized which held meetings every month to discuss health problems. Mothers' clubs were started in 80% of the villages of Gheor (Table 2). Unfortunately the VHC did not grow equally well in all villages. As already indicated, the VHC of Bastia had taken some initiative, but the one in Purangram was lagging behind.

It appeared from discussions with VHC members that some of them were involved in selected activities, such as latrine installation, organizing growth monitoring and immunization sessions, and ligation camps, but this was not always corroborated by other villagers. Based on our findings, the VHC of Bastia was considered as 'restricted' and that of Purangram as 'narrow'.

Management: Management includes planning, decision-making, implementation, monitoring, supervision and evaluation. The VHCs did not have any role in the management of the BRAC programme or that of the government. After the programme was over, BRAC started a credit and employment generation programme in the same area. This was a demand of the VHCs. This new programme organizes the landless poor people in the village for education, income and employment (Lovell, 1992).

In respect of their own management, we observed that the VHC of Bastia was doing somewhat better than Purangram. Bastia was ranked 'restricted' and Purangram 'narrow'.

Participation quantified: Figure 3 shows the depth of participation in Bastia and Purangram. With a fixed diagonal length of five centimetres, the area under the pentagon is 13.1 sq. cm. for Bastia and 4.4 sq. cm. for Purangram. This means that 22.2% and 7.4% participation have been attained in Bastia and Purangram respectively.

IV. DISCUSSION

A pilot programme initiated by BRAC tried to organize village health committees (VHCs). Villagers were provided with health education on selected aspects of public health through home visits. Mothers' clubs were organized in each village, which met monthly to discuss specific health issues. Results based on an epidemiological survey carried out three years after the programme was launched revealed that it was quite successful in changing the behaviour of the villagers in terms of selected indicators of health care service utilisation. An impressive aspect was that the improvement was not restricted to any particular group, and all socio-economic groups equally accepted and used the knowledge delivered by BRAC workers.

A primary focus of the evaluation was to measure the extent of community participation attained through the VHCs. Using the framework suggested by Rifkin *et. al.*, we studied two villages and found that the participation was less encouraging, particularly of the poor and the women. The framework is based on the assumption that participation is best described by an analysis of five processes: needs assessment, leadership, resource mobilization, organization, and management. In all the other places where this framework has been applied to date such as Nepal (Bichman, 1989) and the Philippines (Laleman *et. al.*, 1990), participation was also found to be low. An attempt at quantifying participation revealed that between 7% and 22% of the desirable level of participation was achieved in the two Bangladesh villages studied. This is comparable to what was found (calculated by us) in Nepal (18%) and the Philippines (24%).

Now let us examine the reasons for poor participation as found. It will be seen that there is a great similarity between the experiences here and that in Latin America. Like most other health programmes this was a case of 'mobilized participation' in the sense that the health committees were set up at the initiative of BRAC. Unlike 'self-determining participation' where people participate on their own, mobilized participation is characterized by lower than optimum participation (Zaman, 1984). In the former case, participation can be increased by provision of direct or indirect monetary or other benefits. In the Bangladesh case there was no or very little benefits for VHC members. The

leadership was in the hands of the elites and soon they realized that it was not easy to derive any tangible benefits either from BRAC or the government and started losing interest in the affairs of the committees.

This was a pilot project but the programme was carried out too fast by forming VHCs in all villages under the sub-district without giving much time to learn. Such a haste in getting things done was also witnessed in Colombia, where the health minister gave 24 hours to develop a 'norm' on community participation (Ugalde, 1985). Unlike earlier records of BRAC, very few monitoring or evaluation of this vital component was done to inform the decision-makers on how it was progressing. Valuable recommendations made in some of the monitoring reports went unheeded, which indicates that the management did not give it the kind of attention it deserved. It needs to be emphasized that success depends not only on the inputs, but also on how it is administered (Gwatkin et. al., 1980). Attaining community participation is important, but at the same time it is an arduous job like any other development programme. Adequate time must be given to stabilise and sustain.

The VHC was only three years old when it was evaluated. This is obviously a very short period of time for an institution to stand on its own feet and do all the things expected of it. Several transformation had already taken place during this period (including change of the membership twice). One of the VHC members remarked to a BRAC worker, "we watched you (BRAC workers) for the last one year, and now we are accepting your advice" (Chowdhury, 1987). The Munoz project in the Philippines which was referred to before was evaluated 15 years after it was initiated. Community participation has been conceptualized as a 'long-haul, bottom-up process' (Rifkin, 1986).

