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**Gender, Sexuality and Contraceptive Advertisements in
Bangladesh: Representation and Lived Experience across
Social Classes and Generations**

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UNIVERSITY OF SUSSEX

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GENERATIONS

SUMMARY

This doctoral thesis is the first comprehensive, feminist, qualitative study to take a cross-class and cross-generational perspective in exploring women's experiences of gender, contraception and sexuality, as manifested in their narratives about real life and contraceptive advertisements, in post-independence Bangladesh. The existing scholarship on Bangladesh in the areas of gender, sexualities and contraception (see for instance, Caldwell et al., 1998; Cash et al., 2001; Karim, 2012; 2014; Khan et al., 2002; Rashid and Michaud, 2000; Rashid, 2000; 2006a; 2006b) remains largely restricted to providing a cross-class and cross-generational analysis. In fact there is no study that has focused on the experiences of sexuality in the upper class in Bangladesh. Despite their limited focus on the social classes and generations, the studies generalise and conclude that a highly gendered 'sexually suppressed culture' (Karim, 2012:40) exists in Bangladesh. Moreover, feminist media studies in Bangladesh (Ahmed, 2002; Ahmed, 2009; Begum, 2008; Gayen, 2002; Guhathakurota, 2002; Nasreen, 2002:95; Parveen, 2002) have repeatedly questioned the gendered stereotypes re/produced by the media (including advertisements) but without considering the context of production and/or audience reception of such representations. In contrast, my thesis, studying forty years (from 1971 to 2011) analyses interviews with women (across three social classes and generations) and a corpus of 166 contraceptive advertisements; it also takes into account the production issues. Women's interpretations of these advertisements with regard to their 'lived realities' in the

heteronormative sexual structure of Bangladesh, provide nuanced insights to supplement the existing literatures on gender, media, contraception and sexuality studies. The thesis concludes: women are not entirely powerless in their sexual encounters, rather, the power balance shifts based on women's various identities and the multiple determinants which shape their everyday lives. However, the 'representation' through contraceptive advertisements operates through a patriarchal 'circuit of culture' (Du Gay et al., 1997), which only presents a circumscribed 'reality' and offers a predominantly gendered construction of idealised femininity, masculinity and heteronormative sexuality.

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Acronyms and Abbreviations

Ad	Advertisement
AIDS	Acquired Immune Deficiency Syndrome
AV	Audio Vision
BDHS	Bangladesh Demographic Health Survey
BTV	Bangladesh Television
CPR	Contraceptive Prevalence Rate
CWFD	Concerned Women for Family Development
DGFP	Directorate General of Family Planning
DU	University of Dhaka
FPAB	Family Planning Association of Bangladesh
GO	Government Organisation
GoB	Government of Bangladesh
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
IUD	Intrauterine Device
KI	Key Informant
KII	Key Informant Interview
MOHFW	Ministry of Health and Family Welfare
NGO	Non-Governmental Organisation
SMC	Social Marketing Company
STD	Sexually Transmitted Diseases
TFR	Total Fertility Rate
TV	Television
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

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Introduction

A Gendered Journey

This doctoral project was researched and written between 2011 and 2015; however, the questions I raise here, and the issues addressed in relation to the complexities of gender, sexuality and contraception, are part of a journey embarked on many years earlier – since the days of my childhood in Bangladesh. At the age of nine or ten I asked a question, which I was not expected to ask! I asked about a television commercial, focused around a small family: a daughter and her parents, all very happy as if life had given them everything. The visualisation did not leave any stone unturned in portraying them as a ‘perfect family’, and an enchanting jingle combined to make the commercial even more attractive. With all these qualities and the advertisement¹ repeated many times I developed a special liking for it in my heart; despite the fact that I had no idea what it was about. Then one fine evening when it was on air, I asked my mother ‘*Ammu*, what is this ad for?’ My mother, my elder sisters and a younger brother of mine who is junior to me by two years were also watching TV, and everybody became surprisingly silent. My younger brother, breaking the silence said: ‘Ah, you don’t know? It’s a birth control pill!’ My mother blushed out of coyness, and my sisters started smiling bashfully, I felt like I should not have asked that question – a much unexpected one; yet, nobody wondered how my brother knew what it was about. The irony is that despite his answer, I could not figure out what a birth control pill was, or what it was needed for. But seeing the embarrassment on their faces, any further explanation seemed too much to ask for. An enigmatic secrecy surrounded the ad.

As I grew older, I learnt that there were many more things that children were not allowed to know. Things like bodily changes, menstruation, love, romance, marriage, sexual intercourse were also part of such knowledge, one should not explore – a ‘forbidden knowledge’ so long as one was not ‘adult enough’. But I further realised that the entrance to this ‘adult knowledge’ was more flexible for boys than girls. My socialisation process also informed me that girls needed to be careful about boys, because boys are ‘bad’, naturally inclined to explore adult knowledge, and act badly, as if adults.

¹ Hereafter I refer to an ‘advertisement’ as an ‘ad’ (this does not apply to citations).

I was privileged to start sharing these experiences with my friends and roommates during university life. We felt that middle class experience had been nearly the same for all of us, despite the fact that we were from different places. Social disapproval about acquiring information on sexuality before marriage made us more curious, and we discovered that we shared a common experience of ‘not knowing much’. My roommate further told me: ‘I even wash my brother’s undergarments but my undergarments should always be kept far from his gaze; this is what society expects from me’. This made me begin to challenge the double standards that society creates for men and women. As soon as I started to recognise my ‘secondary position’ in a very rigid, male dominated social structure in Bangladesh, it pushed me to dig deeper into exploring different institutions to understand their role in creating and reinforcing women’s subordinate status in society.

Subsequently, as part of my MA programme at the Institute of Social Studies in the Netherlands, when I was required to conduct some research, I recalled that early contraception ad, which reminded me of my own dilemmas around femininity, starting from childhood. My identity as a middle class, urban and Muslim Bangladeshi woman who had experienced family and wider social control over her own sexuality and the withholding of access to information on sexuality, pressed me to explore a relevant aspect of the Bangladeshi media. During my higher studies on women and gender issues I came across studies in Bangladesh that challenge women’s stereotyped representation and the sexual objectification of women’s bodies by the media. But, I was particularly interested to know in a context of taboos around public discussion of sexuality, when it comes to media, what language and visual content they use to illustrate sexual intimacy, and if there are any gender differences in expressing sexual feelings as portrayed by the media. I chose to explore these queries through looking at ads for contraception and sanitary protection, as these are the ‘elephant in the room’; such ads have to engage with sexuality and gender. Moreover, sex and menstruation are the two sensitive areas where I myself and my friends encountered repeated discouragement from questioning.

In particular, I engaged in a small study based on print and television ads for sanitary napkins and contraceptives collected over six months of 2009.² In the ads I found that female sexuality was constructed as heteronormative, marital and procreative

² Detail about the research is available in Sultana (2010; 2011b).

but also, if subtly, as pleasurable to women. Male sexuality was also constructed as heteronormative, but not necessarily as marital or procreative; rather, relatively flexible. At the same time the audience were gently reminded of the dominant frames of sexuality. For me this earlier study raised further questions: was there more gender and sexual equality between women and men by 2009 than in earlier periods i.e. were things getting better for women? How might different social groups (by age, class and region) comprehend changes in relation to sexuality? In what ways might media representations generally and advertising more particularly shape women's views about their gender, sexual identity and possible sexual pleasures? Were there other key institutions contributing to the framing of sexuality along gender lines? My initial research thus indicated a need for further exploration and a more holistic and complex understanding. This doctoral thesis, focusing on contraceptive³ ads, is the outcome of these and other deliberations. Its aim is to consider changes in the discursive constructions of gender, contraception and sexuality by engaging with institutional contexts and practices, personal lived realities and contraceptive ads in post-independence Bangladesh from 1971 to 2011. It also explores the alignments and tensions between these different domains.

Research Questions

The aims and outcome of this research are several. The first is related to a personal interest to better understand women's lived experience of gender and sexuality. Secondly, I want to complicate and deconstruct the epistemological basis and ontological belief of presenting particular kinds of sexual practices as 'naturalised' and identifying other types as 'abnormal' or nonexistent. With this aim the key query that I seek to answer through this doctoral project is: how a heteronormative and gendered sexual structure might characterise representations in contraceptive ads in Bangladesh, and how such representations are received and/or questioned by women with regard to

³ Although, in my MA research in the Netherlands I studied sanitary protection ads in addition to contraceptive ads, the research findings suggested that the sanitary napkin ads use the socio-cultural discourses of shame (for example, the potential embarrassment of menstrual blood being visible) and pollution around menstruation as a marketing strategy to promote the napkins (see further detail in Sultana, 2011a). This indicates the focus of the sanitary napkin ads is not sexual love or sexual intimacy. Therefore, in the current doctoral research as I wanted to particularly engage with issues around sexuality in post-independence Bangladesh (the years from 1971 to 2011), and consider the challenges involved in collecting ads over a forty year period within the constrained timeframe of the fieldwork, I chose to limit my research to contraceptive ads only.

their ‘lived experience’ of gender, contraception and sexuality. I find answers to these questions through three research sub-questions: firstly, in what context have these ads been produced, and how do different situations/power structures/socio-cultural settings influence certain forms of representations in the ads? Secondly, how are gender identity, gender relations, contraception and sexuality presented in ads for contraceptives and what changes have there been between 1971 and 2011? And finally, how do contraceptive ads feature in the ways women talk about their experiences of gender, contraception and sexuality; does this talk vary across class and generation; and does this talk seem to suggest that there have been significant changes for women since 1971?

Chapters – Outlines and Organisation

The thesis has been structured into seven chapters.

Chapter One ‘Research Methodology’ explicates the various methodological decisions taken throughout the whole research. Starting from theoretical justifications for the application of qualitative research methods for data generation, I go on to describe the selection of respondents from a range of social classes and generations, the archival collection process of forty years of contraception ads, the selection of sample ads to show during interviews, and the methodological challenges encountered. The latter provide key lessons to take into consideration in any future similar kind of empirical research in this area. Further, in this chapter I critically draw on various ethical concerns that I came across over the entire research journey, with a focus on my self-reflexivity, and the emotional and subjective experiences which are also indispensable elements in any social research.

Chapter Two ‘Literature Review and Critical Reflection’ critically reviews existing global, as well as Bangladeshi scholarship on gender, sexualities and media studies. By doing that it clarifies the concept of sexuality with regard to the present research. The critical reflections in this chapter also demonstrate how the current research is distinct from these studies, and justify the research by emphasising to contribution to existing knowledge. The chapter further sketches the shift in audience reception approach (from ‘audiences’ to the ‘audience in everyday life’) and addresses the complexities around production issues with a focus on the ‘circuit of culture’ (Du Gay et al. 1997: 3), and thus, clarifies the broader theoretical framework of the thesis.

Chapter Three ‘The New Bangladesh, Contraceptives and a History of Family Planning – A Socio-Cultural and Political Analysis’ serves two purposes. Firstly, it provides a brief introduction about Bangladesh: its political context at birth, the legacy of a Westernised aid-dependent economy and its influence on state population control matters, and the socio-cultural as well as the political status of women in Bangladesh. Thus it significantly sets a contextual background, which is important for international readers to comprehend the later empirical chapters of the thesis. Secondly, it outlines the complex history of contraception in Bangladesh. This is integral to gain an overall understanding of the historical existence of social negativity surrounding birth control, the struggle to increase social acceptance for birth control against such negativity, and the pressure on the state to increase population control measures resulting in the long persisting side effects from modern contraceptives.

Chapter Four ‘Gender and Heterosexuality in Contraceptive Ads’ explores the changing visual representations of gender roles, gender relations, contraception and sexuality in TV and print ads for family planning and branded contraceptives in post-independence Bangladesh. Further, in this chapter I draw on the production issues raised in my interviews with the advertising practitioners, with regard to the making and broadcasting of contraceptive ads in Bangladesh. Bearing these issues in mind, I thematically analyse some 166 ads with regard to femininity, masculinity, their underlying connections and dominant notions of heteronormativity. Influenced by Radway’s (1991) thematic analysis of romantic novels, I analyse the ads under three key themes offered by the women in my research in their interpretation of these ads during in-depth interviews. However, as women’s interpretation of the ads with reference to these three key themes included contradicting views, it seems essential to discuss the ads first, in Chapter Four, with regard to these themes; and then, move on to discuss in more detail women’s contradicting reflections on these themes, in Chapter Five.

Chapter Four therefore leads to Chapter Five ‘Women Interpreting Contraceptive Ads’. This chapter focuses on women and their approach to ‘making meanings’ in relation to the contraceptive ads. This includes women’s reflections on the ads with regard to their everyday lives. It further outlines to what extent women refer to the gender stereotypes in the images compared to other issues that they bring in during

conversations. The chapter also highlights, in addition to class and generation, other determining factors that influence women's interpretation of the ads.

In Chapter Six – 'Sexuality in Everyday Life – Documenting Social Class and Generation', I take a cross-class and cross-generational perspective to unpack women's various lived experiences of contraception and sexuality. The key focus of this chapter remains – to explore through women's narratives how often women refer to (or not) 'gender' as a polarised power relation, as opposed to other forms of oppressions and/or power relations they embody in everyday life, with regard to their experience of contraception and sexuality.

Chapter Seven is the concluding chapter where I reflect on the entire research journey. I provide answers to the key query of this thesis through highlighting the key findings and issues emerged in the research, and expound on the theoretical and methodological contributions to knowledge which this thesis makes.

CHAPTER ONE: Research Methodology

This chapter clarifies the different methodological decisions that I had to make throughout the journey of this doctoral project. I start with reflecting on the major issues that were considered in designing the research instruments to generate empirical data. The usefulness of these instruments is discussed to give a thorough idea about their relative suitability in addressing the research questions of this doctoral project. I do not argue over which instrument is superior to the other; rather, a critical look at the potential strengths and limitations of the instruments in relation to the context I am studying, demonstrates the possible methodological challenges that one has to face in undertaking media research on gender, sexuality and contraceptives. The epistemological issues in relation to these instruments are discussed next. Different methodological challenges encountered throughout the research, ethical concerns as well as how I position myself as a feminist ethnographic researcher, along with my different identities, lived experience and self-reflexivity, form the final section of this chapter, as these are significant issues for understanding any feminist qualitative research.

Issues Considered in Designing Research Instruments

My designing of the research instruments is informed by several literatures; some of which are reflected in the following discussion. I view social relationships from a feminist perspective, from where I apprehend that subjugated gender relations are not naturally obtained, rather produced and reinforced by age-old patriarchal notions and our day to day practices of such beliefs. Therefore, the selection of research instruments for this research was also influenced by feminist perspectives. The research has a broad basis in ‘feminist research methodology’. Feminist methodology relies on the researcher’s personal observations and experiments to make connections between human experience, external reality and ideas about what really exists (Ramazanoglu and Halland, 2002:15). Hence, participant observation as a method has been identified as a very significant research instrument by feminists. Various studies⁴ have put emphasis

⁴ For example, see Bernard (2006), Clifford (1986), Gupta and Ferguson (1997), Hsu (2006), Jensen and Jankowski (1991), Miller (2000), Simpson (1997) and Warren and Hackney (2000).

on participant observation for conducting ethnographic research. Clifford (1986:13) further opines that participant observation is a delicate balance between subjectivity and objectivity.

According to Harding (1987: 3-7) and Hammersley (1995: 45-65) feminists are often critical of traditional theories as these have been applied in ways that make it difficult to understand women's participation in social life. They argue that traditional social science begins its analysis only with men's experiences. It has asked questions about social life that appear problematic only from a man's perspective. Therefore, feminists insist that there should be theories also from the perspectives of women. As Du Bois (in Hammersley, 1995: 46) argues:

To address women's lives and experience in their own terms, to create theory grounded in the actual experience and language of women, is the central agenda for feminist social science and scholarship [...]. To see what is there, not what we have been taught is there, not even what we might wish to find, but what is.

As a result, feminists stress the methods that sanction the analysis of social phenomena from the perspective of women's experiences. Kvale (2006: 481) and Bryman (1988) stress the importance of qualitative interviewing to investigate human experience. They argue qualitative interviews can deal with marginalised people, give voice to the unheard to share their lived experience in their own words, and attempt to understand the world from the subject's perspective. Bryman (1988: 61-68) highlights the major characteristics of qualitative interviewing; it allows (a) an ample perspective of viewing events, action, norms and values from the viewpoint of the people who are being studied b) contextualisation of facts within a holistic frame c) an inductive, open and flexible approach and d) a definite preference for theory generation rather than theory testing. Among different types of qualitative interviews Kvale (2006) specifically mentions in-depth interviews. He cites Scott (1985 in Kvale, 2006: 481) who says:

Qualitative depth interviews have been regarded as in line with feminist emphasis on experiences and subjectivity, on close personal interaction, and on reciprocity of researcher and the researched. It has also been maintained that whereas the linear thinking of men may be captured by questionnaires, soft qualitative data comes closer to the female life world.

Although a qualitative approach is particularly suitable to generate indepth subjective experience, the tendency to associate it with softness as a justification for being closer to women's life is essentially derived from a stereotypical understanding of femininity. Hammersley (1995: 55) on the other hand mentions feminists who think of in-depth interviewing as a great value to research which explores people's perspectives of a particular social phenomenon. Ramazanoglu and Halland (2002:15-18) argue that a formal questionnaire survey is usually deficient in many respects for an indepth understanding of the complex and sensitive issues, like sexuality research. They further note that the goal of feminist research is making diverse women's voices and experiences heard. Hence, for such purposes feminists can better experiment with qualitative research, as it is politically sensitive and relatively better suited to handling indepth fieldwork relationships.

Some studies⁵ have suggested the in-depth interview as a relatively powerful method for investigating a subject's private and public life, as well as for addressing sensitive research issues like sexuality. Therefore, in this doctoral project I take a feminist ethnographic approach for researching female audiences which entails participant observation, in-depth interviews and key informant interviews as the instruments of data collection. In addition, the collection of contraceptive ads from 1971 to 2011 includes an archival approach. Finally, my own experience of Bengali culture and the training of 'ideal' sexual behaviour that I received since childhood as a middle class, Bengali, Muslim woman, proved very significant at various stages of this gender and sexuality research.

Methods and Preparations for Data Generation

This feminist empirical research bases its analysis on primary and secondary data. The generation of primary data sources includes female responses to contraceptive ads, as well as the producers' perspectives on ad production, and views from government as well as non-government family planning officials, health experts and feminist activists. Influenced by 'feminist standpoint epistemology' (Hammersley, 1995; Harding, 1987; 2004:1-5, 45; 2005; Hartsock, 1983), I believe that my embodied experience of sexuality and the restrictions I encountered, place me in an 'epistemic privileged

⁵ For instance, see Clifford (1986: 23-26), Deacon et al. (2007: 64-83, 263), Jensen and Jankowski (1991), Kvale (2006: 480) and Lee (1993: 1-17).

position' (Harding, 2005: 218-236) to understand and enquire about women's experiences, rather than men's. I also had to consider personal safety. As a female researcher and considering the context of Bangladesh, I did not feel safe to interview men to discuss their issues of contraception and experience of sexuality. As is also reflected in Warren and Hackney (2000:4), even though the possibility of physical violence is a concern of both men and women, the sexual danger of being harassed or assaulted are more salient to women in the field. In addition, growing up amidst a controlled sexual culture in Bangladesh I thought, it might also become difficult for a heterosexual male to talk about his sexual experience to a woman. This proved right. Even though the advertising professionals, who were mostly males, were not asked to share their own experiences, rather to discuss the making of contraceptive ads in the context of Bangladesh, some of them seemed nervous discussing contraceptive issues in general. One of the key informants – Ganesh Chandra Sarker, who is the Head of the family planning campaign programme and a joint secretary with the Directorate General of Family Planning (DGFP) Bangladesh, indirectly pointed to the embarrassment of discussing these issues with me where he commented, 'See, now I am talking to you in a closed door room on these issues, which we could not even imagine ten years ago'. This suggests that talking with a woman about contraception even in relation to ads is very unusual.

Selection of Respondents

For the reasons stated above, women who had viewed or might remember contraceptive ads and were willing to discuss their views about these ads with regard to their lived experience of sexuality were selected as respondents for in-depth interviews. Selection of the respondents involved both purposive and snowball sampling, as my intention was to select women from three different social classes⁶: 'upper', 'middle' and 'poor' and from three different generations. The idea behind choosing women from different generations was to enable a particular age group to reflect on a particular decade of contraceptive ads and the corresponding socio-cultural contexts. Hence, I assumed that women aged fifty plus (older generation, who were born before 1961) are more likely to be able to focus on the contraceptive ads which appeared in the 1970s and 1980s,

⁶ The following section provides a brief discussion on 'social class' and its complexities in this particular research context.

women aged between 35 and 49 (middle-aged generation, who were born between 1962 and 1976) may better remember the ads appeared in the 1990s and onward, and the younger generation, aged below 35 would be able to reflect on the ads published in the decade from 2000 onward.

Apart from class and generations, attention has also been paid to selecting respondents from urban as well as rural areas. I thought that selecting women from different geographical locations⁷ in addition to the capital city Dhaka would allow me to include diverse women's experiences. Hence, among the thirty six interviews, twenty five were held in Dhaka city, nine were in different towns (semi-urban areas) and two were held in two villages (one in Bagunda village in Mymensingh, another in Gokarna village in Brahmanbaria). The following map of Bangladesh indicates the geographical locations where the in-depth interviews took place.