Participation is affected by power relations and power structure prevailing in the society (Zaman, 1984). In this project BRAC brought people from different socio-economic and interest groups under one umbrella of VHC. These people often represented different conflicting interest groups leading to domination by the more powerful village elite. Although an increase in the representation of the poor and the women was made, this did not increase their real participation and say. In VHC meetings they remained only as passive listeners. This kind of community participation can be counter-productive and detrimental to the interest of the poor. In places where the poor tried to challenge the leadership of the elite, they were either 'halted or violently repressed' (Morgan, 1990; Heggenhougen. 1984). In the 1970s. BRAC learned the impossibility of saving the interests of the poor through village level cooperatives where people from all segments (men, women, rich, and poor) came together. Health as a problem was considered important for all segments and that is why the VHC was open to all. But this didn't work, and from 1990s the poor and the women were targeted for the modified health programme of BRAC.

The VHC was expected to liaise with and create pressure on government workers to visit their villages regularly and deliver the services to the people. As we have seen they were too weak and unorganized to influence either the government or BRAC. Even if they were active whether they would have been able to exert any influence is an open question. The VHC does not have any legal or political entity or power. The assumption was that if they could get enough support from the villagers they could become a lobbying or pressure group to bring about a change. This is a semi-political process which is pursued by most

NGOs in Bangladesh (Lovell, 1992) and other South Asian countries. But before a minimum effect could be seen, a lot of time and patient efforts must go into it.

The lessons from this project have been beneficial to BRAC. It provided the needed analysis of the socio-political dimensions of this kind of policy initiative. BRAC learnt long ago that to do anything effective for the poor in enhancing their socio-economic and political situation requires sustained targeted efforts. The present experiment indicates that this is also true in case of health. By implementing a programme such as the present one, certain tangible outcome can probably be achieved, even for the poor. But in order to ensure their legitimate participation in shaping their own destiny, additional thinking and efforts are needed. Adequate time must be given to crystallize the process of participation and, more importantly, there must be a commitment on the part of the management to achieve it. BRAC has started a new programme with emphasis on women's health. The idea of health committees has not been abandoned; rather it has been integrated with the village level cooperatives, which along with organizing the poor for education, employment generation and credits will also oversee health committee functions. The cooperatives are made up of only the poorest section of the village, which constitute more than half of Bangladesh's population.

Table 1: Number and type of key interviewees in the two study villages

Type of interviewee	Number of Interviewees	
	Bastia	Purangram
VHC member	11	9
Other villager	41	48
Gov't health worker*		7
BRAC worker*		6

* These workers are assigned to several villages each

Table 2: Impact of the BRAC MCH project on selected indicators

Indicators	Gheor thana (study)	Singair thana (control)
Use of ORT in diarrheal episodes (% of episodes)	30.6** (281)	22.7 (203)
Use of tubewell water for drinking (% of households)	96.1* (610)	93.4 (610)
Use of tubewell water for cleaning utensils (% of households)	81.7** (610)	58.2 (610)
Use of Pit or Slab latrines (% of households)	15.4** (610)	2.6 (610)
Use of ash/soap in cleaning hands after defecation (% of households)	83.4** (610)	6.9 (610)
Mothers' club in existence (% of respondents)	80.6* (610)	5.2 (610)
Receipt of vitamin A capsule (% of children under 6 years of age)	82.4** (846)	41.0 (865)
Knowledge of natural sources for vitamin A (% of respondents)	81.1** (610)	15.9 (610)
Children fully immunized against BCG, DPT, Measles and Polio (% of children aged 12-23 months)	67.3** (162)	22.2 (158)
Use of contraceptives (% of currently married women aged 15-44 years)	36.8 (712)	36.6 (746)

Notes: Figures in parentheses indicate number of sample.