⁷ These locations were selected depending on my professional and kin networks; initial informal contact was made with different women through my networks to approach them for taking part in the in-depth interviews.

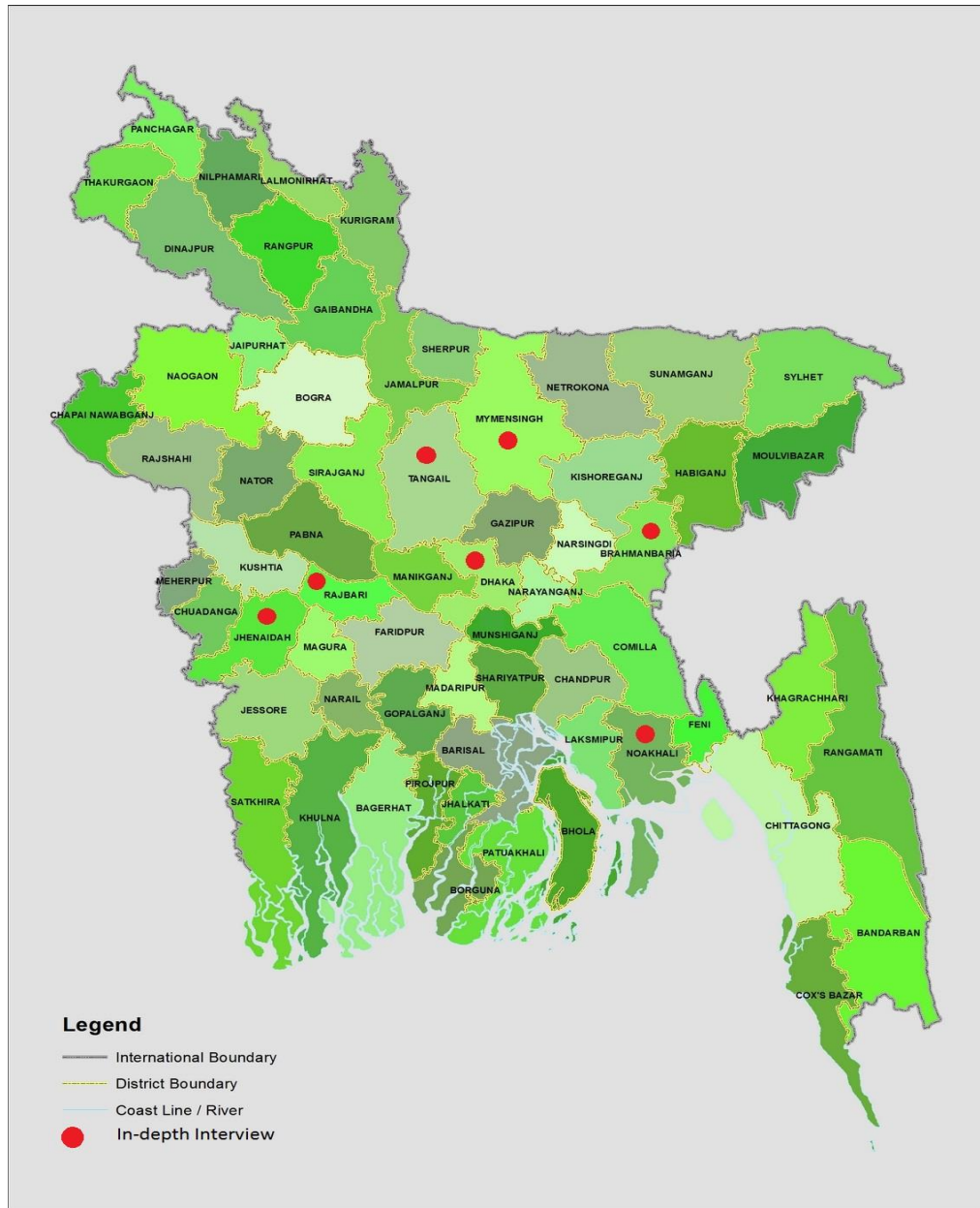


Illustration 1.1: Map of Bangladesh with Interview Areas Indicated

Moreover, apart from ‘housewife’, different professional backgrounds (academician, bank officer, development worker, NGO official, garment worker, cleaner, cook, domestic help and sex worker) were considered during the selection of in-depth interview respondents. There were married women, and widowed as well as divorced women. Thus, the selection criteria for in-depth interview respondents were set to include women from various backgrounds, which might lead to more diversified research findings. Nevertheless, apart from social class and generation, I do not stratify the research findings according to different location, profession and marital status of the

respondents. Rather, I refer to them if they arose during the flow of interview conversations, or in cases where a woman has different opinions about contraceptive ads or has experienced sexuality differently compared to the other women in the same class and generation. Then I seek to investigate if her professional or geographical or marital identity bears any connection to the dissimilar perspectives she holds. Having said that, my attempt here is not to generalise, yet be alert to a woman's multiple identities (in addition to class and generation) and how those might influence a woman's experience of sexuality and media reception.

I was also mindful of considering the production, distribution and consumption of ads in their multiple contexts and of being alert to how changes in advertising are bound in with much wider economic, political and ideological shifts (Winship, 1980; 1981). In addition, given the sensitivities in Bangladesh around sexuality and contraception, I was keen to interview advertising practitioners. What issues did they face? How did they discuss the constraints they were working under? In the case of advertising, how did cultural and other constraints regulate and shape the contraceptive ads they produced? Therefore, in addition to thirty six in-depth interviews with women, I held thirteen key informant interviews with different professional experts. Among the thirteen, six key informant interviews were held with key personnel at the state level and at private advertising agencies. Interviews with these advertising professionals helped me to understand the context, making and broadcasting of contraceptive ads as well as the different milieus that might influence the meaning and representation. From these six, four were directly involved in producing contraceptive ads: three through private advertising agencies, and one under the Ministry of Health and Family Welfare (MOHFW). To include the perspectives from private sponsoring organisations, one key informant interview was held with the marketing manager of Social Marketing Company (SMC) – the biggest private sponsor for contraceptive ads in Bangladesh. The last of the six key informant interviews was held with the chair of a renowned international advertising agency. This helped me to grasp an understanding of the overall process of producing a contraceptive ad in the private sector, starting from production of advertising to marketing it. The advertising professionals' association with different aspects of advertising enabled me to secure a holistic grip on contraceptive ad production in Bangladesh, under state as well as private ownership. I

further conducted seven key informant interviews with feminist activists on reproductive rights, family planning service providers, policy makers, a gynaecologist and other health experts. All of the key informant interviews were held in Dhaka. I identified them through a purposive sampling approach, and before interviewing I built up rapport with them, using my kin network and professional identity as an academician.

Archives and Collection of Contraceptive Ads

The contraceptive ads for this research were selected from across broadcast and print media. To understand the shifts and changes in representing gender and sexuality in contraceptive ads, from the emergence of Bangladesh as an independent state to the present day, the collection of ads covered a specific period: the years 1971 to 2011. Initially, I thought to collect the ads mostly by visiting the sponsoring and advertising agencies for contraceptives, newspaper archives and TV archives. However, it turned out that these agencies do not preserve information about print ads in an organised manner; and therefore, I could get hold of only a very few number of print ads. Nonetheless, they helped me by providing dates on which some of the print ads appeared. They also assured me that usually the contraceptive ads appear in the highly circulated newspapers, and based on my previous research experience in the same area (Sultana, 2011b) I also knew that this was true and that these newspapers would most likely be preserved in archives.

Therefore, I collected information about the daily high circulation newspapers from 1971 to 2011, and cross checked the information with the advertising agencies. Since the independence of Bangladesh, *The Daily Ittefaq* has been a very popular and highly circulated daily newspaper. Accordingly, I went through forty years' worth of *The Daily Ittefaq*, from 1971 to 2011, to search for the contraceptive ads. In addition to that, if there was any other newspaper referred to by the ad agencies for a particular ad published in a particular date, I also searched and looked through that. The latter part of the 1990s saw the emergence of a few other daily newspapers and soon *The Daily Janakantha* and *The Daily Prothom Alo* became the other two most circulated dailies in Bangladesh. Therefore, for the years 2000 to 2011, apart from *The Daily Ittefaq* I also looked at *The Daily Janakantha* and *The Daily Prothom Alo*. In this long search for

print ads for contraceptives within a very short fieldwork time (six months), I had to appoint four research assistants who assisted me in the collection of these ads.

In relation to the collection of contraceptive ads aired on TV channels, I started by communicating with the Director Generals and Heads of Marketing of different government and private TV channels to seek permission to visit their archives. However, I was disappointed as the TV archives do not preserve the ads; rather, if needed they collect these from the respective advertising firms or market-research organisations. One of my key informants also pointed to such restrictions and with great regret indicated that this is the reason behind the very few number of TV research studies in Bangladesh. In order to find relevant TV ads I communicated with different organisations involved in media monitoring and market research, as well as the major advertising and sponsoring agencies of contraceptives. Finally, I had to purchase some of these ads and some I got for free. Accordingly, I collected 166 contraception ads⁸ that appeared between 1971 and 2011. This includes 22 (print) and 10 (TV) state sponsored contraceptive ads, as well as 88 (print) and 46 (TV) commercially produced branded contraceptive ads.

It was not possible to collect ads that had appeared on billboards: the advertising agencies did not keep any record of them; but they confirmed that an ad that appeared on a billboard was most likely to be broadcast on TV and/or published in a newspaper as well. Due to poor sound quality, it was not possible to consider the ads aired on radio. In addition, I decided not to include women's magazine in this research. As there is a specific reader group for women's magazines which by no means include the poor, illiterate women; furthermore, since the inaccessibility of such magazines in the rural area of Bangladesh, I assumed a major number of women might not be able to access these magazines.

Selection of the 'Sample Ads' for the Respondents

To help respondents recall their memories of contraceptive ads and to share their views, I decided to show them some contraceptive ads. It was a big challenge to select a small sample of the ads from the 166 ads. I carefully examined all the ads, and decided that

⁸ The numbers are not inclusive of the repeated versions of any particular ad. In addition, there is no official record of the total number of contraceptive ads that were published until 2011. Hence, the numbers stated here indicate ads that were possible to collect for this doctoral project.

the sample should include ads showing either urban or rural settings, rich as well as poor couples, and there should be at least one ad from each decade starting with the 1970s. In that way a respondent would see at least something with which she could identify and reflect on, with regard to her own life. Accordingly, I selected seven print ads that appeared in daily newspapers, and three electronic ads broadcast on different TV channels to show to respondents during in-depth interviews. I insert these ten ads below, with a brief discussion of the three TV ads.



Illustration 1.2: Sample Ad 1⁹ – Family Planning Ad, 28 April, 1973

⁹ Image F2, Appendix II. A brief information about this ad is available in Appendix II.

সুখী সুন্দর সংসার ও পরিপাটি জীবন।
তিনি নিভর করেন প্যান্থার এর উপর।

অসংখ্যকোটি মানুষের রোগের জন্য সারা পৃথিবীর তার পৌরীক দেশী দেশের কয়েক কোম্পানি করে থাকে।। কয়েকের ছান কয়েকজন অসংখ্যকোটি মানুষ যেন। কয়েকের উপর আচ্ছন্ন প্রভাব কারণ এই কোম্পানি 'প্যান্থার' পরিচিত হয়ে।
অতি উচ্চমানের সার্কাস এটাই একত্রে ৬০ টিরো উপলব্ধ অসংখ্যকোটি দেশী-কয়েকটি দেশে-পাশে।
সুখের নিয়মিত ও সঠিক ব্যবহারই দেশে আচ্ছন্নকোটি মানুষের সুখ।
ব্রিটিশ জাতীয় প্রচুর : সব সময় এই প্যান্থার ব্যবহার করে প্রচুর।

প্যান্থার
PANTHER
প্যান্থার
প্যান্থার

¹¹ Image 22, Appendix II.

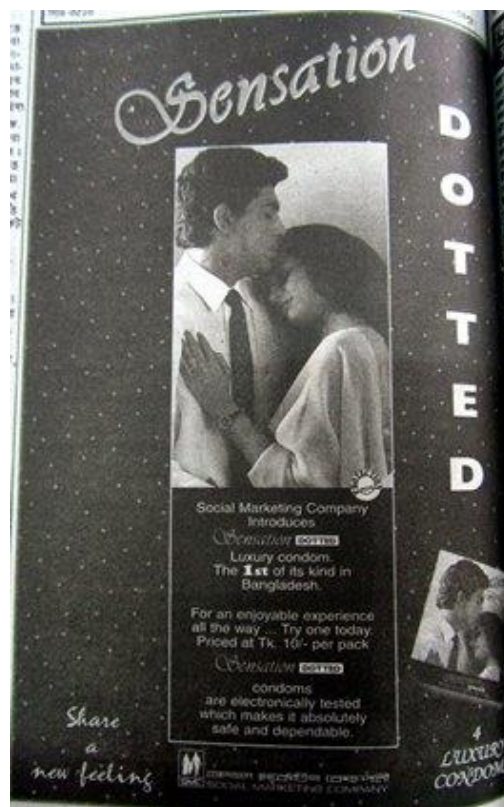


Illustration 1.5: Sample Ad 4¹² – *Sensation Dotted Condom Ad*, 22 November, 1998



Illustration 1.6: Sample Ad 5¹³ – *Raja Condom Ad*, 10 October, 2002

¹² Image 36, Appendix II.

¹³ Image 49, Appendix II.

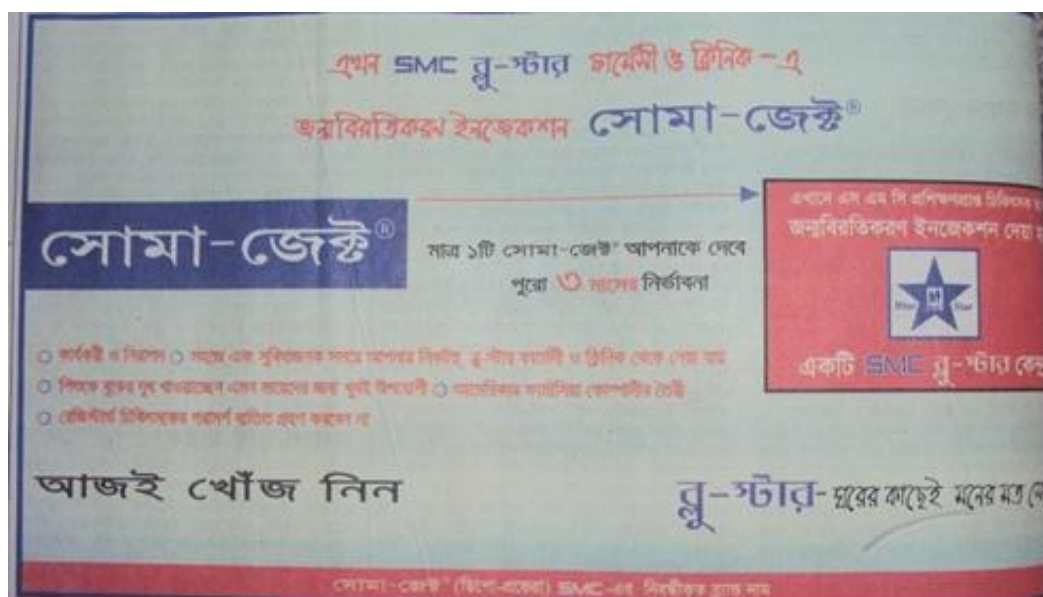


Illustration 1.7: Sample Ad 6¹⁴ – Soma-Ject Depo-Provera Ad, 10 March, 2003



Illustration 1.8: Sample Ad 7¹⁵ – U & ME Condom Ad, 4 July, 2005

¹⁴ Image 51, Appendix II.

¹⁵ Image 58, Appendix II.



Illustration 1.9: Sample Ad 8¹⁶ – Screenshots from *Nordette 28 Pill Ad*, Aired on R_{tv} in 2006

Sample Ad 8 – *Nordette 28* pill, is themed around the festivity of a wedding ceremony in an urban setting and a working woman (who seems to be the bridegroom’s brother’s wife). The working woman stays at home to organise the marriage function, yet still performs her professional duties over the phone (Screenshot 8.2, middle from the top left). The ad revolves around her every action: preparing food, serving her father-in-law and the other guests, getting her daughter ready for the function, managing her office from home, but still she remembers to buy *Nordette 28* for the bride. When she handovers the pill packet to the new bride, a female voiceover from the background suggests ‘*Nordette 28*, a low dose birth control pill for an up-to-date woman’ (Screenshot 8.6, last from the bottom left).

¹⁶ Ad TC32, Appendix II.



Illustration 1.10: Sample Ad 9¹⁷ – Screenshots from *Sensation* Condom Ad, Aired on Ekushe ETV in 2008

Sample ad 9 portrays a rich woman – apparent from her gold jewellery (Screenshots 9.1 and 9.2, the first two from the top left). She goes out and is followed by a strange man in a quiet urban street; perhaps he is a ‘stalker’. Being scared she returns home only to find that the man actually followed her home too. However, it is not long before he comes out of his disguise (Shot 9.6, the last from the middle left); bringing a smile to her face, indicating that she recognises him. They come closer; form an intimate moment next to their wedding photos hanging on the wall (Shot 9.8, the middle from the bottom left). A female voiceover whispers from the background ‘*Sensation* condoms, no ordinary love’ (Shot 9.9, the last from the bottom left), as if asking: explore the adventures of love with *Sensation* condoms.

¹⁷ Ad TC39, Appendix II.



Illustration 1.11: Sample Ad 10¹⁸ – Screenshots from *Panther Dotted*, Aired on ATN Bangla in 2009

Sample Ad 10 frames Maizuddin. He is a young male, who returns to his village with his newly wedded wife, leaving his relatives and the village neighbours stunned: they knew nothing about this marriage. Moreover, his wife is beautiful and a renowned actress (Screenshot 10.3, last from the top left), a fact which makes his cousin's wife envious, but they all predict – she will not make a 'good wife'. To their surprise she takes really good care of Maizuddin (Screenshot 10.4, first from the bottom left); perhaps even more than the cousin's wife. Maizuddin's cousin runs to him (Screenshot 10.5) to know the secret of how he keeps a hold of his wife (apparently he seems to be a failure in his marriage). Maizuddin gives a mysterious smile, and says nothing. But a male voiceover reveals from the background '*Panther Dotted*, a real man's choice', and a roaring sound further overlays the voiceover; perhaps, in an attempt to symbolise 'manliness'.

¹⁸ Ad TC42, Appendix II.

So, these are the ten sample ads that I showed to my in-depth interview respondents, during interview. Hereafter, I refer to these ten ads as ‘sample ads’, in my discussions in two of the empirical chapters (Chapter Four and Chapter Five).

Challenges Encountered in the Methodological Journey

There is hardly ever any research that does not undergo any methodological challenges. Similarly, at the fieldwork stage of this research I encountered a lot of challenges and hurdles. I raise a few of them here for those who plan for future research in the same area.

Finding Respondents on Sexuality Research

It is not an exaggeration to state how warmly I was welcomed by different key professionals working around the production of contraceptive ads. Feminist activists, health workers, family planning service providers all were very cordial to help me with information. Again, there were women who were highly enthusiastic to be interviewed and to talk about stories from their life. Nevertheless, it should also be mentioned that at some points it was difficult to arrange in-depth interviews across three generations of women who belonged to one of the three distinct classes and who would agree to talk about contraception and sexuality experience. I requested through my professional colleagues, relatives, and friends. Some of them were refused and reported being distrusted by the person whom they had asked for an interview. Unfortunately, in a few cases this resulted into unwanted misunderstanding between them. Such moments of difficulties were also central to this sexuality research; but despite this fact, I kept trying and successfully moved ahead, for my longstanding interest to talk to women about these issues. I must mention: being married I was in a privileged position to converse with them about issues around contraceptives, marriage and sex. Many of the respondents asked me at the very beginning of an interview, whether I was married, as if identifying whether I was ‘adult enough’ to have these discussions. Though I sought to include a few unmarried women and their experiences in my research, I remained unsuccessful. One of my university colleagues asked her 72 year old unmarried relative whether she would be interested to take part in my research: the woman felt offended as if she was accused of having sex despite not being married. Although, my colleague assured her that it was alright to talk about her perception of ads for contraceptives,

without referring to her own life, she still refused, and rather started avoiding my colleague. In another instance, when I proposed to a middle class friend's teenage unmarried daughter for an interview, she was shy, and refused saying that she cannot talk on these issues, as she will be criticised, for 'knowing too much'. Similarly, I tried to interview women with non-normative sexual identity (lesbian and bisexual), with no success. One of my friends who suggested the idea to her lesbian friend and clarified that it was not necessary to use contraceptives in order to take part in this research, but she still refused to be interviewed; she did not want to disclose her lesbian identity to me. Perhaps, Karim (2014:67) is right to comment, 'lesbians in Bangladesh maintain strict secrecy, and fear being exposed'.

The 'Class' Paradox

Like elsewhere, in Bangladesh there is no unique way to label people in specific class terms, and there are huge debates around 'class' and its application. This is reflected in some key sociological and anthropological studies, where scholars define social classes based on some criteria, but point to the complexities as well. To outline a few key scholarly studies¹⁹, Lewis (2011:13-17) distinguishes three class patterns in post-independence Bangladesh: the elite, the middle class, and the poor who own little or no agricultural land. Yet, he also brings into discussion how the political, socio-cultural, and economic transformation in Bangladesh contributed to changes in each class. For instance, the transformation of Kolkata-based urban cosmopolitan 'national elite' into the Bengali-speaking, lower middle class 'vernacular elite'. This group has further transformed following the liberation war of Bangladesh to include party leaders and political activists around Sheikh Mujibur Rahman²⁰, political appointees and a few Bengali army officers who had held rank in the Pakistan armed forces. With the further advancement of the country, the elite broadened its boundary to include highly educated well-established groups, and the influential business community, who possess international connections and a good control over the country's bureaucracy, politics, economy and business. Similarly, Lewis (2011:13-17) identifies new characteristics in

¹⁹ The brief discussions I provide here may seem inadequate to grasp a 'complete' understanding of the diversities of social class in Bangladesh; yet, my attempt here is to just give a sense of the complexities and challenges of setting boundaries around different social classes.

²⁰ The first elected Prime Minister in post-independence Bangladesh (after Bangladesh's victory on 16 December, 1971 in the independence war against Pakistan).

the middle class, and divides the middle class into the older 'professional' middle class, the urban middle class and the less educated, local, business-oriented middle class. Then there is a shift from the land-based, poor peasant class to the leased farmers who work on others' land; moreover, rapid urbanisation and migration have created a large group of urban 'floating' workers (i.e. casual workers for example, day labourers, rickshaw pullers and garment workers) from the 1980s onward. They too belong to the poor social class, and a major part of these floating workers are women. Nevertheless, in Hoek's work (2008:26) the same influential business community, as in Lewis (2011), has been identified as the 'urban business elite', and the floating workers as well as those working in different urban industries in exchange for a small wage as the 'working class'. Haque (2002:41) refers to this 'working class' as the 'low income' group. Feldman (2009: 271-273) in her work on industrialisation and female garment workers, divides the upper class into two distinct categories: the upper class that also includes the elite, and the wealthy upper class. Whereas the latter refers to well-off families, in the former she includes bureaucrats and successful business personnel who have invested a notable amount of capital, have business relationships with national as well as international companies, are highly educated, and possess all the characteristics of Lewis's (2011) newly transformed vernacular elites. She further talks about two other social classes: the middle class and the poor, the latter mostly referring to women working in the garment industry or in wealthy and middle class houses as domestic help, or in other urban employment sectors in exchange for a low wage. In Kabeer's (1991: 40-46) work on Bengali culture, construction of nationhood and Islamic beliefs, there are references to three different social classes: the elite, the middle class and the poor. White (1992:37-38) in her analysis of gender and class relations in rural households in the village of Kumirpur in Bangladesh further considers a 'strong' and 'vulnerable' pattern in her distinction of the upper and lower class category. Hence, the wealthy households, who also have a strong voice in village political matters and a secure financial status, belong to the 'upper/strong' class category; whereas, the 'upper/vulnerable' class category no longer has a secure financial position, rather they struggle to maintain their existing class status and their control in village matters cannot be guaranteed. Again, the distinction between lower/strong and lower/vulnerable categories mainly depends on their capacity to use social and human resources. Whereas the former has a strong social network, a small business, a little surplus for productive

investment, and prioritises their children's education, the latter does not have a strong social network, and lacks material resources over the year, rather than making a surplus. In a more recent work White (2012: 1433), based on a very 'rough economic categorisation', identifies three social class categories: rich, middle and poor.

Hence, to avoid complexities I decided to follow my respondent's self-identified class status; although this did not prove as easy as I thought it to be. Nonetheless, the methodological journey of this research would have remained incomplete, had I not had to face the challenge of identifying social classes. Through the research journey and my interactions with the respondents and the gatekeepers, I realised it was complex to position oneself within a specific class boundary. There were some women who identified themselves differently, from how they were referred to by my gatekeepers. For instance, although I fixed an interview with Ferdous, as she is known in her surroundings to belong to an upper class family, during the interview Ferdous denied her upper class family status despite her huge family wealth; she rather identified herself and her family as middle class. Again, Meghla was introduced to me as a middle class woman. However, when I started interviewing her Meghla identified herself to be in the upper class. She does not earn hugely, but she is highly educated with a high profile international job, and comes from a family who are nationally well recognised for their contribution to the education and socio-political matters of the country. In addition, the lifestyle she maintains is by no way a middle class one which I can easily identify from my own middle class lived experience. Such an ambiguity of class situation I had to face one more time with Humaira, an upper class middle-aged respondent, who drew my attention to another problematic aspect of social class. Though after marriage Humaira belongs to an upper class family in terms of family wealth and social capital, she was raised in a middle class family with middle class values. However, her first sex education was delivered by her father, and she was free to discuss any issues of sexuality with her father, which is not usual within a middle class boundary, especially in her generation. Therefore, although she identified herself in the upper class category, it seemed to be a struggle for her to strictly attach herself within a specific class boundary.

In retrospect, I have learnt that social class has never been static; rather, it is fluid and complex. Therefore, in this doctoral research my reference to 'upper class' indicates women from the well-off urban families in Dhaka, highly educated (excluding

a few who could not continue education after high school or college, due to marriage) and mostly with high social capital. 'Middle class' means the families who possess less wealth than the upper class, urban (but not necessarily based in Dhaka) women. A few from this class are highly educated, but the rest have only completed primary school or high school education. Women from the 'poor class' in this research are from rural as well as urban poor families; only a few attended primary school, the rest cannot read or write (except being able to write their names for signature). A couple of them have their own small agriculture land, but all of the poor women have to earn through low paid jobs to manage daily family needs. I commonly refer to them as the 'poor class', without specifically mentioning urban or rural, because originally they migrated from villages and most of them keep moving back to their villages every now and then.

'Space' and 'Time'

Finding a 'proper space' and 'proper time' for interviewing about intimate sexual experience has been another challenging task whilst undertaking fieldwork. I always preferred to hold interviews in a setting chosen by the respondents, because from my previous research experience I learnt that conducting interviews in such settings reduces the chance for exercising power by the researcher, and also encourages respondents to engage in a spontaneous discussion. However, it turned out that finding such interview space was hard in this sexuality research. For instance, if a respondent was a working woman, it was very tough to find a mutually agreed time to organise the interview in her home. They rarely wanted to give time at weekends as that was the only spare time for them to be with family. On the other hand, it also seemed uncomfortable sometimes to talk about one's intimate sexual relationship, contraception and pleasure in an office setting. For instance, Miti (upper class, younger generation) held a managerial position in an international bank during the period when interview took place (in 2012). It was really difficult to find an interview-friendly space for her. She was not able to give time in weekends as she had other family responsibilities. So, week days were the only options for her. In addition, in bank settings in Bangladesh there is no possibility of individual rooms; rather, the rooms are shared. Hence, though initially we started talking in Miti's office space, after a while customers started coming in and sitting next to me; waiting for their turn to talk. And it became utterly impossible to talk about

contraception in such a setting. Then we moved to a small empty training room and this was only possible due to Miti's higher professional designation. Such challenging situations were also manifest in other cases when I was interviewing inside a house and sometimes the husband or the in-laws appeared, making the respondent nervous; or even sometimes it was a respondent's offspring who would suddenly appear in the middle of an interview and start showing 'unwelcome inquisitiveness' about the ads, which often left a respondent in an embarrassing situation. In these cases, some respondents became silent, some started talking about something else until the person left the room and the children were asked to leave the room and go play/study.

The Note Book – a Coping Strategy during Ethnographic Fieldwork

It is the obstacles that often make a journey a memorable one. Challenges are an indispensable part of fieldwork. The question may arise how to overcome the barriers, for which there is no plain or straightforward answer. In my case, keeping a note book was a great way to get rid of frustrations that emerged from the various failures. Such disappointments arose from the continuous change of interview schedules, the political instabilities in Bangladesh that often resulted in a strike for three days at a stretch and making it insecure for common citizens to go out. Most of the towns I visited did not have secure arrangements in a hotel for a woman to stay over, alone. Moreover, village areas were very far from the main towns, with poor transportation systems. That is why I had to take along my husband while visiting those towns and villages. Surprisingly, some 'decent hotels' did not allow us to stay together in a room, as the rooms were meant to be let for same sex groups, instead of heterosexual couples, to avoid 'complications' (i.e. to avoid sexual intimacy in a hotel room; apparently sexual relationship within a same sex couple was beyond their level of imagination). I had to carry a photocopy of my marriage certificate throughout my fieldwork wherever I travelled and stayed, with my husband. And carrying a note book always and writing about these complexities in it helped me to get rid of these frustrations and pain. I used to keep a note book with me as I went along, and wrote anything that I came across in relation to fieldwork. I also used to record my excitements and moments of ecstasy in words in the note book, to look back to them may be in a future moment of failure, so that I could feel the thrill again. Maybe I did not like someone, someone tried to take

over the interview, or maybe someone questioned my research interest on contraceptives and sexuality. Again there were moments when I felt guilty for not being able to respond to a few poor women, who expected me to answer their queries on how to deal with side effects of contraceptives. Also, there were women who showered anger on me when I asked why their husbands would not use a contraceptive. Maintaining a note book and keeping a record of all these, further helped me to be self-reflexive.

I used to go back to my note book after some time, read again, and highlight if there was something really significant about some experiences. Although it could be argued that power relations are manifest in all interview situations I experienced some situations more acutely in this aspect. There were instances for example, before a particular key informant interview when I was concerned about a person's high profile job status or if s/he was a very renowned person in the world of advertising which made me nervous before the interview. In addition, at the initial stages of interviewing upper class women I felt anxious, because I hardly ever was in touch with upper class people before. Again, while interviewing sex workers I felt guilty for my relatively 'privileged status' in the society. Hence, before particular interviews, if I assumed there can be a power relationship in the interview I used to write about my feelings in the note book, as a matter of course. However, after fieldwork I used to go back to my note book and write again or amend if there was no power relationship as such. My upbringing in a middle class, educated yet rigid cultural setting as well as my academic consciousness about gender issues and how that might influence my interviews – I used to think about these beforehand, and also wrote down in my note book. In this way I was mostly aware and extra careful in talking to my respondents.

Apart from maintaining a note book, I studied my respondent's body language and the space of the particular interview setting, as an ethnographic fieldwork strategy. My embodied experience of sexuality in Bangladesh taught me that there are things that come out more from studying an interview setting/space and observing body language of a respondent, during conversation. I was right to think so. I make references to these various ethnographic observations in subsequent chapters, with discussions of empirical findings.

From Ethical Concerns to Self-Reflexivity²¹

Researching human beings includes some potential risks, including the lack of reliability or validity of data, existing power relations between the researcher and the researched, and the inevitability of losing research objectivity.²² For instance, Shostak (1989:231-239) puts the validity of qualitative data into question and asks, by conducting a few life histories or ethnographies how can a researcher consider a personal narrative to be representative of the whole culture? In addition to questioning representativeness of data, studies²³ address the power relations of qualitative research from two perspectives: one – between the researcher and researched. And the other – the researcher's 'supreme authority' over data from transcription to translation, analysis, interpretation and writing a narrative – everything depends on the researcher. Nevertheless, all these studies focus on power as exercised over a researched subject and are highly critical of such power practices. However, the question arises do power relations always operate from the researcher over the researched? Or can they be reversed?

This question frequently came to mind during fieldwork. Interviewing upper class women was something very new to me; I had never had a chance to be with upper class people or maybe I had unconsciously avoided them. Hence, before most of the upper class interviews I felt nervous, especially, during the older generation and middle-aged upper class interviews. Age difference, as well as class identity, was something that created nervousness, even though as soon as I started interviewing the anxiety and feeling of power imbalance no longer existed. In addition, sufficient rapport building, snowball sampling with a blend of purposive approach as well as the gate keepers through whom I was introduced to my upper class respondents and my professional identity as a lecturer in a reputed university played a large role in balancing the power disparity. Likewise, the key informant interviews where I talked to the executive directors of Different NGOs, key policy makers, joint secretary, senior health

²¹ Even though I am aware of the implicit and neglected aspects of reflexivity as discussed in De Neve (2006:67-68), my use of the concept does not include these aspects, as unlike him, I was not accompanied by any research assistant to conduct fieldwork with me. My use of the term 'reflexivity' denotes my 'self-reflexivity' (De Neve, 2006:71-74) as a feminist ethnographic researcher, who has also been an insider in the studied culture with several identities and lived experience of the research context.

²² Discussed in Clifford (1986: 20-26), Deacon et al. (2007), Hsu (2006), Kvale (2006: 480-500), Lee (1993:1-17) and Miller (2000).

²³ See for instance, Clifford (1986: 22), Kvale (2006: 482), Kleinman and Copp (1993) and Shostak (2006:68).

consultants, marketing managers of advertising agencies, director general of sales etcetera, was entirely a new experience for me; this was challenging as well as exciting. Every time I felt uneasy in setting up interviews and meeting in new places. For instance, before talking to the joint secretary at the DGFP Bangladesh to ask for interview appointment, I felt worried. Then before the interview I was worried because of his professional status, age and, after all, he was a male and I would be discussing issues of contraception with him. However, due to my professional affiliation with academia I was warmly received by him, the interview went really well and he shared many knowledgeable experiences. At the same time, I also felt that he tried to control the discussion to some degree. For instance, sometimes, he kept saying something ‘irrelevant’ in response to my question, and did not allow me to intervene. Hence, this became a problem in relation to time management and maintaining coherency through the interview.

Such power exercising was an issue in another interview with a key professional from an international advertising agency, the pioneer contraceptive advertising agency in Bangladesh. This was the most time-consuming interview in my entire fieldwork. So many times he cancelled the scheduled interview. One thing was really worrying about him: he was never able to give me a specific place and time to meet. I requested for either his office space or mine, and none seemed suitable for him. Rather, he expected that he could call me anytime and ask me to come to any place of his choice. This seemed problematic to me, and I recalled that I was bound to strictly follow the ethical guidelines set by the University of Sussex which stress ensuring the researcher’s security. At the same time, I was worn down by his continuous rescheduling of the meeting. At last, we agreed on a telephone interview, and surprisingly, it was one and half hours long. I came to know a lot of things about making contraceptive ads, and the advertising agency’s initial struggles when these ads first came out in Bangladesh.

Though by the end I felt I managed all the interviews well, the whole process of organising interviews led me to question the view of the researcher as the ultimate bearer of power and the researched as ‘powerless’. It also pinpoints, in the case of the key professionals mentioned above, that the whole process of power practice can be reversed. Consequently, I cannot agree more with Foucault (1998:93), ‘Power is everywhere not because it embraces everything, but because it comes from everywhere’.

In addition to power issues, respondent emotion and researcher sympathy are two other significant areas to consider in maintaining a research ethics. Kvale (2006: 482), Kleinman and Copp (1993), Warren and Hackney (2000) and Wengraf (2001:194) argue that it is the researcher's ethics that finally decide what to do with the information disclosed by an interviewee in an emotional moment, which hardly had any chance to be expressed by the respondents in other circumstances. Kleinman and Copp (1993:2-3) more significantly drawing on qualitative researcher's emotion ask: to what extent are the researchers able to control their emotions or do their emotions actually remain unacknowledged? Wengraf (2001:4-5) further argues:

The interviews that you do or that you study are not asocial, ahistorical events. You do not leave behind your anxieties, your hopes, your blind spots, your prejudices, your class, race or gender, your location in global social structure, your age and historical positions, your emotions, your past and your sense of possible futures when you set up an interview, and nor does your interviewee when he or she agrees to an interview and you both come nervously into the same room. Nor do you do so when you sit down to analyse the material you have produced.

This reminds me that it was quite tough for me sometimes to enter into the main discussion of contraceptive ads and woman's own experience of contraception and sexuality. I felt hesitant, because the moment I got introduced to a new person, soon after, I had to ask her about such intimate experiences. But the good thing was, as I had informed them about the interview guides before. I believe that, in a way, contributed to ease the interview setting. Again, there were instances when I felt the only thing I cared about was my PhD fieldwork, which made me feel regretful. For example, I remember my interview with Tushar, a domestic help at my husband's friend's house in Gokarna village of Brahmanbaria. It was raining incessantly, and by the time we reached his rural home, the day had nearly ended. I went to the kitchen where Tushar was preparing food for her 'master'. The small, clay built kitchen had a hay roof, detached from the main house. As the rain water dripped off the hay roof, here and there, a chair was provided for me to sit in the kitchen and talk to Tushar while she was cooking. I started informally chatting with her, and so did not find it necessary to bring along my note book, interview guides, recorder or laptop from the living room. Yet, she seemed interested to talk about contraception issues, and quickly reflected on a lot of interesting

issues. So, I had to stop her to allow me some time so that I could bring my laptop, recorder etcetera from the living room. At the same time, I felt ‘the researcher’ in me, the selfish part that continuously notified me to keep a record of the respondent’s each and every conversation, prioritised my research over my emotional response to the interviewee. The rain was pouring heavily, and the kitchen was full of cooking smoke, rain drops and mud. A little girl was crying continuously, wanting attention. Tushar was busy cooking; and I was repeatedly trying to save my laptop from the rain water and cooking smoke, at the same time paying attention to my recorder and our conversations. Every moment I regretfully felt that the only thing I wanted from her was the answers to my questions. Thus the ‘researcher’ inside me felt guilty for being self-centred. I do not think such emotions had an impact on my data generation, yet, at the same time, I feel these emotions and feeling of sympathy need to be acknowledged by a researcher.

The question of ethics also brings to mind the duality of objectivity vis-à-vis subjectivity in a qualitative research. Bernard (2006: 373), Hsu (2006) and Lee (1993: 1-17) suggest if a researcher belongs to the same culture that reduces a lot of risks in relation to the above concerns. Likewise, Oakley (in Lee, 1993: 109) argues that common personal experience and shared structural position can reduce the power imbalance between the researcher and the researched. Hence, being an insider in my studied culture and having embodied experience of controlled sexuality, these lived experiences were a great privilege for me to understand the women and their experiences deeply. But, Clifford (1986: 13) and Miller (2000) claim that in the case of the ethnographer being an insider, her/his personal experience, especially those of participating in conversation and sympathy should be kept at an ‘objective distance’ from the research. Nevertheless, my fieldwork experience is rather opposite to what has been suggested by Clifford (*ibid.*) and Miller (2000). There were cases proving that sharing personal experience, especially in sexuality research, contributed to acquiring greater quality data. For instance, at the preliminary stage of my fieldwork, I had conducted two interviews, one with Koni and another with Lucy, both belonging to the middle class, younger generation. Both of them were willing to come to my house for the interview. So I invited them for lunch. During the interview I felt it was necessary for me to participate and share an aspect of my own experience with contraception. However, I kept silent lest I influence the interview. The interviews ended and we were chatting on the same issues, off the record, over lunch. And they spoke about a lot of

other very relevant experiences that they did not disclose during interview. Accordingly, in retrospect, I think if I would have opened up a bit about my personal experience during the interviews that could have encouraged them to draw upon those issues in the interview itself. At a later stage of the fieldwork such a situation emerged again, which encouraged me to bring up aspects from my lived experience, and I believe this resulted in Rina feeling able to reflect on her own experience. Observing her body language, I understood at the very beginning of the interview that Rina was shy to talk about these issues. Unlike pills, whenever I asked her about condoms and the ads for condoms she seemed to try to avoid those questions by saying ‘*ami egula bebohar korina*’ (gesturing in a way whilst saying ‘I do not use these things’). She used the term ‘*egula*’ (these things) as if ‘these things’ were negligible, hardly having any value on earth, let alone worth discussing. Her application of the term *egula* instead of pronouncing the word ‘condom’ seemingly indicated her dislike for condoms. In addition, she looked embarrassed at any questions regarding condoms. There was something very forced about in her facial expression; but, I kept trying to make her talk. And at last the ice melted, when fortunately I asked, ‘What about your childhood memories, didn’t you play with condoms as balloons?’ I further added ‘this was a common fun game in my childhood whilst parents forbade us to play with condom balloons, albeit condoms were cheaper than the usual balloons children liked to play with’. This question and the sharing of experience brought a smile on Rina’s face, and she started opening up.

In these respects, my experience follows that of ‘standpoint feminists’, who challenge the entire epistemology of ‘objective social research’. As Stanley and Wise (in Hammersley, 1995: 54) stress:

What we [a]re trying to do is to point out that ‘scientific knowledge’, ‘objective knowledge’, are all social constructs, and as such are exactly similar to all other forms of knowledge-held-in-common [...]. Different states of consciousness aren’t just different ways of interpreting the social world. We don’t accept that there is something ‘really’ there for these interpretations to be interpretations of. Our differing states of consciousness lead us into constructing different social worlds.

Hence, inclusion of personal experience of a researcher may better ensure ‘strong objectivity’ of the research (Harding, 2004; 2005; Lee, 1993: 109). Studies²⁴ further argue that subjective experience of the oppressed and ‘subaltern groups’ makes their research uniquely valid; and the objectivity of their research even stronger, compared to that of researchers, who are outsiders to that particular culture.