* *Indicates significant difference ($p < 0.05$)*

** *Indicates highly significant difference ($p < .001$)*

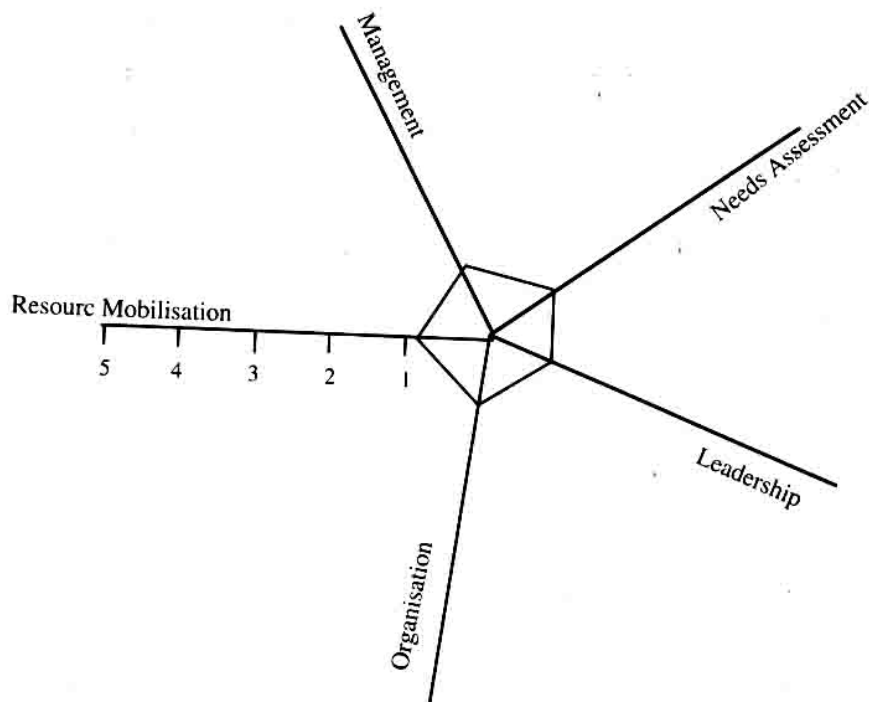


Figure 1: Sample Illustration of Plotting the Breadth of Community Participation

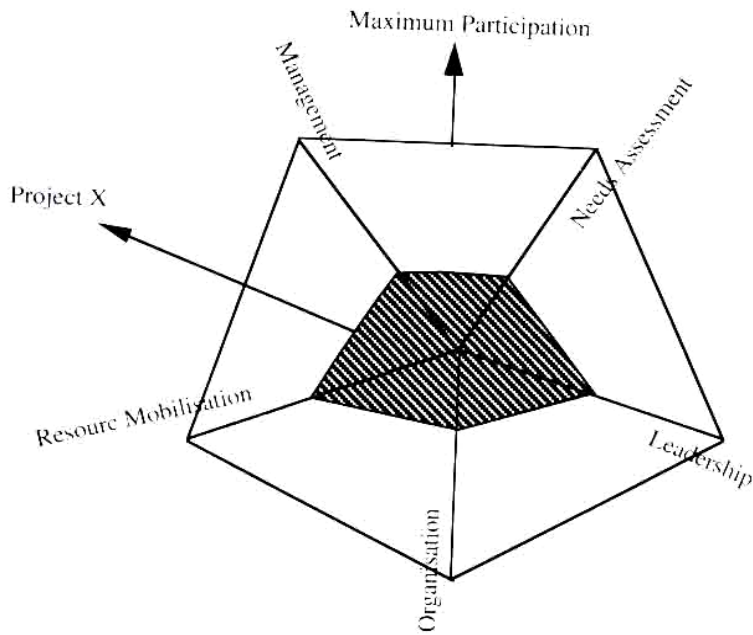


Figure 2: Sample Illustration Showing the Breadth of Community Participation in Project “X”