In relation to all these debates, since it is not possible to be ‘completely objective’ in interactive research, it is better to be aware of some concerns that may arise in different phases of a social research. Undertaking research on sexualities is still considered a sensitive research topic, involving some major ethical concerns. Clifford (1986: 20-26) and Lee (1993: 1-17) reflect on a number of issues, from possible jeopardy to the personal life of respondents, to the personal security of a researcher. To avoid such hazards in this research, all data generated from in-depth interviews has been anonymised (using pseudonyms). In addition, prior written and/or oral consent of the interviewees were obtained. Nonetheless, the key informant respondents informed me that they would feel honoured to see their original name in my research, as that would also give recognition to their participation in this research. As it seems rude to me not to hold to such a small request, for these individuals I use their original names and names of their affiliated organisations. The interviews were audio taped with prior permission from the respondents; if anyone declined to be taped, I made use of my ethnographic note book to capture the interview moments. Moreover, I followed the principles of ethical guidelines laid out by the Arts Cluster-based Research Ethics Committee (Arts C-REC) of the University of Sussex. In terms of interviewing the three sex workers, to know their perceptions about the ads in relation to their lived experience, I had to make use of my previous contacts. The interviews were held in two of the biggest brothels in Bangladesh, one in Tangail and another in Rajbari. I worked previously on a small research project on the children of sex workers and I had good connections with sex workers as well as with the *Sardarni* (brothel owner) in these two brothels. When I asked them for interviews, they gladly agreed. As, I was careful enough not to exploit their time, or jeopardize their profession, or lives, I offered them a small fee in exchange of the time that they would have otherwise given to a client to earn money. Nonetheless, Rubi, a sex worker in Tangail brothel gently refused my financial offer, rather arranged

²⁴Hammersley (1995: 52), Harding (2004; 2005) and Lee (1993: 109).

tea and cookies for me. To ensure my own security, I communicated with the local NGOs who work for sex workers, and informed them about my specific time for interview. I also took along my husband who used to sit at the local NGO office, adjacent to the brothel.

Consequently, in relation to all these debates on ethics and reflexivity, I think perhaps the best approach is to be aware of one's own emotions and subjective experience as a researcher, and acknowledge them accordingly. Therefore, at this point I should also be self-reflexive. My upbringing in a middle class, urban, Muslim family constantly informed me of my feminine roles, related attitudes, and 'ideal sexual behaviour'. I was therefore also motivated to better understand the ideologies of gender and sexuality as represented in Bangladeshi contraceptive ads, and experienced by women. As much as I was interested in 'their' experiences and understandings, it was also my own (hi)story, which in fact led me to engage with this doctoral research.

CHAPTER TWO: Literature Review and Critical Reflection

This chapter serves two purposes: firstly, it addresses the diverse ranges of research conducted globally on gender and sexualities, in order to give a sense of the underlying theoretical connections between gender and sexualities. It then moves to the more limited existing research in Bangladesh; pointing to the gaps in the available scholarship on sexuality research. In this way, it shows the need for my current research. Secondly, it provides a theoretical frame through which to consider gender, sexuality and contraceptive ads in this doctoral project.

Investigating representations of gender, contraception and sexuality in contraceptive ads in Bangladesh and understanding their underlying connections with women's lived experience across different social classes and generations is a relatively new quest, and therefore, requires an innovative theoretical framework. The existing research areas on sexuality studies, gender, media (particularly ads) and contraception are vast, and addressed from many perspectives. Nevertheless, as will be evident from the discussions laid out in this chapter, there is no comprehensive study, that takes into consideration both a range of social classes and generations to understand women's everyday experience of gender, sexuality and contraception from a feminist perspective, and considers how these experiences might be referred in contraceptive ads – the main focus of my research. Hence, I borrow approaches from a multidisciplinary field of existing studies: gender studies, sexuality studies, media and cultural studies and population control and family planning literature; in turn, my research also contributes to these diverse fields.

Gender and Sexualities – a Global Perspective

According to Magar and Storer (2006: 6), worldwide studies on sexuality can broadly be divided into two streams; on the one side, there are numerous contributions with regard to sexuality and queer studies in the developed countries, on the other, exploration of sexuality in developing countries, which is more limited. Foucault (cited in Kurzweil, 1979: 422-425) discusses the history of Western sexuality, beginning with illustrations of the difference between seventeenth-century and nineteenth-century sexualities. He further elucidates the Victorian concept of sexuality elicited by power, operated through the production of knowledge, discourses and institutions. In relation to

that, Nye (1999) unfolds the historical development of 'sexuality' in the West, and provides a broad perspective on Western sexuality studies. He suggests that until the fifteenth century strong religious control persisted in the West to regulate sexuality and sexual expression, which reduced over time, and a more 'secular' middle-class understanding of sexuality was created through the course of eighteenth and nineteenth centuries (p.13). In this period sexuality became a marker of public and private power, and a woman's sexuality became a subject that required constant guard and control and was confined to the domestic regime under masculine protection. However, he notes that the 'Modern concept of sexuality as a natural and integral aspect of modern selfhood did not fully emerge in the West until the nineteenth century' (ibid.). Hence, even in the West sexual freedom was not something that always existed, rather sexual rights and the recent developments that have been achieved in this area are the result of earlier historical advancements including the 1960s sexual revolution. The socio-cultural dynamics of sexualities are also addressed by Phillips and Reay (2002) in relation to the complexities of human sexuality in the context of Western culture from the Victorian age to the twentieth century. They further emphasise that sexual mentalities and behaviours are embedded in the systems of power.

The study of sexualities entangled with women's bodies has received significant attention in Weitz's study (2010) in the context of the United States. This edited book reflects on three main themes: how ideas about women's bodies are socially constructed in the U.S., how women's lives are controlled by these social constructions, and therefore, how women try to resist these forces. Women disclosing their experience share how objectification of their bodies often resulted in mental stress and psychological shock for them. A few of the women shared experience of how being looked at contributed to a feeling of hating their own body. One of them started hating her body when her breasts started growing as they attracted the male gaze. The social perception of shame associated with a female body caused her psychological stress; she started feeling as if it was no longer her own body. The study significantly investigates adolescent girls' bodily feelings of sexual desire, and how they learnt that these desires should be kept hidden, how they responded to their embodied feelings of sexual desire and how they labeled their feelings of sexual pleasure and desire (p. 120). Weitz (2010) highlights three major notions concerning women's bodies that persist consistently in western society: firstly, societies have typically considered that a woman's body is

inferior to a man's body, both mentally and physically. Secondly, societies have considered a woman's body is a man's property. Thirdly, 'societies have assumed that women's bodies inherently turn them into sexual seductresses who threaten men's bodies and souls' (Weitz, 2010: 3).

Contrary to the societal expectations towards adolescent girls, Tolman (2010) does some notable analysis of teenage girls' perceptions of their own bodies and sexual desire. This research challenges a common idea that teenage sexual attachment is asexual (Weitz, 2010:120). In the responses Tolman got from teenagers, more than half of them clearly articulated embodied experience of sexual desire and sensations. Studying urban and sub-urban teenagers, she reveals how their feelings of sexual desire are shaped by both promises of sexual pleasure and threats of sexual danger. Her research significantly demonstrates how social settings control and subsequently limit girls' ability to express their feelings of sexual desire. Expressing sexual desire is similar to having a 'bad reputation', and they are taught repeatedly how to maintain the image of a 'good girl'. Such a sexual double standard is also noted in Crawford and Popp (2003), who reviewed two decades of substantial literature on sexualities in the context of the United States. They conclude: sexual double standards exist everywhere, there is no universal form for them; rather, they are local and subcultural constructions. This is a significant perspective to understand the diverse forms of sexual experience that women bear in this doctoral thesis. While these studies are based in the U.S., in spite of the geographical differences, some of the research findings namely shyness and its connection to a woman's body, social norms with regard to control women's sexual desire and a gendered attitude towards women's sexuality compared to men's are also relevant in the Bangladeshi context, a key theme in this doctoral thesis.

There are other studies which make noteworthy deliberations on how expected attitude towards sexual desire becomes gendered in different cultural settings, irrespective of how 'developed' or 'underdeveloped' the country is. For instance, Neubardt (1971), a gynaecologist adds significant perspective on this discussion of sexualities. He critically derives from his knowledge of Medical Science in the 1960s, 'The function of the vagina was viewed anatomically as a conduit to the uterus and the passive lower segment of the birth canal. The vagina as a source of pleasure was simply never mentioned' (ibid.: 2). He is highly critical of the dichotomous socio-cultural double standard that on the one hand, considers premarital sex as 'sinful' only for

women, on the other hand, considers a wife to be solely responsible for ensuring 'successful sexual intercourse' within conjugal relationship, which is believed to be the ultimate condition of a sustainable marital relationship. He calls such a double standard the 'hypocrisy of human society' (ibid.: 2). From similar viewpoint, Barre (1971) provides anthropological examples, but also suggests that sexual behaviour and values change with culture and generations. Challenging the cultural perceptions of males as sexually aggressive and females as passive receivers of sex, he argues that these assumptions are stereotypes of male and female sexualities often created and reinforced by cultural expectations and therefore, they differ from generation to generation. Phillips and Reay (2002: 5) further put forward, 'Like sexualities themselves, the history of sexualities changes with its social and intellectual context'. Carter and Steiner (2004) bring together several studies conducted on sexualities in the context of different societies. One of these is the study done by Sunindyo (p. 87-103), who critically observes three different case studies in Indonesia, and notes that a stark difference persists between married and unmarried women in terms of expected sexual behaviour. To exemplify, in the case of a married couple it is a wife's utmost responsibility to satisfy her husband's demand for sexual pleasure. In contrast, sexually active women out of marriage are labelled as 'bad women'. However, a man's sexuality is often treated as irresistible, and the woman is always blamed for alluring a man to commit sexual offence. Thus, the studies outlined above underpin that sexuality and its changing practices cannot be fully understood without engaging with the specific social, cultural, historical and generational contexts. It is this key point that I take up in relation to Bangladesh (discussed in the next section).

Beyond these binary oppositions of men's versus women's experience of sexuality, there are studies that address LGBTQ²⁵ sexualities and how these are being suppressed. To name a few studies, Chase (2010: 67-75) brings to notice a completely different reality – the experience of being an intersex and the price she personally had to pay for it. Chase (2010: 69-70) states:

Being intersexed is humanly possible, but (in our culture) is socially unthinkable. [...] Were parents to tell inquiring friends and relatives that their newborn's sex was 'hermaphrodite' they would be greeted with sheer disbelief. Should the parents persist in labeling their child hermaphrodite rather than 'male or female with

²⁵ LGBTQ sexualities mean Lesbian, Gay, Bisexual, Transgender and Queer sexualities.

a congenital deformity requiring surgical repair', their very sanity would be questioned.

Accordingly, Chase criticises the sex repressive culture that cannot see anything beyond male and female and their genitals, where a male genital stands for active penetration and pleasure, and a female genital for passive recipient and reproduction, as if: 'men have sex, women have babies' (2010: 69-70). Similarly, Gunkel (2009) questions normative notions of heterosexuality, and problematizes a post-colonial spectatorship towards a black woman's body and sexual desire, in the context of post-apartheid South Africa. She analyses some of Zanele Muhali's photographic works – the images through which Muhali boldly ruptures homophobia 'in her attempt to reclaim the body and images' of African woman, which was colonised and disciplined as a 'black, docile African female body' (p. 85). She further investigates visitor's responses on Muhali's images, exhibited in 2004. The responses from the visitors suggest that the image of a 'Black naked female body' is seen as undignified in the honour of the African tradition; as if 'homosexuality is un-African' (p. 82). Gunkel (2009: 80) quotes from a visitor's response:

It is truly unacceptable for you to undermine our race's [sic] especially black portraying nudity and sexual explicit content images as if they are the only one who are involved in these inhuman activities. After all Black was African and proud of its roots and cultures until you inflicted pain and trash to our community. Get a life you people.

Another visitor comments, 'Yes, art is an African thing. However, when degrading of women's (make that black woman) bodies, it is no longer a question of art and beauty but of discrimination – the nation cries' (ibid.). Therefore, Gunkel (2009) argues, 'Muhali's images reveal starkly that South Africa is still culturally and politically constituted along colonial lines [...]' – colonisation ended leaving its legacy behind. Mathur (2010: 222-224) points to the limited scope of sexuality research in India, where such research is seen as impractical compared to other critical realities of social life. In addition, social taboos surrounding sexualities also discourage sexuality research. The essentialist view about heterosexuality and marriage as a norm creates tensions in the society. For example, Mathur (ibid.) notes, sometimes lesbian couples have been known to commit suicide when their relationship is exposed. Similarly, girls who have had sex before marriage but cannot culminate their relationship in a

marriage, sometimes commit suicide. Richardson (1996) interestingly questions the ‘naturalisation’ and ‘normalisation’ of heterosexuality which is hardly problematized and understood as taken for granted. Sedgwick (in Phillips and Reay 2002:1) opines heterosexuality can operate as a subterfuge politically:

The making historically visible of heterosexuality is difficult because, under its institutional pseudonyms such as Inheritance, Marriage, Dynasty, Family, Domesticity and Population, heterosexuality has been permitted to masquerade so fully as History itself – when it has not presented itself as the totality of romance.

The normalisation of heterosexuality and suppression of LGBTQ sexualities in real life also influence their media representations, in varying degrees. For instance, Macdonald (2004:41-67) analyses how western ads reconstruct and place emphasis on specific kinds of femininity such as active versus passive sexual performance in representations. Based on some substantial cases, she argues that women’s sexual pleasure and desire are often defined and presented from a male perspective, and this makes it difficult for women to think of sexuality and pleasure in their own ways. Their thoughts have also been curbed by patriarchal discourse that fixes what women should think sexually and what not. Such contradiction towards the dominant notions of heterosexuality as naturally ascribed and an inborn human identity has also been challenged in Cooper (2012: 355-369). Criticising the role of American media narrative strategies that often present ‘homosexuality with criminality’, she argues that media should rather confront the societal boundaries related to gender and heterosexuality. As a case study she analyses and brings into discussion Kimberly Peirce’s film *Boys Don’t Cry* (1999) that posits a challenge to heteronormativity and hegemonic masculinity in the context of America. Consequently, she also advocates for the transformation of media that can be a bold and sustainable step to dismantle the politics of normative heterosexuality.

With regard to LGBTQ sexualities, Moritz’s (2004:104-122) analysis of American television programmes and classical Hollywood movies notes a contrast in illustrating sexual pleasure and desire between heterosexual couples vis-à-vis lesbian couples in these media. Moritz (2004:117) comments that whereas heterosexual couples are ‘frequently shown in close-up passionately embracing, kissing and alluding to their love-making plans’, such love-making or even romantic moments are absent in

representing lesbian couples. Moritz (ibid.) claims that even when lesbian couples are portrayed as close to each other: for instance, embracing or touching each other, those are portrayed as moments of consoling each other, not ever as sexual moments. But interestingly, the presence of lesbian couples in the British media has not been devoid of intimate sexual moments even in the 1990s as Thynne's (2000:203-205) analysis of lesbian characters in some of the late 1990s British television drama series shows although Thynne (2000:207) notes, '[s]ex between women is shown as not just something 'lesbians' do but as something which can result from the eruption of desire between characters defined as heterosexual'. In her discussion of *Playing the Field* Thynne (ibid.) notes that Gabi, who has always had fake orgasms in her heterosexual relationships, gets her first real orgasm with Angie in their lesbian relationship. In *Real Women*, after Karen makes love with her lesbian lover, she recalls the screaming and the passionate sexual moments that they had in their first lesbian sexual encounter.

Accordingly, Thynne (2000:205) rightly suggests:

In all these dramas, the lesbian sex is always part of an initiation involving one who has never slept with a woman or is in her first gay relationship. As such it is always thrilling, always new – the idealised other of the conflict-ridden power imbalances of heterosex.

Having said so, it seems asexual representations of lesbian couples in the American media are also changing with time, at least in the feature film context. For instance, *The Kids are Alright* (2010), is an American film that portrays a lesbian family: Nic and Jules – the lesbian couple, with their kids are presented in this film as a family, which has its own dynamics of tensions and happiness as well. Their sexual life has been portrayed as an integral part of such conjugal relationship, which frames lesbian sexual moments filled with sexual desire. The lesbian couple even watch a gay porn movie together to add more pleasure to their sexually intimate moments.

Although the above studies partly drawing on LGBTQ sexualities help comprehend a wide-ranging understanding on sexualities, which is important to consider in any sexuality research, nonetheless, considering the present research constraint (that cannot include women with different sexual orientation other than heterosexuality, discussed in the previous chapter), I essentially limit the research focus to heterosexuality and the institutional normativity surrounding it. Having said so,

heterosexuality in itself is very complex, politically embedded (VanEvery, 1996: 39-54) and cannot be left unquestioned. In this connection, Jackson (2006: 107) provides an all-inclusive conceptualisation of heterosexuality, which is valuable to understand the underlying connections between gender, sexuality and heterosexuality:

Heterosexuality, however, should not be thought of as simply a form of sexual expression. It is not only a key site of intersection between gender and sexuality, but also one that reveals the interconnections between sexual and non-sexual aspects of social life. Heterosexuality is, by definition, a gender relationship, ordering not only sexual life but also domestic and extra-domestic divisions of labour and resources [...]. Thus heterosexuality, while depending on the exclusion or marginalisation of other sexualities for its legitimacy, is not precisely coterminous with heterosexual sexuality.

VanEvery (1996) adds to the complexity: she is critical of the essentialist perspective of heterosexuality that considers it as always oppressive towards women. She argues that the complete denial of the existence of non-oppressive heterosexual activities for woman is also a hegemonic construction of heterosexuality. All heterosexual sex is not oppression. Therefore, she urges for a diverse as well as open framework for theorising heterosexuality: which is not restrictive to the sex act only, which goes beyond the unitary perspective of viewing it as procreative or only needed for reproduction, which would instead allow differences within heterosexuality. In my view she offers a significant perspective on heterosexuality, which partly coincides with how I view sexuality in this doctoral research. My application of the term ‘sexuality’ refers to (but is not limited to) the embodied sexual experiences of the body, whether male or female, from forming specific identities to practicing sexuality, social relationships of power and their ideological and symbolic framing. With this working definition, I move now towards outlining the available sexuality research in Bangladesh, focusing on the gaps, and thus the areas this doctoral research contributes to.

The Politics of a Gendered Sexuality – Bangladesh

How necessary is it to study sexuality in the context of a poor country like Bangladesh? – a question that is often asked to dismiss the legitimacy of sexuality research in Bangladesh (Rashid et al., 2011:8). But such questions actually mask the taboos, which

discourage public discussions of sexualities. Rubin (2007: 150) brings a remarkable observation to this:

To some, sexuality may seem to be an unimportant topic, a frivolous diversion from the more critical problems of poverty, war, disease, racism, famine, or nuclear annihilation. But it is precisely at times such as these, when we live with the possibility of unthinkable destruction, that people are likely to become dangerously crazy about sexuality.

In Bangladesh, in the broader field of sexualities, there are four streams of scholarly literature. Firstly, substantial research has been done to address women's empowerment but also discrimination based on gender and sexual inequalities. I reflect on these in the following chapter with regard to women's socio-cultural and political status in Bangladesh. Secondly, there is a vast body of demographic literature that views sexuality from the perspective of reproduction, and considers it in the context of population control – a perspective I engage with in the following chapter, as well. However, it is important to note here, the present thesis substantially contributes to this large volume of population control literature, but by exploring an in-depth body of qualitative data from a feminist perspective – an approach largely absent in the population control scholarship in Bangladesh. (This will be evident from discussion in the next chapter). The third stream is represented by the feminist media studies reflecting on the sexual objectification of women's bodies by the media. These question media portrayals of sex specific roles as well as idealisations of 'masculinities' and 'femininities', to which I will return shortly. Finally, there is a scholarly literature²⁶ that addresses heterosexuality in the context of sex work²⁷, gendered expectations of heterosexuality, sexual norms and heterosexual practices. Most of the studies on heterosexuality have been conducted since 2000. In contrast, there is a dearth of scholarly literature in Bangladesh on homosexuality. The few studies available address homosexuality with reference to HIV/AIDS and other sexual diseases (see for example, Akhter, 2005; Bhuiya et al., 2007; Islam et al., 2009; Khan et al., 2005). Exceptions to these are Hussain (2013) and Karim (2014). Hussain (2013), in his ethnographic study on the border area of Bangladesh-India focuses on sexual lives of the *hijras* ('third

²⁶ See for example, Ahmed et al. (1987), Caldwell et al. (1998), Cash et al. (2001: 225-227), Duza (1989: 127), Huq (2014), Karim (2012), Khan et al. (2002), Rashid and Michaud (2000), Rashid (2000; 2006b), Rashid et al. (2011), Sultana (2011b) and White (2012).

²⁷ See for detail Huq (2008), Karim et al. (2008) and Rahman and Sultana (2012).

gender’), who identify themselves as both ‘man and woman’ and thus pose a challenge against the whole binary notion of homosexuality versus heterosexuality; whilst Karim (2014) focuses on two online sites used by the Bangladeshi urban middle class homosexual groups (one lesbian group and one gay group); to explore how they perform non-normative sexuality in cyberspace.

A majority of the existing studies²⁸ on sexualities in Bangladesh have identified that strong gender inequalities regarding ‘ideal sexual practice’ have existed, and still exist, to a large extent. These studies point towards a social construction of sexuality which is shaped by particular social structures and specific cultural ideologies of masculinity and femininity. Such ideologies consider that uncontrolled sexual desire is ‘natural’ for men whatever their status; however, for women, marriage is the only approved context in which expression and practice of sexuality is deemed appropriate: women’s sexuality is institutionalised as procreative and heterosexual. For instance, Rashid (2006b:73) in her ethnographic study among 15-19 year old married young women in the urban slum of Dhaka comments, ‘the norm is that men are expected to be unfaithful and by nature “have uncontrollable urges” and young women are expected to be loyal and faithful’. Apart from sexual norms, chronic poverty, unfavourable power relations, unpaid dowry demands and reproductive illness due to getting married at an early age make these women vulnerable in conjugal life; they need to fulfil any sexual demand by a husband: ‘he wants sex all the time and I can’t say no’ (ibid.). Moreover, physical insecurity of living alone, socioeconomic deprivation and fear of marital instability (a widespread concern among poor young women) makes them compromise with the sexual double standards that allow a man polygamous sexual relationships, but demand a woman has to live a controlled sexual life. Similarly, Khan et al.’s (2002: 237-246) study found that it was always the husband who initiated discussions about sex. These women consider it a culturally appropriate sexual norm, where a husband has to show his desire, and a wife’s role is to submit herself to his wishes. Importantly, this study also reveals that social changes are influencing a change in women’s sexual behaviour: 23 of the 54 women interviewed agreed that they do express sexual desire to their husband in a covert way, although, these women’s different identities (based on location, age and social class) remained unclear in the discussion. Moreover, even

²⁸ Ahmed et al. (1987), Caldwell et al. (1998), Huq (2008), Huq (2014), Kabeer (2000), Khan et al. (2002), Karim (2012; 2014), Rashid and Michaud (2000), Rashid (2000; 2006b) and Rashid et al. (2011).

though the study includes women from a mix of urban and rural sites, with different age patterns, from poor and middle class background and with different education levels (some illiterate and some are graduates), it does not offer any analysis of the similarities and differences of responses across class lines, age groups or levels of education. However, the normative assumptions in these studies maybe contradictory, as '[...] sexuality is not experienced and lived out in a uniform manner' (Huq, 2014: 84). 'Real' practice of sexuality can be completely different from the expected 'ideal sexual behaviour'. Cash et al. (2001) focus on the limited source of knowledge about sexuality among rural adolescents in Bangladesh. Despite silence regarding issues of sexuality and the strong stigma surrounding premarital sex, they identify that a significant proportion of rural youth are engaged in premarital sexual activities. Among them there are also girls with premarital pregnancies, and many even commit suicide to get rid of the baby on account of the social stigma (ibid.: 220; Khan et al., 2002:239). There are instances too of married women having physical relationships with other men during their husband's absence, and husbands also found to have physical relationships with other women. Similarly, White (1992:154) in her anthropological study in Kumirpur village of Bangladesh makes reference to the existence of extramarital sex as 'quite common', as early as 1985-86. Nonetheless, the consequences of getting 'caught [having sex]' is much more damaging for a girl than a boy (Cash et al., 2001: 227; Huq, 2014: 69). Nevertheless, Cash et al. (2001), drawing a connection between age and sexual behaviour, argue that people's sexual behaviour and perspectives around sexual morality differ more across generations, than between a boy and a girl within the same generation. A more recent study by Huq (2014: 70-84) among urban young women (factory girls, university students, and women with religious training) notes that premarital sexual relationships are on the rise, although none of the woman she interviewed supports such an argument. The study identifies that the sexual norms these women uphold are a social construction, enmeshed in both cultural as well as Islamic beliefs, even though, the degree of attachment to the latter varies. Nevertheless, there may be a difference between what women believe that they are supposed to do and what they actually do in real life. Which is why the study points to the need for a more intensive investigation of every day sexual practices of women, and my research contributes to addressing this gap. Thus, according to these studies on sexuality: sexual beliefs and practices depend on socio-cultural and economic context, gender relations,

generation, social class, education and other wide-ranging factors that need nuanced investigation. Furthermore, the majority of these studies focus on the urban middle class with the rest on rural as well as urban poor, with no emphasis at all on the upper class.²⁹ For these reasons, in this research on issues of sexuality and birth control in post-independence Bangladesh from 1971 to 2011, I have chosen to consider the experiences of women from three social classes and three generations located in different urban and rural sites of the country. I explore with them their memories of growing up, learning about sex, getting married, using contraceptives, as well as discuss contraceptive advertising with them. As Foucault suggests (1998), the discursive production of sexuality and subjects is socially constructed, unstable and historically situated.

Now, shifting to consider the third stream of literature, feminist media studies focusing on media representation in Bangladesh (See for instance, Ahmed, 2002; Ahmed, 2009; Begum, 2008; Gayen, 2002; Guhathakurota, 2002; Nasreen, 2002:95; Parveen, 2002) suggest that a gender stereotyping is very common – the idea that a man is portrayed as an achiever and decision maker, the woman as homemaker and mother. These studies have shown that gender representation in media creates certain specific but different gender roles. Ahmed (2002) reflects on television ads and how their depictions are largely limited to women as housewives, mothers and care givers, or obsessed with physical beauty on which most of their spare time is spent, if indeed they have any. Similarly, Gayen (2002) in her analysis of hundreds of print ads for ‘seeking potential brides’ identifies that the majority of the ads look for fair skinned, thin, obedient and religious minded brides, where a woman’s intellect and education are the lowest priority. Consequently, she concludes: the media act in reinforcing women’s subjugated social status. Some more recent studies (Ahmed, 2009; Begum, 2008: 17) note that there has been a new inclusion in media representations: in addition to domesticity women are also being shown in professional roles. Nevertheless, according to Ahmed (2009) ads continue to be stereotyped by portraying a man in ‘masculine professions’: engineer, politician or multinational business holder and the like, whereas for a woman, teaching, nursing, fashion-designing are the reserved jobs. Even though she is employed, she is still in charge of family management. Besides having a job, she has to be the perfect wife and the best mother. Begum (2008: 30), in her analysis of TV

²⁹ In fact, as far as I have researched I have not yet come across any scholarly study in Bangladesh that addresses sexual behaviour of the upper class.

drama, argues that no matter how established a woman is in her professional life, she is still portrayed as vulnerable and so, emotionally dependent on a man. In analysis of working women as portrayed in ads she comments, '[...] the modern working women ... can do everything: manage a job, manage the house, the kids and still look just as fresh and pretty' (2008: 90). Some feminist scholars have observed that the media is an institution in Bangladesh where women's bodies are commodified and sexually objectified. In particular a few studies on women's representation in ads argue that a woman's body is itself commodified to sell commodities, and thus the body becomes interchangeable with the commodity (Ahmed, 2009; Begum, 2008; Guhathakurota, 2002; Nasreen, 2002:95; Parveen, 2002). Usefully for my study however, Guhathakurota (2002:30) argues that the state and religion have a large influence on women's representation in media (though this idea is not her main focus, which again remains on women's stereotypical representation). Moreover, Begum (2008:254) points to the need for future research to analyse the production process of various media depictions, and to include audience research in order to examine the influence of media representation. In this regard, Rashid et al. (2011: 5) identify that there is a dearth of ethnographic studies in Bangladesh on how media might contribute in the everyday practices of sexuality.

These studies open up the need for further feminist attention to the role, which the state, society and religious discourses play in constructing and limiting sexuality, and the ways these views might inform ads, a key concern addressed in this doctoral thesis.

Media, Audience and Everyday Life

Although, as noted above, studies on audience perceptions in Bangladesh are very limited, there are some exceptions and there has been political action. To exemplify the latter, there have been scattered protests by different feminist activists, women's organisations and some politically aware (and usually highly educated) people against ads for 'fairness creams' that portray fair skin and beautification as essential requirements to be a perfect woman. There have also been noticeable protests in the newspapers from politically aware readers, who have sent letters to different dailies criticising highly stereotyped depictions in two particular ads: one *Lab Aid* hospital, and

the other *Radhuni* ground spices (Begum, 2008: 7-8). *Lab Aid* ad proudly used the term ‘*sonar chelera*’ (‘golden boys’) asserting that they are the one to be praised for making medical progress in the country. In this way female doctors’ contributions in this area is rejected. *Radhuni* is a product of Square Consumer Products Ltd., a giant brand in Bangladesh. In this ad for ground spices, a mother addresses all prospective brides as cooks and asks her son to get ‘a cook’ (meaning a bride) for him. As a response to a large number of protests, certain changes were incorporated in these ads (ibid.). These protests also indicate that there are audiences in Bangladesh who challenge the gender stereotypes embedded in media images; but this requires in-depth investigation.

In addition, there are market surveys researching consumption of ads carried out by different market research organisations on behalf of advertising agencies and other media. These are sold to these organisations at a huge price (at least one hundred thousand BD Taka per survey report)³⁰; hence not accessible to most academic researchers who cannot afford to pay so much. Nevertheless, there is one large structured survey study conducted by Ashaduzzaman and Asif-Ur-Rahman (2011) among 478 women in Dhaka to investigate the impact of TV ads on the purchasing pattern of women. Even though the study does not say anything about women’s responses to the media portrayal of specific sexuality, it offers some interesting findings. The study reveals that students and housewives are more likely to be influenced by the TV ads as they spend more time watching TV, compared to other women. Moreover the frequency of advertising for the same brand increases demand, as the brand stays in women’s memory for long time and influences their purchasing decision. These findings are important for my research as they shed some light on audience in Bangladesh and their everyday consumption patterns. There are also two scholarly studies (Nasreen and Haq, 2008; Hoek, 2010) that address audience reception of Bangla cinema. Nasreen and Haq (2008) conducted a survey research among 231 audience members to explore their views about Bangla cinema and their screening in cinema halls. Since the late 1990s onward, the majority of Bangla films are increasingly including violence, the naked female body and explicit sexual content³¹, claiming that

³⁰ One hundred thousand BD Taka is equivalent to GBP one thousand.

³¹ The sexual content includes display of naked female body parts and pornographic clips that are unrelated to the original film and known as ‘cut-piece’. Hoek (2010:53-58) elaborates on cut-pieces: ‘reams of illegal footage [...] that] feature sexually suggestive or explicit material not certified by the Bangladeshi Film Censor

this is what public demands. The study reveals that a majority of the present cinema hall audiences are young men, from the lower and lower-middle income groups, who cannot afford TV or time to watch pirated movies in tea-stalls, and for whom these films are the only source of entertainment (p. 157). In contrast, most of the female respondents indicate that despite the lack of entertainment opportunities, they have stopped going to cinema halls due to such film content and an unfavourable environment in the cinema halls (ibid.). Thus, the study suggests that what has been identified as the ‘public demand’ by the film makers as such, is in fact an (assumed) demand from men and so it points to the lack of adequate research on cinema audience in Bangladesh (p. 140). In contrast, Hoek’s (2010: 49-50) ethnographic observations of a single action cinema screening in different cinema halls, in various small towns in Bangladesh reveals that inclusion of cut-pieces during projection of that particular cinema was actually a collective demand from the present audiences in some of the cinema halls, which eventually led to an increase in the audience numbers. As Hoek (2010: 49) narrates from her ethnographic observation in cinema halls in Bangladesh:

The sudden appearance on screen of a naked female body quietened the crowded cinema hall. [...] Excitement spread amongst the spectators, erupting from the erotic scene on screen. [...] The scene disappeared as suddenly as it had appeared. As the narrative of the action film resumed, the tension in the hall released itself in voluble cheers, laughter, and whistling. While before the appearance of this scene the audience had booed the projectionist, now appreciative applause erupted from the spectators. By running the short sexually explicit sequence, the projectionist had made good on the promises of offering the forbidden spectacle that producers of Bangladeshi action films use to draw spectators to the otherwise increasingly empty cinema halls.

Hoek’s (2010) observation further reveals other influences on the exhibition and consumption of a film: the absence of government representative and press in a particular hall during a particular cinema show may create scope for inclusion of cut-pieces. Sometimes, the poor quality of the cinema print which may create disruptions during projection may result in an audience demand to include cut-pieces to that particular screening. This is why Hoek (2010) suggests that the audiences’ collective demand with regard to a particular projection and the hall staff can influence the

Board. Cut-pieces last anywhere up to 10 minutes and can be rapidly spliced in or out of a celluloid film reel, even as that reel is being screened in a cinema hall’.

exhibition of a film. Consequently, although Hoek (2010) refrains from generalising about whether pornographic cut-pieces are a common audience demand, nonetheless, she urges for a detailed ethnographic study to consider the nuances of cinema audiences, especially with regard to exhibition practices, and thus raises an important concern for audience research. Even though my focus is not cinema audiences, these two studies infer that there are other conditions which may influence audience responses about particular media content. They suggest that the context of viewing needs to be considered in any research on audience reception. This is significant to my understanding the diverse perspectives that women in my research provide, with regard to contraceptive ads in Bangladesh.

Unlike the dearth of audience research in Bangladesh, studying audience participation in ads is a growing significant area in global media research, despite the fact that there are considerable debates surrounding the audience's active or passive engagement in creating and/or changing meaning in the ads (Carter and Steiner, 2004; Deacon et al., 2007; Horkheimer and Adorno, 1972; Leiss et al., 2005; Nightingale and Ross, 2003; Silverstone, 2003). Danesi (2002: 194-205) emphasises the power of audience reception: audiences may decide to accept or reject a particular ad based on the representation showcased in the ad. Since the late 1970s, what Moores (1993:1) broadly identifies as an 'ethnographic turn' has taken place in audience research. Among these studies, Bird (2003), Du Gay et al. (1997), Moores (1993) and Silverstone (2003) for instance, shift the audience reception approach from 'audiences' to the 'audience in everyday life'. This latter refers to the ways media, including advertising, provides cultural frames for thinking and talking about aspects of everyday life. That is what this thesis is about: talking to women about their lived experience of contraception and sexuality in relation to contraception advertising in Bangladesh. In this regard, Silverstone's (2003: 151-157) reflection on television viewers who may come up with very different meanings of a media content depending on their varied socialisations and diverse experience of everyday life drawn from their various class, religious, ethnic, national and gendered identities (p. 168) provides a useful analytical perspective for the various interpretations of contraceptive ads that women in my research offer (see Chapter Five). Nevertheless, as mentioned in the previous chapter, I do not completely abandon textual analysis, rather my textual analysis of contraceptive ads (in Chapter

Four) is intended to provide a general mapping of the broader themes addressed by the women with regard to contraception, gender relations and sexuality.

Focusing on the production issue, Leiss et al. (2005: 617-621) argue that it is often the ad producers who are singled out to be responsible for the ‘unfair burden’ of (mis)representation. But in addition to profit-making interest of the market there are other influencing factors such as, social relations, state regulations, sponsors, broadcasters, traditions and values; which also have certain power and control over the ads (ibid.). Hence, in addition to studying the audience, they seem to inspire to study the various professionals who are involved in creating and broadcasting contraceptive ads. Therefore, in addition to women as contraceptive users and/or viewers of these ads, my research also draws insights from the producers of contraceptive ads to get the context from the industry’s side. Accordingly, in order to understand the consumers’ and the producers’ perspectives and how these might have (or not) influenced particular kinds of visual representations, as well as how these representations influence consumer behaviour, the idea of the ‘circuit of culture’ (Illustration 2.1) discussed in Du Gay et al. (1997:3-4) is relevant to my research.

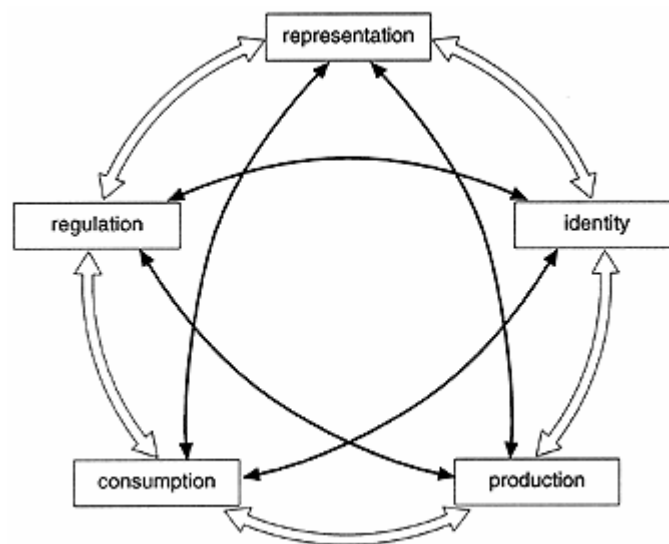


Illustration 2.1: The circuit of culture (Du Gay et al., 1997:3)

Du Gay et al. (ibid.) opine, to study an object or media culturally ‘one should at least explore how it is represented, what social identities are associated with it, how it is produced and consumed, and what mechanisms regulate its distribution and use’. One can choose any site of the circuit to start with, but one must ‘go the whole way round’ to

grasp a ‘complete picture’ of the situation (p.4), as in everyday life they continually overlap and intertwine in multiple complex ways (ibid.). This ‘circuit’ provides a broader theoretical frame for my research. In my research, on the one hand, there are women from a range of social classes and generations who encounter multifaceted experience of gender and sexuality, which also influence their everyday negotiations with contraception and interpretations of the contraceptive ads. On the other hand, contraception in Bangladesh (discussed in the following chapter) is embedded in a history of oppression and state politics, in addition to various patriarchal and religious regulations (though religious restrictions are lessening due to government pressure for population control, an argument I develop in the following chapter). Not only that but also, there are socio-cultural and religious restrictions surrounding public discussion of sexuality (as reflected in the discussions in Chapters Five and Six). Although birth control ads allow sexuality to be publicly ‘visible’ in some ways, that ‘visibility’ might be circumscribed as sexuality is considered to be a ‘private matter’. Therefore, any representation in the media, advertising specifically, has to walk a careful tightrope in order not to offend sensibilities. The ‘circuit’ is appropriate to allow the diverse determinants to be considered in production and consumption of contraceptive ads in Bangladesh. I will return to this discussion in the Conclusion (Chapter Seven).

Finally in this chapter, I briefly focus below on how the existing literature on contraceptive advertising has tackled the issues of gender and sexualities.

Gender, Sexualities and Contraceptive Advertising

In the global field of media and cultural studies, there is hardly any substantial scholarly work that considers issues around contraceptive ads from a feminist perspective. Moreover, little attention has been devoted to exploring the challenges encountered in the production of contraceptive advertising, and/or, the audience reception and responses towards these ads, which is a key focus of my thesis.

Among the available studies, Jobling (1997: 157-177) unveils what he refers to as the politics of ‘racist heterosexuality’ in Britain in the context of contraceptive ads. He discusses condom advertising in Britain from the 1970s to 1993, and provides interesting insights about sexual politics at that particular time, touching on issues of pleasure and promiscuity, safe sex and morality. He critically focuses on the decade of the 1960s when condom ads started to appear in the press, under the banner of family

planning. They portrayed only white, married couples who were presented as faithful and sexually inexperienced, ignoring the ethnic population in Britain and their different needs, different class backgrounds as well as the different needs of straights and gays. Notwithstanding the sexual revolution that British culture has undergone, until 1986 condom ads continued to represent and be targeted at a heterosexual market and maintained a strategic silence about LGBTQ sexualities, as well as premarital or extramarital sex. However, the study further notes that with the advent of a safe sex perspective as protection from HIV/AIDS, condom advertising from 1987 became pluralistic and diverse. They started addressing issues of safe sex, pleasure, premarital and extramarital sex, but continued to portray white couples without 'sufficiently recognising' the different social classes and ethnic communities in British society (p.162-163). Thus, Jobling (1997) provides substantial as well as very thoughtful insights into condom ads in Britain. Despite the fact, this piece of work has some limitations which point towards the need for further research in this area. For example, although he criticises the biased representations of condom ads in addressing only heterosexual, white, married couples, his analysis does not include any sample from other contraceptive ads (for instance, ads for oral pills or different long term methods) in Britain. Moreover, his frequent reference to family planning literature as well as government surveys on user rate of contraceptives points to the lack of sociological and ethnographic research on people's perspectives and attitudes towards contraceptive ads.

Related to Jobling's (1997) research, Agha and Meekers (2010) measure the success of a social marketing programme by analysing the impact of a condom campaign in Pakistan. They conducted two advertising impact surveys among urban married men to study their attitudinal changes after the condom ad was broadcast on private TV channels and on radio stations for three consecutive months, in 2009. Starting with a significant history of condom advertising in Pakistan they mention that advertising condoms were not permitted in Pakistan until 1999, when permission was given on a condition that the condom packet would not be shown (p. 279). Until 2005 the use of the word 'condom' was also prohibited during advertising, and it was only from 2006 that the private channels started advertising condoms and went beyond these restrictions. However, the government TV channel now allows the word 'condom' in written form, while uttering the word is still prohibited, and the newspapers are not

allowed to publish a condom ad on either the front or back page (p. 279).³² Despite all these restrictions, as the study explores, the advertising of condoms for three consecutive months resulted in an increased awareness of family planning among urban married men. Nonetheless, the study was structured in a wholly quantitative manner: the reader learns about variables, measurement, and impact analysis of condom advertising in a statistical format, yet hardly gains any idea of the researcher's engagement with respondents. Given that the purpose of the study was to investigate the impact of condom ad in terms of attitudinal changes amongst married couples, a triangulation of quantitative and qualitative methods might have produced more nuanced outcomes. The study gives heavy emphasis to numbers and measurement, whereas such social phenomena are more likely to be revealed through talking to people directly, asking for in-depth opinions or sharing everyday experiences. In addition, the study is based on a very restricted sample, which excluded female respondents, unmarried condom users, gay men's condom behaviour and perspectives from different social classes and generations. Further, given that the ad was broadcast on private TV channels and radio stations, question may arise about how many people had access to the ad. Finally, despite the methodological limitations, the authors generalise the research result and conclude: 'the study indicates that condom advertising can be effective in increasing condom use in urban Pakistan' (2010: 277). Perhaps a strong 'orientalist' insight towards Third World makes it insignificant to them to research in more depth, before generalising about a 'developing country' and its contraceptive behaviour. Such orientalist as well as ethnocentric expression is more obvious when the authors place all 'developing countries' in the same category and assert, 'Spousal communication about contraception is rare in many developing countries' (2010: 282). Both of the authors are situated in a privileged position with their institutional affiliation with the 'North'.³³ This possibly resulted in producing a specific knowledge about the 'South', which Spivak (in Kapoor, 2004:645) labels as creation of knowledge 'contaminated by capitalism and imperialism'. As she rightly states:

³² The study referred here was published in 2010. Despite my continuous searching, I did not find any other study that reflects on the present (post 2010) situation of contraception advertising in Pakistan. However, from my informal conversation with a friend from Pakistan I came to know that these restrictions in advertising condoms in the government TV channel as well as in the newspapers still exist.