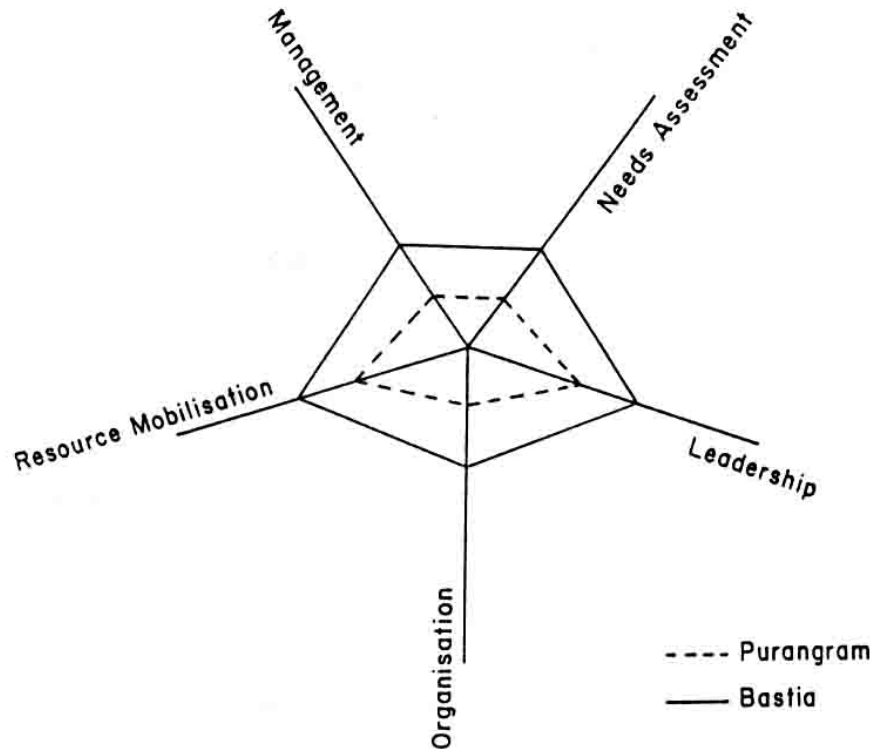


Figure 3: The Breadth of Community Participation in BRAC's Programme Villages of Bastia and Purangram

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ANTENATAL CARE SERVICE COVERAGE THROUGH VILLAGE BASED CENTRES: A CLOSE OBSERVATION

by

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This study was aimed to investigate the status of the antenatal care centres (ANCCs) in terms of participation of the trained traditional birth attendants (TBAs) in the ANCCs and service coverage of the pregnant women in rural Bangladesh. The study was carried out in 10 thanas² of Women's Health and Development Programme (WHDP). The data were collected by observing 125 purposively selected ANCCs using a checklist. The findings revealed that, the participation of the TBAs in the ANCCs was below expectation in the pilot areas than that of the intervention areas. The attendance of the pregnant women in the ANCCs was also low in the pilot areas. Furthermore, service provision with respect to immunization and urine test was found to be inadequate in both areas. To raise the effectiveness and the usefulness of the ANCCs, the following issues need to be addressed: a) the process of social mobilization and pregnancy identification should be strengthened; b) training methods of the TBAs and the programme organizers (POs) should be remodelled and intensified; c) effective follow-up and close supervision of the POs and the TBAs must be ensured; d) the quality of the ANCCs services must be enhanced, particularly with respect to tetanus toxoid (TT) coverage, urine test and referral of the high risk cases; and e) establish closer working relationship with the government health centres.

I. INTRODUCTION

In response to the worldwide primary health care movement and the United Nation's Decade for Women (1976-85), much attention has been paid to the health care of women during pregnancy and childbirth in recent years (Key 1987; Bang, et al 1988; Royston & Armstrong 1989). Because of its serious consequences in the family and the society, prevention of maternal mortality has been assigned top priority in health care services in many developing countries. Bangladesh is one of the few countries where maternal mortality rate is as high as 600 per 100,000 live births (Grant 1993). A study carried out in rural Bangladesh showed that half of the maternal deaths occurred before childbirth and among all deaths less than one-fourth received services from qualified physicians before death (Khan, et al 1986). More recently, a BRAC study, on the other hand, pointed out that since most of the morbidities occurred in the post-partum period, the maternal mortality was more likely to occur during the same period (Goodburn, et al 1994). The effectiveness of antenatal care to prevent maternal morbidities and mortalities, though, a debatable issue (Rooney 1992), its importance cannot be ignored in pregnant women's lives. It has been demonstrated in various studies that lack of early and adequate antenatal care increases the risk of maternal

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² Thana is an administrative unit at the subdistrict level having a population of some 200,000.

deaths (Sundari 1992). In Thailand, mothers who started receiving antenatal care in their first and second months of pregnancy had lower maternal mortality rates than those who did not get antenatal care until the third trimester (Sundari 1992). In Addis Ababa (Ethiopia), a maternal mortality rate of 2.4 per 1,000 live births was found among women who had received prenatal care as compared to 6.4 per 1,000 for those, who had had none (Royston 1989).