³³ Meekers, D. is a professor in the Department of Global Health Systems and Development in a university in the US and Agha, S. is the Director, Monitoring and Evaluation in an international public health and family planning organisation.

When we act in accordance with personal, professional, organisational interests, our representations of the Other say much more about us than about the Other, or at a minimum, they construct the Other *only in as far as* we want to know it and control it. (Cited in Kapoor, 2004: 635-636)

The study by Agha and Meekers (2010) has been conducted entirely from a donor-driven perspective; in which Bangladesh, India or Pakistan all remain the same, all having a ‘fatal problem’, that of high population and HIV/AIDS (p. 278). The only concern addressed in this article is how successful the social marketing programme in these countries is in stopping breeding, and in fighting AIDS. The article does not consider the fact that these countries have different historical backgrounds, as well as different socio-cultural, religious and political contexts, would suggest that addressing the populations in the same manner is inappropriate. Such discursive construction of the ‘South’ recalls Spivak (in Kapoor, 2004: 629) again, who suggests that the ‘representation’ of marginalised ‘Third World groups’ is continuously being reconstructed and influenced by multiple positions of the ‘First World’ researchers, and in turn, reinforcing an us/them (First World /Third World) dichotomy in which “we” aid/develop/civilise/empower “them” (ibid.). Hence, this throws the epistemological stance of this research into question, and calls for a nuanced analysis in the areas of gender, sexuality and contraceptive ads.

With regard to Bangladesh, Harvey (1984) focuses on two market studies, one was conducted in 1977 and another in 1982 under a social marketing project, to examine the impact of family planning ads to encourage people for birth control. The ads were published in three major Bangladeshi newspapers. Readers of these newspapers were asked to fill out and mail in a coupon regarding their preferences among the themes that appeared in these family planning ads. Needless to say that the respondents were from well-off families who could afford to buy newspapers; they were educated, and mostly from urban families, as in Bangladesh it is still (in 2014) considered a luxury to buy newspapers regularly in most rural households. However, analysing the direct responses from the consumers the study notes that the ads addressing the son’s future and family needs are more popular compared to those ads that gave importance only to a wife’s wellbeing. In fact, the latter was the least mentioned theme even by female consumers (ibid.: 40). The study does not investigate the reasons behind audience preference towards a particular form of representation,

rather concludes that family planning ads are more successful whilst associated with a family rather than with a woman as individual (ibid.: 41). An analysis from a feminist perspective perhaps could have provided a different analytical perspective to these findings. Moreover, the scope of the study was also limited as market research, since illiterate and poor people, and non-readers of newspapers were not considered for taking part in this research.

It is thus essential to study attitudes to contraception in a more comprehensive way, taking into account different generations, social classes and different demographic areas and include women's responses towards contraceptive ads (both state sponsored and commercially produced). This is what my study goes on to do.

CHAPTER THREE: The New Bangladesh, Contraceptives and a History of Family Planning – A Socio-Cultural and Political Analysis

Introduction

In this chapter I critically engage with the socio-cultural and political history of contraceptives and family planning in Bangladesh. The trajectory of family planning in Bangladesh and the recognition of individual choice about birth control are obtained through a constant struggle against patriarchy, religious extremism, and negative socio-cultural discourses around birth control. This struggle is the key focus in this chapter. To situate the political and historical context of family planning and birth control in Bangladesh, I start with a selective historical overview of the emergence of the independent Bangladesh, and the crisis situation in the aftermath of the liberation war resulting in an increasing dependency on foreign aid. Next, I sketch a brief outline of women's socio-political status in the context of post-independence Bangladesh, as a woman's capacity to take a decision on birth control is connected to her position in society. Following a historical timeline from pre-independence Bangladesh to the post-independence era, I outline and discuss the setting up of family planning and birth control, in the subsequent discussion. Arguably, access to 'safe contraception' has been the longest unresolved challenge in the trajectory of women's right to birth control in Bangladesh. At the end of this chapter, I engage with this challenge, the upshot of the donor-driven, population control agenda, resulting in the provision of contraception producing unwanted side effects.

In this chapter, in addition to reflecting on the existing literature, I supplement historical records with information obtained from interviews with key informants³⁴ in this doctoral project. There are a few key reasons for doing so. The literature on contraceptives and family planning in Bangladesh is predominantly donor-driven, based on foreign-funded population control projects. These studies have mostly been conducted in Matlab upazila (sub-district) of Chandpur district in Bangladesh (Bairagi and Rahman, 1996:24), and are heavily based on statistical analysis to measure the success and failure of these projects (as will be evident too, from the discussion below).

³⁴ Health experts, family planning service providers, feminist activists and advertising professionals.

The thematic content of this literature considers family planning from a demographic perspective, and views women only as numbers. These numbers indicate the user or dropout rates of contraceptive use, without necessarily explaining the reasons/side effects responsible for these dropout rates. The literatures thus provide an incomplete trajectory of the challenges encountered in expanding contraception activities in Bangladesh in the context of various socio-cultural discourses and religious restrictions, which I supplement with information obtained from my key informants. Moreover, a few studies (also discussed in this chapter) that reflect on women's contraceptive behaviour, and briefly focus on the factors contributing to the increasing acceptance towards family planning in Bangladesh, do not position these discussions against a historical timeline. Akhter (2005) is an exception providing a brief historical record up till 1985. However, the key focus of this study is: how donor-driven population control measures in Bangladesh can prove oppressive for poor women and their reproductive health. Therefore, this chapter contributes to the existing body of contraceptive knowledge that only contains a limited history, and is largely written from a donor-driven population control perspective.

The Emergence of the New Bangladesh, Political Crisis and Aid Dependency

Bangladesh has a distinct history of independence. Its spirit of nationalism emerged from the 'Bengali culture', a culture completely different from that of the then 'West Pakistan'. For instance, the struggle for preserving the Bangla language, which was banned by an official declaration in 1948, was the first among a series of struggles to safeguard Bengali cultural identity (Kabeer, 1991: 40). Even though at the cost of a robust language movement and six student-protestors' lives, Bangla was accredited as the state language of East Pakistan in the 1956 Constitution (ibid.), yet this was not the end. Bengali women's traditional dress *sari* and cosmetic *tip/bindi* on the forehead were identified as associated with Hinduism and were therefore seen as anti-Islamic (Kabeer, 1991: 41; White, 1992: 11-12). Over the years, several Bengali cultural activities were also symbolized as associated to Hinduism and banned by the West Pakistan administration, including Tagore songs (Kabeer, 1991: 41- 42). Consequently, a cultural resistance shaped a nationalist movement (ibid.), the quest of which was to preserve

cultural heritage and giving rise to the historic ‘freedom’ war, lasting nine months, and to the birth of an independent, sovereign Bangladesh in 1971.

‘Nationalism’ was among the four fundamental principles of the state policy laid down in the first Constitution (1972) of the new Bangladesh. However, it was seriously challenged as the post-independence era of Bangladesh had undergone significant political and economic changes (Lewis, 2011:3; White, 1992: 13). The war torn Bangladesh encountered further economic hardship due to a devastating famine in 1974 (Kabeer, 1991:42). Soon after the famine, in 1975, Sheikh Mujibur Rahman was assassinated; and Bangladesh faced a long period of political unrest with coups, counter-coups and a military regime from 1975 to 1990 (Hoek, 2008:26; Kabeer, 1991: 42).

Such economic and political turmoil resulted in huge aid dependency, even though at the onset of post-independence Bangladesh, foreign aid was perceived as a barrier to the country’s sovereignty (White, 1992: 13). In addition, different military governments started improving relationships with international agencies through a rapid de-nationalisation of the country’s economy, in order to strengthen their political support (Hoek, 2008:26; Kabeer, 1991: 42). It cannot be denied that aid played a significant role in the infrastructural development of the country, albeit it contributed to a continual external influence on state matters, and the country moved far away from its initial aim of strengthening its national autonomy (see for instance, Lewis, 2011: 37; White, 1992: 13). Foreign donors, for example, the International Monetary Fund and World Bank, who had pushed for privatisation and liberalisation of the Bangladesh economy since 1971, were listened to after 1975 during General Zia’s regime (Feldman, 2009: 270; Lewis, 2011: 31). The New Industrial Policy in 1982 and the Revised Industrial Policy in 1986, during General Ershad’s government, set the context for huge foreign investment in urban industries (Feldman, 2009: 270; Lewis, 2011: 31). A rise in the government’s commitment to invest in rural non-farm sectors and a decline in investing in social sectors boosted a shift from subsistence agricultural and home based production to trade based commodity production during the early 1990s (Feldman, 2009: 275). Changes in agricultural opportunities and a growth in urban industrial employment opportunities further led to an urban migration of many rural households or at least of some members of households (Feldman, 2009: 275-276; Hoek, 2008: 25). 1991 saw the demise of the army regime, and an electoral democracy followed.

However, the democratic governments continued with the liberalised economic policy, and a foreign policy, that further integrated Bangladesh in the global capitalist system. ‘Globalisation’ became a fashionable buzz word from the mid-1990s onward, and a substantial growth in international migration resulted in increased revenue which exceeded the income earned from international aid (Lewis, 2011: 32-33). Although, the economic dependency on aid has been in a decline since the 1990s, its powerful influence on state policy has remained unchanged (Lewis, 2011: 143-144).

Pros and cons apart, foreign aid dependency resulted in a strong emphasis on a population control agenda, also involving women in income-generating activities. Integrating women into paid work and development activities were set as primary conditions for receiving foreign aid by many donors (Duza, 1989: 144; Hoek, 2008: 25). But due to the patriarchal mindset of the policy makers, women’s involvement in development projects remained limited for a long time. For instance, in state policies women were primarily considered as wives and mothers, and so, until the early 1980s, development initiatives for women meant increasing women’s awareness of fertility control, and a commitment to reduce population growth (Feldman, 2009: 273; Kabeer, 1991: 44-46). During this time, involving women with paid work largely meant – recruiting them into different family planning programmes (Kabeer, 1991: 47). Thus, gendered contradictions regarding women’s issues became a bitter reality in Bangladesh, which I engage with in the following discussion.

Big Promises, Feeble Actions – Women’s Ambiguous Status in Bangladesh

At the inception of the independent Bangladesh, the Government of Bangladesh (GoB) created laws and policies to advance the status of women (with some contradictions), starting with the Constitution of the People’s Republic of Bangladesh (1972). The Constitution of Bangladesh gives considerable emphasis to gender equality. For instance, Article 19 (3) of the Constitution elucidates, ‘The State Shall endeavour to ensure equality of opportunity and participation of women in all spheres of national life’. Article 27 enunciates ‘All citizens are equal before law and are entitled to equal protection of law’. Again, Articles 28 (1) and 28 (2) denote respectively ‘The State shall not discriminate against any citizen on grounds only of religion, race, caste, sex or place of birth’, and ‘Women shall have equal rights with men in all spheres of the State and of

public life'. Accordingly, the constitution grants women's visibility and mobility in the public sphere as well as their involvement in all spheres of national life. It gives emphasis to the state's endeavour to ensure equality of opportunity towards all citizens. However, as noted by Chowdhury (2010: 91), in defining the state's obligations as well as citizen's rights and duties the Constitution preserves patriarchal language. For example, linguistic norms use the pronoun '*him*' or noun '*man*' to refer to citizens. Article 19 (1) in the official English version of the Constitution states: 'The State shall endeavour to ensure equality of opportunity to all citizens'. It further explains in Article 19(2): 'The State shall adopt effective measures to remove social and economic inequality between man and man [...]'. In the same Article of the Bangla version of the Constitution the term 'man' appears as *manush* (human being). Hence, the linguistic bias was introduced during the English translation of the Bangla version. Again, Article 20(1) illustrates 'Work is a right, a duty and a matter of honour for every citizen who is capable of working, and everyone shall be paid for his work on the basis of the principle from each according to his abilities to each according to his work'. The pronoun '*his*' has been used throughout article 20(1) to refer to the citizen.

In contrast, the Sixth Five Year Plan (2011-2015: 22-25) of the Bangladesh Government pays particular attention to improving women's education, their opportunities for overseas employment and ensuring gender equality and women's empowerment more generally. In addition, reducing violence against women is another critical area to which the government devotes serious concern. Bangladesh is one of the few countries that has established a separate ministry for women. The 'Ministry of Women and Children Affairs' was established in 1978 to pay special attention to women and children's issues. Moreover, the National Policy for the Advancement of Women (1997) gave emphasis to eliminating all forms of oppression and violence against women and adolescent girls. Bangladesh is also a signatory to the Universal Declaration of Human Rights and Child Rights Convention, and has ratified the Convention on the Elimination of all Forms of Discrimination Against Women. The GoB has amended and promulgated many Acts and Ordinances in an effort to safeguard the legal rights of the female population. These include, the penal Code 1860 (second Amendment 1984), the Dowry Prohibition Act 1980 (Amendment 1984, and 1986), the Child Marriage Restraint Act (Amended Ordinance 1984), the Acid Control Act 2000 (Amended 2010) and the Acid Attack Crime Repression Act (2002), the Suppression of

Immoral Trafficking Act (1993), and the Women and Children Repression Prevention Act 2000 (Amendment 2010). These laws demonstrate a significant concern towards ensuring women's rights. With a view to achieving goal 3 ('Promote gender equality and empower women') of the Millennium Development Goals (MDG), the GoB has established its national gender goal which states: 'by 2015 reduce substantially, if not eliminate totally, social violence against the poor and disadvantaged groups, especially violence against women and children'. Despite such efforts, with a tradition of patriarchal domination the degree of implementation of policies and laws remains limited (Chowdhury, 2010: 91; Duza, 1989: 128, 136).

Rather, there is evidence for gender discrimination, which persists in access to education, food, health care, employment and the like (Duza, 1989: 127; Haque, 2002:42). Bangladesh has a special concern to protect its 'cultural purity', and its female citizens are often considered as the bearers of these cultural traditions. But such traditional views, coupled with those of patriarchal norms and discourses, construct as well as reinforce a subjugated status for women. Significantly, several studies³⁵ observe that the emblem of 'Bangladeshi woman' has been shaped by socially constructed norms and culturally embedded notions. Indeed, a woman's body is associated with the discourse of honour – for a family, a society and the whole nation – such that multiple actors attempt to control and determine women's behaviour in order to protect this honour. Restraining a woman's mobility and visibility are the most prominent of these control attempts, with the custom of purdah or seclusion (Chowdhury, 2010: 37; Duza, 1989: 127; Lewis, 2011: 15; White, 1992: 22-23) legitimising a woman's restricted access or exclusion from public sphere. Consequently, this poses a myriad of barriers against her efforts to participate in education, competitive job markets and other social activities, and often means that a woman lives under the threat of economic and social insecurity.

As part of this process, women's household role and contribution to subsistence agricultural production have been taken for granted and remained unrecognised for many years. Thus a silent tactic has been retained which enhances a woman's inferior status and dependency on a man, and in turn bolsters patriarchy. However, since the 1980s with the advent of garment factories as well as women's employment

³⁵ See for instance, Azim and Sultan (2010), Duza (1989: 125-128), Kabeer (2001), Mahmud (1988), M.E. Khan et al. (2002: 238), Rashid (2000:29-30) and Sultana (2010).

opportunities in NGOs and in the government sector, women's visibility in the public arena has been enhanced, if at a snail's pace, leading to a dwindling of the stricture of seclusion (Lewis, 2011:15). Several studies (Duza, 1989; Kabeer, 2001; White, 1992: 35) observe that poor women are privileged compared to the middle class and upper class women in terms of maintaining less purdah. Nonetheless, the value of purdah still continues, and there are numerous accounts indicating that when a woman is raped or sexually harassed Bangladeshi society blames her, on the grounds of not wearing 'proper dress' and being in the public sphere at an 'improper time'. Thus society always reminds a woman of her boundaries. In addition, religious (mis)interpretations, along with religious extremism, legitimise patriarchal attitudes and the 'torture' of women. Several religious fundamentalist groups are against women's progress, in fact Chowdhury (2010) mentions that the women's movement in Bangladesh has repeatedly been challenged and obstructed by these extremist groups.

'Power' and 'Prejudice' – Women's Political Involvement in Bangladesh

Women's participation in politics and political decision making is an important indicator for understanding women's status in any country. For the feminist movement this issue raises some key questions and is much debated: 'If more women are involved in political decision making, will that make a difference?' (Dahlerup, 2001:104); can the political empowerment of women contribute towards achieving women's rights? Many believe that women and men have different values, attitudes and even conflicting interests. As long as women are a minority in decision making bodies, a positive progress towards achieving gender equality is hardly possible (ibid.). They further argue that in a democracy, women's active involvement in party politics, voting, contesting for election or choosing their preferred state actors, may contribute towards changing women's subjugated status (Chowdhury, 2010). Certainly, the emergence of female political leaders is likely to consolidate women's place in the public arena, creating a necessary power base. In addition, socially acceptable, female political role models may lessen rigidity in relation to women's visibility in the public sphere and enable feminist issues to be placed on a wider political agenda, whilst at the same time such formal power should negotiate bringing forward such issues (ibid.).

Indeed, women's experiences over the last few decades have put this issue on the agenda. As documented by many researchers (Chowdhury, 2010; Duza, 1989:135; Feldman, 2003; Kabeer, 1991; Lewis, 2011) women's political engagement in Bangladesh operates in a context of abject poverty, religious fundamentalism, and a culture of female subordination, as well as weak political institutions prejudiced by hegemonic masculine attitudes. Since the parliamentary election in the 1990s, the two main political parties in Bangladesh, the ruling party and the opposition party, have been led by women, but neither the state nor civil society in Bangladesh is structured in a gender neutral way (Chowdhury, 2010: 39; Sobhan, 1994:76). Not surprisingly then, women's leadership has made little difference. To win elections, political parties use the gender agenda, forwarding women's issues in their manifestos, but these are hardly addressed when these parties are in ruling power (Chowdhury, 2010: 39; Sobhan, 1994:76). Therefore, women's issues remain hidden or overlooked behind what are presented as the more critical issues of poverty and overall underdevelopment of the country. In addition the age old prejudices which hold 'politics' as a 'man's arena', create patriarchal political institutions and a working environment such that many women who enter politics soon leave (Chowdhury, 2010). Therefore, even though it has been more than forty years since Bangladesh achieved its independence, in terms of improving women's status, the achievements so far are severely limited.

It is in this political and ideological context, that questions around family planning and birth control need to be engaged with.

The Trajectory of Family Planning and Birth Control in Bangladesh—Interventions, Challenges, and Tensions

The onset of birth control initiatives in Bangladesh dates back to the pre-independence era. Larson and Mitra (1992: 123) refer to the 1950s when family planning was privately practised in urban hospitals and clinics. International interventions started from 1952, when foreign organisations sponsored the formation of the East Pakistan Family Planning Association, which is now known as the Family Planning Association of Bangladesh (FPAB) (Akhter, 2005: 14). Such interventions grew stronger when in 1960 the Pakistani government integrated family planning as a regular component of its national health service, following the recommendations set by the Population Council (ibid.:15). The international donors identified population growth as a major problem for

development in Pakistan (Akhter, 2007: 94). International influence also became evident in the country's policies. For instance, the Second Five Year Plan (1960-1964) considered the prevailing population growth as a threat to national economy whilst allocating a budget for population control programmes (Robinson, 2007: 325). By the Third Five Year Plan (1965-1969) population control became a priority, and international agencies, for instance the United States Agency for International Development (USAID), became involved in planning different population control activities in Pakistan (ibid.: 326). At this stage, Islamic conservatism had been identified as a barrier against family planning; although the intensity of resistance was more in West Pakistan than East Pakistan (ibid.). The international pressure on population control did not disappear at the advent of the independent Bangladesh in 1971. As is evident in Akhter (2007: 94), who argues that under donor pressure, the GoB continued to prioritise population control as the number one problem up to the Fourth Five Year Plan (1990-1995). Such international influence on the population issue in independent Bangladesh resulted in several drastic population control measures, taken by the GoB, which initiated a tension between women's reproductive health rights and what Wang and Pillai (2001: 231) refer to as hampering a woman's 'social, psychological and physical well-being'. Before unpacking these tensions, first I would like to provide a brief reflection on the struggles of establishing family planning in post-independence Bangladesh.

Family planning can be broadly divided in two main phases: firstly, the era of social challenges and struggle for family planning during the 1970s and 1980s. Different initiatives taken by the GoB, NGOs and donor agencies during this period as well as different socio-economic changes, together resulted in the second phase – a time of increased social acceptance towards family planning which became largely visible from the late 1980s/ early 1990s.³⁶ Hence, I discuss the post-independence context of family planning in two phases; firstly, I outline the initial challenges, struggles and initiatives taken by the state and other organisations to establish family planning in Bangladesh. In the second phase, I reflect on the causes and situations that accelerated the social acceptance of contraceptives. After that, I will move to the tensions

³⁶ While there was clearly some use of contraceptives during the mid-1980s but statistics (see Illustration 3.3) and discussion with key informants suggest that a social acceptance towards family planning became largely visible from the late 1980s/early 1990s.

surrounding population control versus the issue of women's reproductive rights – a long unresolved paradox bound up with the flow of cheap quality contraceptives donated by the First World and leading to the questions about the safety of modern contraceptives.