Use of maternal health services not only depends on the availability of adequate health services but also on the socio-economic factors and health behaviour of the women (Islam & Neilson 1993; Khuda, et al 1994). In many developing countries, adequate health services for pregnant women are constrained by lack of adequate infrastructure, equipment and trained personnel (Royston 1989). Furthermore, health behavioural pattern of the society often acts as a deterrent to the use of antenatal care (Khan, et al 1986; . A f s a n a , et al 1994). In Bangladesh, most rural women believe that antenatal care is necessary only for those who are sick (Goodburn, et al 1994). Antenatal care does more than detect and treat abnormalities; it establishes contact and promotes understanding between the woman and those who will look after her in pregnancy (Lewis & Chamberlain 1992). At the village level, the TBAs play critical role in the matters related to pregnancy and child birth. In WHDP areas, more than half of the pregnant women were accompanied by the trained TBAs to the antenatal care centres (ANCC), but surprisingly less than one-fifth of the deliveries were assisted by them (Afsana, et al 1994).

Being concerned about the significance of maternal health care in rural areas, BRAC launched the Women's Health and Development Programme (WHDP) in 1991 in 10 thanas of Bangladesh. The program aims to reduce maternal and child death and to raise the capacity of women to make the activities sustainable. WHDP provides services to pregnant women by facilitating and strengthening the existing government services and services within the community. The government offers maternal and child health services to the rural community through family welfare centres (FWCs) and satellite clinics (SCs). In places not covered by the government services, WHDP organizes the ANCCs to support the pregnant women.

The prophylactic value of antenatal supervision has been extensively tested and recognized, that it is needless to further emphasize its importance. Since regular antenatal care plays a crucial role in substantially reducing the maternal mortality rate, it was felt necessary to carry out an in-depth study to know whether the ANCCs were properly and effectively functioning in the operational areas of WHDP. Furthermore, the study was specifically designed to determine: the role played by the TBAs in the ANCCs; the coverage of the pregnant women; and the extent of service coverage. The study is expected to provide valuable information to policy makers and programmers to further improve and strengthen the implementation mechanism of the programme.

Operational process of WHDP

Of the 10 thanas under WHDP, eight thanas are designated as intervention area, where BRAC's target approach³ methodology is followed. These thanas are Mymensingh Sadar, Trishal, Fulpur, Muktagacha, Gobindagonj, Kahaloo, Fulbari and Parbotipur. In the remaining two thanas - Bogra Sadar and Dinajpur Sadar - BRAC has a special pilot programme on maternal mortality reduction, which operates following community approach.⁴ The basic elements of WHDP comprise:

- a) identification of the pregnant women by the program organizers (POs) and village health cadres (TBAs, shasthya shebikas and members of gram committees and mohila sobhas);
- b) antenatal examination (recording height, weight and blood pressure, abdominal examination, examination for anaemia, oedema and jaundice, urine test for albumin and sugar and breast examination, if history suggests) of the pregnant women at the ANCCs by the POs, and follow-up of the cases by the POs and the trained TBAs;
- c) health education regarding antenatal care, safe delivery, postnatal care and family planning;
- d) distribution of iron and folic acid tablets and immunization against tetanus;
- e) identification and referral of the high risk pregnancies and obstetric emergencies to the government health centres or hospitals;
- f) safe delivery by the trained TBAs; and
- g) post-natal follow-up of normal mothers by the trained TBAs and the POs and of the high risk mothers by the medical officers (MO).

The ANCC, an outreach station of WHDP, is located in a village to deliver services once in a month to pregnant women. The POs are BRAC-appointed female health workers who have the overall responsibility of organizing and managing maternal health care at the village level. Each PO is responsible for about 12,000 households. They identify pregnant women during their household visits (once in three months) in their respective areas. They are assisted by the TBAs, the shasthya shebikas, and the members of the gram committees, and supervised by the area managers and medical officers.

The TBAs, belonging to the village health cadres, are selected one for each village of WHDP; if the village is large, two TBAs work as a team. They receive training in identification of pregnancy, referral of obstetric emergencies and management of childbirth from BRAC. They receive Tk. 5.00 for identifying new cases of pregnancy and Tk. 1.00 for accompanying pregnant women to the ANCCs. High risk pregnancies are identified in the ANCCs and referred to the appropriate government health facilities. WHDP (1992) considers the following cases as high risk : (1) under 18 years; (2) over 35 years; (3) short stature (less than 145 cm); (4) multigravida (3+); (5) preeclamptic toxemia (hypertension, oedema, albuminuria - one or more of the symptoms);

³ Target approach is that where service is given only to target population. Target population includes households having less than 50 decimals of land, and a household member (12+ years old) who sells manual labor for at least 100 days a year for livelihood.