1970s to 1980s – Challenges and Initiatives to Establish Family Planning and Birth Control

In Bangladesh contraception has mostly been considered in the context of a population reduction framework, i.e. targeting families to control population. In this process family planning, and thus the major responsibility for birth control, is placed on the woman's body (see for example Akhter, 2005; Shehabuddin, 2004:1; White, 1992: 13). Perhaps at this stage it is also important to make it clear that there is a distinction between three concepts: 'population control', 'family planning' and 'birth control'. In this thesis I use these terms from a political position, best expressed in Young (1989: 101-102). Whilst in the name of 'population control' the state, international agencies, religious institutions and other factors can, to a degree, control a family's right to 'family planning', i.e. agreeing on pregnancy, deciding about the number of children wanted, and birth spacing. In contrast, 'birth control' is the right of men and women to make decisions about their own reproductive capacities (ibid.). The latter view is more explicit in Stella Browne: '[...] Birth control is a woman's crucial effort at self-determination and at control of her own person and her own environment' (Cited in Young, 1989:102). However, as far as the Bangladesh context is concerned, *Poribar Porikolpona* (family planning) and *Jonosonkha Niyontron* (population control) are the more used terms compared to *Jonmo Niyontron* (birth control). Placing contraception under the rubric of *Poribar Porikolpona* and *Jonosonkha Niyontron* increases its social acceptance, since then the action is considered to contribute to the betterment of the family and the country. Moreover, though 'family planning' is an English term, it is used even by poor illiterate people simultaneously with *poribar porikolpona*. It is significant to mention here that during the initial stages of this doctoral research when I was looking for female respondents, use of the terms '*Poribar Porikolpona*' or 'Family Planning' made it easier for me and my gatekeepers, to get access to respondents. But, at the beginning of the data generation process when women were asked if they would be interested to talk about 'contraceptives', and '*Jonmo Niyontron*', many refused on the ground that they no longer use any contraceptive, or they were not interested to

discuss such personal issues. Interestingly, women who agreed to talk about ‘Family Planning’, in the flow of the conversations spontaneously reflected on their personal experience of contraceptives. Hence, when women were asked to talk about ‘birth control’ rather than ‘family planning’ it became more of a personal issue to them, connected to their sexual life, where one had to negotiate between what to disclose and what not.

Family Planning and the Challenges

Establishing family planning in post-independence Bangladesh has not been a smooth process; given that social norms, religious taboos, shame and negative beliefs are associated with contraceptives. During the 1970s many people strongly believed that family planning was a sinful act (Maloney et al., 1981:202). In rural areas many *huzurs* (Islamic religious preachers) refused to perform *janaza* (funeral) for women who had had ligation (Maloney et al., 1981; Shahiduzzaman, 2000; Shehabuddin, 2004:4). If a woman died soon after sterilisation people used to say that she had been punished by God, as she had committed a sinful act; she would not get into Heaven (Maloney et al., 1981:199). If a woman agreed on sterilisation without her husband’s knowledge or permission, usually she was abandoned by him, when he came to know about this (Akhter, 2005:184; Maloney et al., 1981:199). Ramendu Majumdar³⁷ (Interview 2012) and Maleka Begum³⁸ (Interview 2012) refer to the 1970s when a social belief was ‘*Kharap meyelokera bachcha nostow korar jonno pill khae*’ (‘A bad woman takes pills to abort child’). He further adds that the idea of these ‘bad women’ was even interchangeable with ‘sex workers’. Similarly, Maloney et al. (1981:195) argue:

If a woman uses family planning at her own initiative without consulting her husband and subsequently this becomes known, her husband labels her as an unchaste woman and gives her a beating and a warning of divorce.

Such beliefs about women using contraceptives were not specific to Bangladesh. Heise (2007: 276) confirms that in many cultures men oppose birth control and rather consider it as a sign of the woman’s intention to be unfaithful. For example, early nineteenth

³⁷ Ramendu Majumdar is the Managing Director of Expressions Ltd., an advertising agency and a key informant for this research.

³⁸ Maleka Begum a renowned feminist activist in Bangladesh, in her early career, worked with Concerned Women for Family Development (CWFD) from 1974 to 1977, to provide door to door family planning services. I was privileged to have her as one of the key informants for this research.

century radicals in Britain opposed birth control as it would allow women's greater sexual freedom. They thought that such separation of sexuality from procreation was abhorrent, unnatural and against the Divine Will (Young, 1989: 108). 'Knowledge of birth control was thus an encouragement to immorality, a licence to young women to be prostitutes before they married' (cited in Young, 1989:107). In contrast, male contraceptives were rejected by many people in Bangladesh based on the belief that they might reduce male sexual capacity. For instance, vasectomy (a male sterilisation method) was never a popular method in Bangladesh as it was believed that it might cause men to 'stop being men' (Maloney et al., 1981:202). Considering such contradictions, coupled with strong gender disparities and a preference for sons, the demographers and policy makers speculated on an unsuccessful future for family planning in Bangladesh (Kabeer, 2001; Koenig et al., 1987:124; Larson and Mitra, 1992: 123; Mahmud, 2009: 222; Rahman et al., 1992: 230; Schellstede and Ciszewski, 1984). Since the beginning of population control programmes, preference to have a boy child has been marked as a major barrier against family planning in Bangladesh (Kabeer, 2001:44; Rahman et al., 1992). Culturally a boy child increases a woman's status in the family as well as in society, and ensures her security both physically and economically (Mahmud, 1988; Rashid, 2006a: 157). Therefore, the desire for a boy child results in an increased fertility rate. As Kabeer (2001:44) argues, uncertainties about the sex of future children and their chance of survival lead to high fertility. Likewise, Rahman et al. (1992) review a number of studies to examine the relationship between fertility control and son preference. They conclude that many couples take their decision about birth control based on the number of surviving sons and daughters. Couples want to have at least a son and a daughter; and some continue childbearing in order to have more sons.

Religious conservatism has also been identified as a major impediment to family planning activities in Bangladesh, especially around the 1970s and 1980s (Amin et al., 2002; Bernhart and Mosleh Uddin, 1990:287; Maloney et al., 1981). Muslims have a higher fertility rate compared to other religious groups in Bangladesh (Kabeer, 2001; Maloney et al., 1981). According to Maloney et al. (1981: 249) even though there is evidence to suggest that Islam supports all kinds of population control methods except infanticide, some rural people are more rigid on this than is required by Islamic laws, due to their pro-natalist view and the social expectation of living a pious life. Amin et

al. (2002) and Kabeer (2001: 63-64) further argue that Islamic extremism is higher in the Chittagong division than anywhere else in the country, and it is also here that the fertility rate is the highest. On the contrary, Bernhart and Mosleh Uddin (1990) argue that religious conservatism has been overstated. Drawing on findings from surveys and interviews they conclude that in many cases religious belief was identified as responsible for the non-use of contraception; where in reality the actual cause was unknown or the couple was unwilling to disclose the original reason and pointed to religiosity as this was already an accepted social ground. This eventually leads to questioning the claim about Islam being a major barrier against population control programmes in Bangladesh. Moreover, it should also be noted that the relationship between Islam and Muslims in Bangladesh cannot be homogenised. This can be better explained by Lewis (2011: 25-26) who stresses that there are three kinds of Muslims in Bangladesh: first is the 'modernist Muslim' who makes a rational and scientific interpretation of Islamic scriptures, evident among a narrow group of urban elites.³⁹ The second group is the 'Orthodox Muslim' who insists on literal and traditional interpretation of holy texts, evident among the well-off educated urban and rural households. The last group adopts a 'popular or folk Islam' tradition, that combines local beliefs and ideas with the traditional Islamic beliefs and this view is strong amongst the rural and urban poor. The three views of Muslims are important to understand that the degree of adherence to Islam amongst the Muslims in Bangladesh is diverse, and so, the 'contrast relationship' between family planning and Muslims can also vary. Having said so, one cannot completely deny the existence of religious dogma against birth control. Although, this has been lessened with the government advocacy programmes and socio-economic transformation of the society, I discuss this later in the chapter.

Partly for religious reasons, restrictions were also imposed on advertising contraceptives at least until the 1980s, as indicated by Ramendu Majumdar (Interview 2012), who was directly involved in making contraceptive ads for 21 years, starting in 1972. He points out:

The 1970s was a difficult time for advertising contraceptives. There were negative connotations, religious taboos and we had to go

³⁹ Although, I think this group is not that narrow, rather an increasing number of highly educated urban Muslims from the upper, middle and poor class are continuously identifying themselves with this group.

through tough procedures to get permission from the government to broadcast contraceptive advertisements.

He further mentions that social stigma was so strong that no one was ready to act in contraceptive ads, and for long time the ads had to use fake models (puppets with human voiceover and even hand sketched images).

Initiatives to Promote Family Planning

To fight against social stigma and various social (mis)beliefs, the GoB started its population control programme in 1973 with new vigour, and women were the main target for advice on different contraceptive methods. During 1971 and 1972, due to the liberation war and the post liberation rehabilitation works, population control activities did not receive much attention (Akhter, 2005: 18; Larson and Mitra, 1992: 124). But since 1973 the GoB has demonstrated its utmost seriousness to control its growing population. The birth control pill was introduced for the first time in Bangladesh in 1971, Depo-Provera was introduced in the mid-1970s and at the same time women were encouraged to obtain the IUD method, which was introduced in the early 1960s (Akhter, 2005: 16-19; Khan and Khan, 2010). In addition, since the 1970s the government has paid women who agreed to be sterilised with cash and a new *sari* (Arends-Kuenning, 2002:90). The First Five Year Plan (1973-78) states ‘No civilized measures would be too drastic to keep the population of Bangladesh on the smaller side of 150 million for the sheer ecological viability of the nation’ (Khan and Khan, 2010: 3; Lewis, 2011: 180; Sarker, 2012: 23). Accordingly, the National Family Planning Programme of the country attempted to increase the use of contraceptives through allocation of family planning resources and mass media campaigns (Amin et al., 1987:17). To reduce religious misconceptions in relation to contraceptive use, the MOHFW took initiatives to organise workshops with *huzurs* and other Muslim religious scholars (Maleka Begum Interview, 2012). Though, FPAB started training the *huzurs* as early as the 1970s, being a pioneer in this regard (Interview with Golam Kibria, 2012)⁴⁰. The MOHFW also trained the Imams with *huzurs* to make Muslims aware that in the light of Islamic teaching, there is nothing religiously wrong in using contraceptives and that they should include these discussions in the mosque after Friday *Jumma* prayer (Lewis, 2011: 180;

⁴⁰ Dr. Golam Kibria is a Focal Point Advocacy of FPAB and a key informant for this research.

Interview with Ganesh Chandra Sarker⁴¹, 2012). The MOHFW published a book, *Islam er Alok e Poribar Porikolpona (Family Planning in the Light of Islam)*, and disseminated the book to increase people's awareness. The GoB also used billboards and other ads advocating family planning and population control '*Duti sontan er beshi noy, ekta hole bhalo hoy*' ('*Not more than two, one child is better*'). The MOHFW also arranged training to enable medical and paramedical fieldworkers to provide family planning services. Between 1976 and 1980, 13,500 full-time female paramedics were appointed to offer services which included distributing contraceptives whilst visiting women in their homes and advising them on family planning issues (Amin and Lloyd, 2002: 299; Larson and Mitra, 1992: 124). These female family planning workers were ideal role models for young women, as they were the first generation of women in rural Bangladesh with formal employment (Amin and Lloyd, 2002: 299-300). The programme, widely recognised as the 'doorstep-delivery model', was a success during the 1970s and 1980s and by the 1990s the number of female paramedics had reached 24,000 (Amin and Lloyd cite Cleland et al., 2002: 300). Given the isolation of rural women and the need to encourage large numbers of them to adopt contraceptives, female paramedics have become an integral part of the family planning programme in Bangladesh. Larson and Mitra (1992:124) note that in 1989, 4.1% of eligible couples were using pills received from female paramedics, up from 1.6% in 1985. Linked to these various developments there was also an increased reliance on the private sector, mainly pharmacies, for non-clinical contraceptives, namely pills and condoms (BDHS⁴² Report, 2011: 14).

In Bangladesh NGOs, which have been part and parcel of the national family planning programme since 1976, have taken a leading role in increasing the contraceptive prevalence rate (Larson and Mitra, 1992; Robinson, 2007). Initially, these organisations were based in urban areas, expanding in rural areas from 1985 (Larson and Mitra, 1992: 124). Family planning NGOs in Bangladesh include the Social Marketing Company (SMC) which plays the leading role in Bangladesh in providing contraceptive services (Gonsalkorale, 2010; Schellstede and Ciszewski, 1984). Starting in 1975, it advertises and commercially distributes contraceptives in both rural and

⁴¹ Ganesh Chandra Sarker is the Director of Bangladesh Family Planning Directorate and a key informant for this research.

⁴² Bangladesh Demographic Health Survey (BDHS).

urban areas throughout the country (Schellstede and Ciszewski, 1984: 30). Under its family planning programme, it markets pills, condoms and injectable contraception. The BDHS notes that SMC meets 56.5% of the total condom demand of the country.⁴³ SMC has two types of contraceptive brands: one that is very cheap and targeted at poor people, and the other marketed for profit (Gonsalkorale, 2010: 2). Concerned Women for Family Development (CWFD), mostly funded by USAID, is another NGO which emerged in the 1970s, with the aim to serve women who were mostly situated in the urban slums (Interview with Mufawesa Khan⁴⁴, 2012). Considering women's limited options to discuss contraceptives and birth control in the 1970s, CWFD started providing non clinical contraceptives and family planning guidance delivered by women, through door to door services. CWFD has subsequently extended its activities in rural areas. FPAB is the largest and oldest among the family planning NGOs in Bangladesh, affiliated with the International Planned Parenthood Federation. Starting its population control activities during the Pakistani period, it now provides a broad range of family planning services especially for poor and vulnerable people, from clinical and non-clinical contraceptives to advocacy, motivation and awareness raising in relation to adopting contraceptive methods (Interview with Magfera Begum⁴⁵, 2012; Golam Kibria Interview, 2012). FPAB is among the few NGOs which shifted its focus in the mid-1990s to a holistic approach; that is – its family planning service is open to men and women of all ages, and marriage no longer remains a criterion for receiving such services (Golam Kibria Interview, 2012). Among other NGOs, the Bangladesh Women's Health Coalition, EngenderHealth Bangladesh, Swanirvar Bangladesh, Population Services and Training Centre, BRAC Health Programme, Unity through Population Service and Plan Bangladesh are a few of those that have played a notable role in providing family planning services in Bangladesh.

Apart from GO and NGO initiatives, ads for contraceptives were broadcast countless times over radio and different TV channels. They were seen in movie theatres, Audio Vision (AV) vans (for remote areas only), daily newspapers, magazines, billboards, calendars, and sunshades at football matches. Leaflets were dropped from

⁴³ Page 3, *The Daily Prothom Alo*, 24 September, 2012.

⁴⁴ Mufawesa Khan is the Executive Director of CWFD since its inception, and a key informant for this research.

⁴⁵ Dr. Magfera Begum who has been working with FPAB for more than 27 years is the Director and Focal Point (Access) of this organisation. She was a key informant for this research.

aeroplanes, and boat sails were used to advertise *Raja* condoms (Akhter, 2005: 29; Ramendu Majumdar Interview, 2012; Schellstede and Ciszewski, 1984:33). A few of the family planning ads mostly funded by the World Bank and USAID, presented an idea that a man who opts to plan his family is wise and family planning makes his family a happy home (Akhter, 2005: 29). These ads were warmly accepted by many people (Mufawesa Khan Interview, 2012; Ramendu Majumdar Interview, 2012).

During the 1970s and 1980s contraceptive ads mostly contained messages aimed at raising awareness for family planning, and reducing social disapproval against contraception (Mohammad Alauddin⁴⁶ Interview, 2012; Ramendu Majumdar, 2012). Both Majumdar and Alauddin suggest that in the late 1980s/ early 1990s a *Raja* condom ad was a huge success to raise the social acceptance of contraceptives. This ad presented males from different occupations, from a fisherman to a rural school teacher, all delivering positive messages about family planning. According to Majumdar and Alauddin this particular ad contributed highly to upholding the necessity of contraceptives for the betterment of a family. Thus the government family planning ads, along with the branded contraceptive ads from the private advertising agencies, kept the issues of family planning alive in people's minds (Schellstede and Ciszewski, 1984:37). There were also drama serials aired on the radio to spread positive messages about family planning (Golam Kibria: 2012; Ramendu Majumdar: 2012). All these initiatives resulted in a steady decrease in the total fertility rate (TFR) and an increase in the contraceptive prevalence rate (CPR); on which I deliberate below.

Social Acceptance of Family Planning and Birth Control, the 1990s and Onward – A Time of Change

From 1975, fertility levels started declining slowly (Kabeer, 2001:63; Mahmud, 2009: 222; Steele and Diamond, 1999: 315). According to a BDHS report (2011) the TFR showed a sharp drop from 6.3 in 1975 to 2.3 in 2011.

⁴⁶ Mohammad Alauddin is a General Manager (media operations) at Bitopi Advertising Ltd. and a key informant for this research.

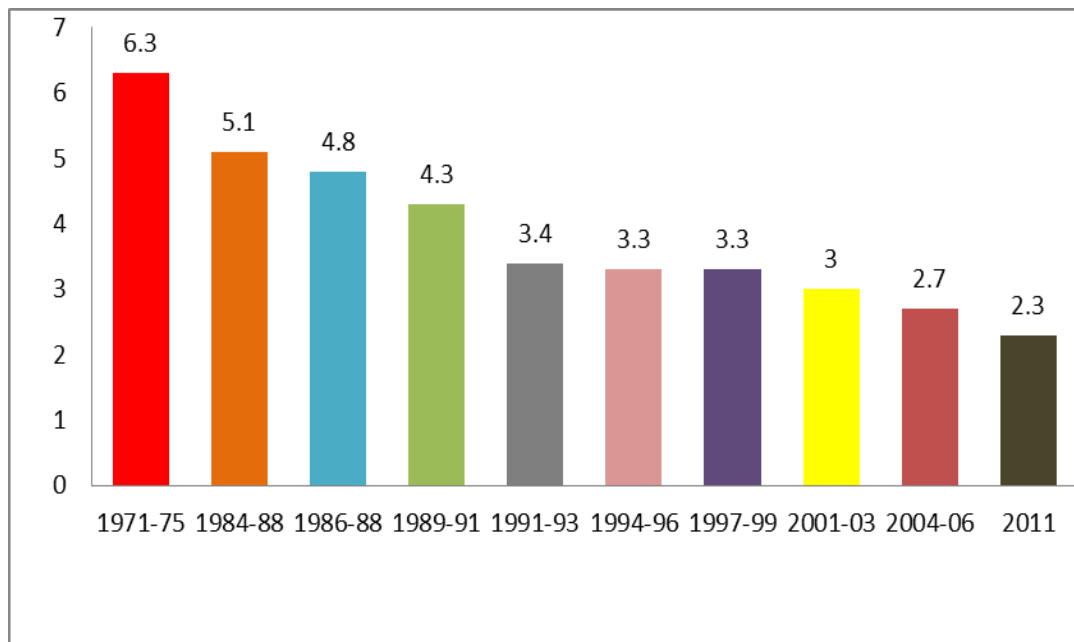


Illustration 3.1: Bar Diagram on Trends in Total Fertility Rate (1971-2011) Source: BDHS-2011

Illustration 3.1 further indicates that there was a rapid decrease by nearly two children per woman between the mid-1980s and early 1990s, when it was 3.4 births, followed by another significant drop by 2011 to 2.3 births. This points to the success of family planning in Bangladesh, and its growing social acceptance, even though, as highlighted above, during the 1970s and early 1980s many demographers and international donors could only foresee a disappointing future for family planning in Bangladesh.

With the steady drop of TFR, the different initiatives taken by the GoB, NGOs and other organisations during the 1970s and 1980s continued but with some changes in the national family planning initiatives.

Notwithstanding the achievement of the door-step model to increase contraceptive prevalence rate, international donors, for instance, USAID and the United Nations Population Fund (UNFPA), found this approach expensive (Akhter, 2005; Arends-Kuening, 2002:99). Therefore, since the mid-1990s the GoB has started spending more on developing fixed site contraceptive delivery support, whilst winding up its door to door services in many places (Arends-Kuening, 2002:99; Makhduma Nargis⁴⁷ Interview, 2012). Moreover, the onset of an HIV/AIDS epidemic in the country resulted in an increased shift of donor's funding from family planning to HIV/AIDS prevention activities. USAID, the World Bank, United Nations Children's Fund

⁴⁷ Dr. Makhduma Nargis is an additional secretary and project director of the Community Clinic Project under the MOHFW and a key informant for this research.