⁴ Community approach is that where service is given to people regardless of socio-economic condition. It implies that both target and non-target group receive services.

(6) severe anaemia in the last trimester; (7) past bad obstetrical history (abortion, still-birth and complicated labour); (8) twin pregnancy; (9) malpresentation; and (10) malposition.

II. METHODS AND MATERIALS

The data were collected during the period between April 3 and June 9 1992. Within the assigned time frame, 10 well-trained monitors purposively selected 125 ANCCs in the 10 thanas of WHDP. A checklist was used to collect the data which included the following variables: the role of the TBAs, number of target women per ANCC, attendance of the TG pregnant women in the ANCCs, status of urine test, anthropometric measures (weight and height) of the target women, distribution of iron tablet and the status of TT vaccination. The data were analyzed by segregating WHDP areas into intervention and pilot, in order to compare the performance of the ANCCs in those two areas.

The study, however, had some limitations. The data were collected in one shot; but if frequent follow-up could be undertaken, it could have possibly revealed some more details of the on-going services provided by the ANCCs. Due to some logistical reasons, the ANCCs were selected purposively.

III. FINDINGS

Table 1 presents the data of the intervention and pilot areas to show the extent of participation of the TBAs and the pregnant women in the ANCCs. The attendance of the TBAs in the ANCCs was lower in the pilot areas (59.1%) than that of the intervention areas (78.6%). A considerable variation was observed between the intervention (79.0%) and pilot areas (62.5%) in respect of the attendance of the pregnant women in the ANCCs. The proportion of the women brought by the TBAs to the ANCCs was also found to be low (50.0%) in the pilot areas.

Table 1. Participation of the TBAs and pregnant women in the ANCCs by areas

Variables	Study Areas		
	Intervention	Pilot	All
<u>No. of ANCCs</u>	103	22	125
No. of ANCCs where TBAs were present	81 (78.6)	13 (59.1)	94 (75.2)
<u>No. of pregnant women</u>	486	112	598
Attendance in ANCCs	384 (79.0)	70 (62.5)	454 (75.9)
Pregnant women brought by TBAs	275 (71.6)	35 (50.0)	310 (68.3)

(Figure in the parenthesis indicates the percentage)

Table 2 describes the service coverage in the ANCCs. Highly satisfactory results were found with respect to weighing of the pregnant women (100%). On the other hand, the coverage of the pregnant women by TT2/booster dose was significantly lower in the intervention areas (52.1%) than that of the pilot areas (72.9%). A lower proportion of women (91.4%) was given education on nutrition in the pilot areas as compared to the intervention areas (99.2%). Identification of the high risk cases was very low in both areas, 16.9% in the intervention and 28.6% in the pilot areas, and of them, 29.2% and 15.0% from the respective areas were referred to the government health facilities.

Among the pregnant women attending the ANCCs in the second trimester, 278 from the intervention areas and 45 from the pilot areas were in the second trimester. Distribution of the iron tablets in the ANCCs was appreciably high, 99.3% in the intervention and 100% in the pilot areas. Urine test was done on 62.5% of the women in the intervention and 35.9% of the women in the pilot areas.

Table 2. Status of service coverage of the different ANCCs by areas

Variables	Study Areas		
	Intervention	Pilot	All
<u>Attendance of pregnant women in ANCCs</u>	384	70	454
Weight taken	384 (100.0)	70 (100.0)	454 (100.0)
TT2/Booster dose	200 (52.1)	51 (72.9)	251 (55.3)
Nutrition Education	381 (99.2)	60 (91.4)	441 (97.1)
High risk identified	65 (16.9)	20 (28.6)	85 (18.7)
High risk referred	19 (29.2)	3 (15.0)	22 (25.9)
<u>Pregnant women in 2nd trimester</u>	278	45	323
Iron tablets given	276 (99.3)	45 (100.0)	221 (99.4)
Urine test			
Target	315	64	379
Tested	197 (62.5)	23 (35.9)	220 (58.0)

(Figure in parenthesis indicates the percentage)

IV. DISCUSSION

The study has made an attempt to highlight the status of the ANCCs in terms of the participation of the TBAs in the ANCCs and the service coverage of the pregnant women. The role of the TBAs in the ANCCs is crucial in providing services to the pregnant women at the grassroots level. The TBAs are meant to bridge the gap between the service providers of a modern system and the pregnant women of a traditional society. A wide variation between the pilot and the intervention areas with respect to the attendance of the TBAs in the ANCCs indicates that the activities in the pilot areas lag far behind than the intervention areas. Lack of awareness and proper supervision can be interpreted for their low attendance in the ANCCs. The majority of the TBAs were illiterate poor women who were already engaged in traditional childbirth practices in the village. These women received training before practicing as BRAC-TBA. But, it is difficult to change the cultural beliefs and practices by simply imparting training. As the TBAs go through a sudden transition from the traditional to the new role, careful supervision and close follow-up of their activities must be ensured from the very beginning of their involvement.

Despite provisions for incentives, the TBAs brought a lower proportion of women to the ANCCs. It may imply two things, either the incentives are not attractive enough, or the interactions between the TBAs and pregnant women were very low in the operational areas. As the TBAs are selected from the TG families, they are more well-known to these families than those of the non-TG families, who may belong to different strata of the society. It is often very difficult to overcome this social barrier and adjust with a situation, which cuts across the social fabric. Keeping this in mind, the TBA training should only be given to those women, who are more acceptable to the community as a whole and not solely on the basis of their past experience as TBAs. They should be made aware of their indispensability to the society. To meet this requirement, it is also absolutely necessary to raise the level of interactions of the TBAs with the non-TG families by holding group meetings with them. Age and education should be given priority in selecting TBAs. Given the situation prevailing in rural Bangladesh, efforts must be made to provide some basic education to the TBAs during the refreshers' training sessions. Taking into account the educational background of the TBAs, BRAC can involve the students from the Non-formal Primary Schools of BRAC to teach the TBAs as a requirement of their course completion. Furthermore, the issue of raising the monetary incentive for the TBA services needs careful consideration.

The attendance of the pregnant women in the ANCCs is comparatively low in the intervention areas. The failure of pregnant women to seek antenatal care may primarily result from the lack of awareness about antenatal care and the poor quality of such services. Lack of awareness may be due to social insensitiveness and poor social mobilization. In order to increase the attendance of the pregnant women in the ANCCs, implementing strategies should include a combination of a number of measures. Firstly, efforts must be made to educate mothers, in-laws and opinion leaders of the community to realize that early and regular antenatal care is essential to save the lives of the mothers and children. Secondly, training of the POs and the TBAs must be practical and participatory, that is, it should be carried out right at the field with their actual participation in the management of antenatal care and childbirth. At the same time, it would help to build up their rapport with the villagers. Thirdly, emphasis must also be given on the regular and effective supervision and follow-up of the activities of the POs and the TBAs.

Service provision related to weight, height and distribution of iron tablets is highly satisfactory; but services on immunization and urine test are relatively low in both areas. The reason lies in the fact that the program was only recently started in the survey area, and for the same reason, cooperation with the government services could not be built up to a desired level. Poor quality of antenatal services indeed destroy women's faith in the usefulness of antenatal care. Under the above circumstances, regular and adequate supply of vaccine, and reagents for urine test must be ensured for all pregnant women to maintain the quality of antenatal care.

Reduction of maternal and child deaths which is the goal of WHDP cannot be fully achieved, unless high risk cases are properly cared for. Low referral of high risk cases raises suspicion about POs' understanding of the importance of antenatal care. Given the situation, the efficiency of the health personnel must be ameliorated by providing them with remodelled training, which is conducive to the success of the maternal health care. Concurrently, their precise and meticulous supervision is also vital for the effective implementation of the program in the long run. Liaison between the governments' health centres and the ANCCs should be further strengthened, so that all the referred cases are well-treated in the referral centres.

V. CONCLUSION

The study has addressed the operational aspects of the ANCCs. It appears that performance of the TBAs and attendance of the pregnant women in the ANCCs were not satisfactory. Since the ANCCs had only been recently started in the WHDP areas , the service coverage was substantially low with regard to immunization and urine test. In order to raise the effectiveness of the ANCCs, the deficient areas need further improvement. Besides, more research is needed to explore detailed account of the services rendered by the ANCCs.

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