(UNICEF), CARE Bangladesh, the Global Fund for AIDS, TB and Malaria (GFATM) and the like have contributed to substantial financial resources to prevent HIV/AIDS, and provide care for the affected in Bangladesh from the late 1990s onward (Akhter, 2005: 12; Azim et al., 2008: 312). The GoB showed an early concern for AIDS prevention starting from the mid-1980s (Azim et al., 2008:311). The first HIV case was recognised in 1989 (ibid.), and AIDS prevalence increased rapidly between 1995 and 1996 (Islam et al., 2009: 2). Hence, since the mid-1990s MOHFW started spending for HIV/AIDS prevention, care and awareness raising activities (Azim et al., 2008: 322). This in turn influenced a budget cut for family planning activities, as Bashir Ahmed⁴⁸ (Interview, 2012), Ganesh Chandra Sarker (Interview, 2012) and Mufawesa Khan (Interview, 2012) explain. However, prevention projects in relation to HIV/AIDS in a way also contributed to wider population control in the country. As studies by Azim et al. (2008: 315) and Bhuiya et al. (2007: 34) note, the AIDS prevention activities of GoB and NGOs resulted in an increased use of condoms for safer sex. Under the fixed site contraceptive delivery support project, the government established community clinics also known as Upazila Health Complex in 1998 to provide clinical contraceptive services (IUD insertions, sterilisation, injections and implanting Norplant contraceptive) (Makhduma Nargis Interview, 2012). Also, health clinics were established through different non-governmental initiatives (Mufawesa Khan Interview, 2012). Both government and non-government health clinics have played significant role in providing contraceptive services, especially for poor women (Makhduma Nargis, 2012 and Mufawesa Khan, 2012). Thus, despite the reduction in door to door services and a drop in international population control funding due to HIV/AIDS, the 1990s onward saw a steady rise in contraceptive use, evident in Illustration 3.2 below:

⁴⁸ Md. Bashir Ahmed, Marketing Manager of SMC is a key informant for this research.

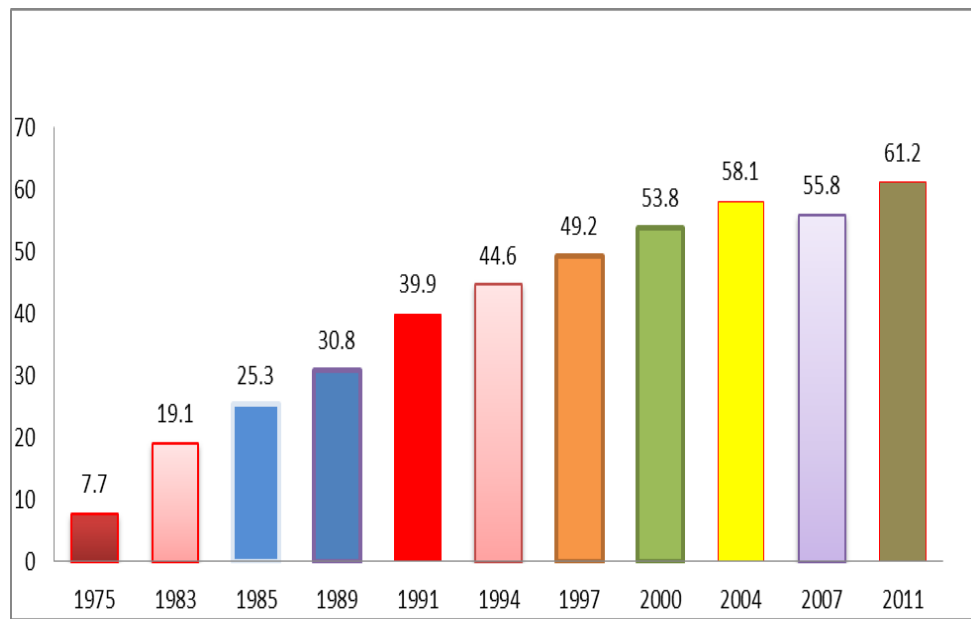


Illustration 3.2: Bar Diagram on Trends in CPR (1975-2011) Source: BDHS-2011

As obvious from Illustration 3.2, the CPR for married women has rapidly increased from 7.7% in 1975 to 61% in 2011. The BDHS report (2011: 11) further makes evident that the user rate of modern contraceptives demonstrated a marked upsurge from 5% in 1975 to 41.5% in 1996-1997 and steadily reaching to 52.1% in 2011.

Consequently, it can be argued that despite harsh social conditions, religious extremism and stigmatised views against contraception, there were situations and factors creating a favourable environment for family planning in Bangladesh. For instance, Adnan (2000:12) and Ahmed et al. (1987: 136) stress that the structural changes in the aftermath of the liberation war, namely nationalism and a spirit of patriotism to rebuild the country, created the necessary atmosphere for the GoB to move forward with its national family planning programme. To add to that, Kabeer (2001) argues that the crisis events of the 1970s, economic hardship and socio-economic transformation, in conjunction with the government's considerable attention to control population have created conditions for an increased acceptability of contraceptives. In addition, massive campaigns and advocacy for family planning from the GoB, as well as ads for contraceptives, played a significant role in the upsurge of social approval of family planning (Rashid, 2000: 29; Schellstede and Ciszewski, 1984:33). Kabeer (2001) and Schuler et al. (1997) stress the proliferation of micro credit programmes in the post liberation Bangladesh and their association with the decline of fertility. The

ethnographic findings of Schuler et al. (1997: 564) suggest that micro credit programmes improved women's social status by creating income generating opportunities for them and increasing their public mobility. Ultimately this resulted in a better bargaining position for women to obtain birth control. Due to their increased public mobility, they became less dependent on the door to door delivery services. Rather, traveling outside their village they became more able to seek family planning information, advice and other assistance (Schuler et al., 1997:570). Independent income made them less insecure and less vulnerable. Communication with other female creditors broadened their social network. In addition, through regular interaction in the public sphere they became more knowledgeable about where to go and how to ask for birth control information. All these factors increased their ability to negotiate with their husbands and mothers-in-law and made them more confident to choose contraceptives (ibid.).

Various studies highlight that there has been a continuous organised effort behind the increased social acceptance of contraceptives (Kabeer, 2001; Larson and Mitra, 1992: 123; Schuler et al., 1997). Adding to that, Geeteara Safiya Choudhury⁴⁹, and Ramendu Majumdar (Interview, 2012), Kabeer (2001: 31) and Larson and Mitra (1992:123) identify that it was during the late 1980s and the early 1990s that the need for family planning became gradually acceptable in the society. Hence, studies (Kabeer, 2001:63; Mahmud, 2009; Schuler et al., 1997) claim that a combination of education and social marketing of population control materials, strong partnership between GOs and NGOs working on population control, and wide spread deployment of a national family planning programme, were among the main elements that played a role in the rise of CPR in Bangladesh. Studies have recognised education to be an important factor to positively influence fertility control. Education strongly encourages mothers to adopt birth control (Rahman et al., 1992: 238), and women with education are more aware about different contraceptive information (Amin et al., 2002; Schuler et al., 1997). Therefore, if they become dissatisfied with any particular method they usually switch to another method, instead of discontinuing contraceptive use entirely (Steele and Diamond, 1999). The dwindling preference towards a boy child, which started with the advent of women's involvement in income generating activities, also contributed

⁴⁹ Geeteara Safiya Choudhury is the Chair of ADCOMM – an Advertising Agency, and a key informant for this research.

towards fertility declining. Although studies claiming this do not indicate the time when son preference started falling, they do identify relevant factors behind such a phenomenon. For instance, Mahmud (1988:104) refers to a stream of literature that suggests women's income earning reduces their dependence on a child's income, and results in less need for a son. Likewise, Kabeer (2001) suggests that son preference can be a weaker priority for the landless, extremely poor families where parents have less control over adult son's earning. She further stresses that due to socio economic transformations son preference may no longer be an important factor in taking decisions about birth control. Rahman et al. (1992) reveal that even in families with strong son preference, if they have several daughters they adopt contraception to avoid getting more daughters, as this may increase the financial burden of the family. Moreover, several initiatives from the state to increase women's opportunity to gain education and undertake income earning activities contributed to reducing the view of girls as a family burden (Kabeer, 2001). Similarly, during the different in-depth interviews of this PhD project I observed that social perceptions towards son preference had changed remarkably, and this is no longer a major factor to impede birth control. Such is also the case with religious beliefs. People's reliance on religious (mis)beliefs started waning, due to challenging economic conditions and changing social circumstances. Reflecting on this, all the key informant respondents for my PhD project indicated that religious dogmatism was a major hindrance during the 1970s and early 1980s, when many family planning workers were chased away by people, who were influenced by the *huzurs* and local religious leaders. But this situation has changed a lot now, due to poor economic conditions, as well as on account of several awareness raising activities, suggest the key informants for my research (see also Shehabuddin, 2004:4).

Adding to that, Kabeer (2001:52) further argues that in many instances people's migration from rural to urban areas resulted in better access to education and employment opportunities, which in turn increased their consciousness of keeping family size small. In contrast, it was also observed that despite being illiterate, poor employed women in rural and urban areas had a low rate of fertility and high rate of contraceptive use compared to poor unemployed women (Mahmud, 1988: 99). The reason identified for this is that earning leads to a woman's relatively better status in the conjugal relationship, and in turn increases her capacity to make decisions regarding

reproductive matters (ibid.). As a consequence, all these initiatives have reduced negative impressions about contraceptives and accelerated their social acceptance.

With people's increased acceptance of modern contraceptives, studies (Kane et al., 1990; Shahiduzzaman, 2000; Steele and Diamond, 1999) also note that success of any particular contraceptive method depends on a few important things. Namely, social perception about the particular method; for instance, many people believe that sterilisation is religiously prohibited, and this belief discourages its adoption (Maloney et al., 1981; Shahiduzzaman, 2000; Shehabuddin, 2004:4). Moreover, available information on any particular method, its possible side effects, insertion and removal procedures, effectiveness and the husband's attitude to the method (Kane et al., 1990) are also important factors in the choice of any method. Illustration 3.3 shows the percentages of married couples, using different contraceptive methods since 1975.

Family Planning Method	1975	1983	1989	1993-94	2004	2007	2011
Any Method	7.7	19.1	30.8	44.6	58.1	55.8	61.2
Traditional Method	2.7	5.4	7.6	8.4	10.8	8.3	9.2
Modern Method	5.0	13.8	23.2	36.2	47.3	47.5	52.1
Oral Pill	2.7	3.3	9.6	17.4	26.2	28.5	27.2
IUD	0.5	1.0	1.4	2.2	0.6	0.9	0.7
Injectable	Unknown	0.2	0.6	4.5	9.7	7.0	11.2
Condom	0.7	1.5	1.8	3.0	4.2	4.5	5.5
Female Sterilisation	0.6	6.2	8.5	8.1	5.2	5.0	5.0
Male Sterilisation	0.5	1.2	1.2	1.1	0.6	0.7	1.2
Implant	Unknown	Unknown	Unknown	Unknown	0.8	0.7	1.1

Illustration 3.3: Table on Trends in Use of Contraceptive Methods Source: BDHS-2011

It is obvious from Illustration 3.3 that there has been a dramatic rise in use of modern contraceptive methods, from 5.0% in 1975 to 52.1% in 2011 and a continuing reliance too on 'traditional methods'⁵⁰, which have been on the rise since 1975. Among different methods, the oral pill has always been the most popular choice. The user rate of injectable contraception has had a steady growth since 1993, whereas the female sterilisation rate started dropping at the same time. Nonetheless, compared to male sterilisation, female sterilisation has always been preferable. Maloney et al. (1981:200) point to the social belief behind this, which considers male sterilisation to be responsible for less sperm production. In addition, it causes infection, and sometimes

⁵⁰ Traditional methods refer to those contraception methods that do not require using any contraceptive. For example, coitus interruption or pull out method and rhythm or calendar method are known as traditional methods.

the failure of the method results in pregnancy leaving the husband with a suspicion that his wife might have had an extra marital relationship. Due to these uncertainties, despite the side effects female sterilisation is more accepted than that of male (ibid.). Likewise, women dislike the implant method, for example Norplant, as it creates menstrual irregularity (Kane et al., 1990: 52; Rashid, 2001:87). Albeit that, women who want longer birth spacing, do opt for Norplant (Kane et al., 1990:49; Rashid, 2001:90; Shahiduzzaman, 2000: 21). Steele and Diamond (1999:316) further stress that if a woman suffers unwanted side effects from a modern contraceptive method she may choose to start using an alternative one: switch to a traditional method, or totally abandon modern contraceptives. One of the major impediments of contraceptives that undercut people's reliance on modern contraceptive methods has been the side effects of the methods. Bangladesh has a long and painful history in relation to the side effects of contraceptives – caused by the drastic population control measures taken by the state and international donor agencies, and which calls into question 'women's reproductive rights'.

Donor-Driven Contraceptives and Women's Rights: A Contradiction

From a Westernised perspective Bangladesh has been considered as the 'Other', belonging to the 'underdeveloped' category and therefore needing to control its over breeding (Azim and Sultan, 2010:192-193). This deeply problematic view results in a free or cheap flow of contraceptives from donor agencies; Bangladesh, as a Third World country becomes the 'dumping ground' to test poor quality contraceptives (Akhter, 2005; Rashid, 2001; Rozario: 1999; White, 1992: 21; Young, 1989: 119). These contraceptives are, as Rashid (2001: 97) warns: '[...] designed for Western women [and] may produce more severe side effects when used by poorer rural women in developing countries who have compromised nutritional and health histories'. Hence, on the one hand, from a Westernised 'reproductive right' perspective (see for instance, Davis, 1990; Petchesky, 1998; Young, 1989: 101-102; Wang and Pillai, 2001) a contraceptive seemingly allows a woman a right to birth control, and sets her free from the tyranny of unwanted reproduction, thus, standing as a symbol of a woman's empowerment. On the other hand, the free/cheap contraceptives that Bangladesh receives, with the huge possibility of side effects, places women in a vulnerable

situation both mentally, physically and socially, and thus may disempower them. The contradiction of these two opposing positions, and the challenges that emerge as a result, are the key themes outlined in the below discussions.

As discussed earlier in the chapter, Bangladesh has had a long dependency on external funds. This resulted in an impact on population control matters. Since independence, different international donors had kept the GoB and the NGOs under serious pressure regarding population control (Shehabuddin, 2004: 5; Wang and Pillai, 2001: 231; White, 1992: 13-14). Among them USAID adopted a very rigid position (Akhter, 2005: 33). It asked the GoB to view the population problem as a serious crisis, and to handle the problem with the utmost seriousness. Therefore, the GoB put high pressure on family planning workers to find sterilisation clients. To encourage the poorest people, monetary incentives and clothing were offered (Akhter, 2005:182; Shehabuddin, 2004: 3). Hence, many poor couples opted for sterilisation not to exercise their reproductive rights but to have the cash money and/or clothing during the days of starvation (Akhter, 2005:182). There were sterilisation camps set in rural areas to fulfil the target of population control. Sometimes poor women were forced to the operating table or given false promises of foods, household materials and financial help for their children's education in exchange for being sterilised (Interview with Farida Akhter, 2012)⁵¹. To achieve the target number, sometimes, men and women beyond reproductive age, as well as unmarried girls were also sterilised (Akhter, 2005:183). In 1980 in Mymensingh, armed forces were put in action to carry out a massive sterilisation campaign. Most families became victims of such armed raids, whilst others fled from their villages. Nonetheless, when the news spread out into the international arena, the armed forces initiative soon came to an end (ibid.).

Negligence was also evident during the whole process of operation to sterilise poor women. Farida Akhter (Interview, 2012) describes her experience of visiting a sterilisation camp in Mymensingh:

There were beds arranged one after another in a long queue on which poor women were asked to lie down for operation. A nurse administered the local anaesthetic. All women were given the same

⁵¹ Farida Akhter is a renowned feminist activist in Bangladesh, specially recognised for her long activism against oppressive reproductive technologies onto women's bodies. She is the director of UBINIG (a Bangladesh based policy research organisation) and an active member of FINRRAGE (Feminist International Network of Resistance to Reproductive and Genetic Engineering). I have had the privilege to interview her for my research.

dose of local anaesthetic; I wondered as some women might require a low dose, and some, higher. All the women were then asked to wait for the actual operation. A doctor came and started operating at a stretch: one woman after another, starting from the beginning of the queue. After the long waiting, when women at the end of the queue got their chance to be sterilised, the effect of the local anaesthetic had worn off by that time. So those women had to go through all the pains. It was also painful to see them going through all these. I felt like crying. You have to be actually there to feel their pains ... [Pause], hear all the screaming.

Moreover, there were several instances when sterilisation was carried out without any prior medical examination of the woman and in some cases women were even found to be pregnant during the operation (Akhter, 2005: 51). Due to a lack of regular health screening, after sterilisation many women suffered from various infections and abdominal pain (ibid.; Maloney et al., 1981:195).

Depo-Provera, another addition to the population control programme in Bangladesh, was highly criticised for its dreadful side effects. In 1971 when the US Federal Drug Administration issued an order to stop all clinical tests of Depo-Provera it was exported to Third World countries, and Bangladesh was one of them (Akhter, 2005:20). By 1979, when the US banned the use of this drug, 10 to 15 thousand women had started using Depo-Provera in Bangladesh. Instead of banning it officially, the GoB decided to use it on a mass scale (ibid.). Soon women started having side effects. Irregular menstruation with excessive bleeding or amenorrhea, weakness, dizziness, headaches, burning in the eye, stomach pain and fever were some of the common reactions (Maloney et al., 1981:199). Due to excessive bleeding and weakness women consistently remained absent from work and gradually lost their jobs. In addition, repetitive menstruation (sometimes every day in a month) hindered women's household activities and prayers; and their ability to satisfy their husband's sexual demand. A few women were even abandoned by their husbands as a result (Akhter, 2005:43; Maloney et al., 1981:199).

Similar to Depo-Provera, the Dalkon Shield IUD also created controversy due to its complications (Akhter, 2005: 43). Especially during the 1970s such disreputable and poor conditioned IUDs were inserted in women's bodies (Khan and Khan, 2010:11-12; Young, 1989: 119). They were inserted without any medical examinations and resulted in acute infections and bleeding in many cases (Akhter, 2005: 51; Arends-Kuenning,

2002:92; Maloney et al., 1981:199). Some IUD acceptors suffered from pelvic inflammatory diseases leading to infertility (Akhter, 2005: 51). Arends-Kuenning (2002:92) refers to Chowdhury et al. (1999) and Schuler and Hossain (1998) who also found that in clinics IUDs were inserted in unhygienic conditions. In addition, when women suffering from infections asked for it to be removed, providers treated them harshly, and refused to take it out. As Farida Akhter (Interview, 2012) recalls, once, when a poor woman could not help requesting the removal of her IUD (from which she had suffered a lot), she was refused and ironically asked to inform them after her death. Farida Akhter further comments that once a woman is provided with a long term method the health centres do not want to take it out: that would increase their dropout rates and give negative record impacting on their future supplies of contraceptives.

Norplant, introduced in Bangladesh in 1985 (Rashid, 2001: 85), is one of the contraceptives about which there have been fewer complaints, although abnormal menstrual bleeding hampering regular prayers and conjugal life, headache, feeling light headed, acne, weight gain and nausea are some of the reactions (Akhter, 2005; Eva, 1998; Rashid, 2001: 87, 90-97). However, because of its long term duration, and less severe side effects compared to other methods, its acceptability has increased, especially in poor families (Eva, 1998; Rashid, 2001: 90; Rozario, 1999: 90).

Side effects associated with oral pills are irregular menstrual bleeding, feeling of weakness, dizziness, weight gaining, poor eyesight and burning in hands and feet (Stinson et al., 1982: 142; Maloney et al., 1981: 197). Moreover, some women mentioned that the possibility of complications were increased with cheap pills (for instance, *Maya*) compared to expensive brands (for instance, *Ovostat*) (Maloney et al., 1981: 197).

Accordingly, knowledge of these various side effects still make many women dubious about the reliability of modern contraceptive methods (Khan and Khan, 2010). I further explore this perspective in Chapters Five and Six from my discussions with women. Pointing to these significant side effects and accounts of oppression in the name of population control, Akhter (1992; 2005) advocates traditional methods instead: *azal*⁵² or coitus interruption for Muslims and moral restraint or abstinence for Hindus. What Akhter (ibid.) is suggesting here was also demanded by Mahatma Gandhi, who

⁵² A traditional birth control method, also known as 'coitus interruption' or 'pull out method'.

had a long debate over birth control with Margaret Sanger in 1935 and advocated abstinence or self-control in the context of the Indian subcontinent (Aryee, 2006: 228). During my interview with Farida Akhter (2012), she further stressed that she is particularly concerned about the Westernised concept of 'reproductive rights' and feminist demands that it applies in the context of Bangladesh. As she postulates, women in the West are making a demand for the right to choose, whereas in Bangladesh women are being forced to choose contraceptives from within a very limited number of options, with most of these options having a high possibility of problematic side effects. Therefore, Akhter (1992; 2005: 31; Interview, 2012) suggests there should be a clearer distinction between forced adoption of contraceptive and an informed choice. Considering the context of Bangladesh she further elaborates that implementing 'reproductive right' is just a strategic way to co-opt feminists to fulfil the population control agenda. According to her it is natural that a man should take all the initiatives of birth control. Clearly her argument heavily relies on the notion that in Bangladesh, as a patriarchal society, it is the man who decides about the family size. Therefore, they should also take responsibility for family planning.

Akhter's position is challenged by several studies (Bernhart and Mosleh Uddin, 1990: 289; Khan et al., 2002; Mahmud, 1988; Rozario, 1999: 89), which argue that the decision about birth control is a shared decision between couples. Rozario (1999:88) and Shehabuddin (2004: 5) reject Akhter's views (1992; 2005) on the ground that contraceptives are a conscious choice of the poor women in Bangladesh: they are exercising their agency. Rozario's extensive research (1999: 89) among rural poor women and poor women in the slums of Dhaka explores how women want contraceptives to limit their families. She seems to be particularly critical of Akhter (1992; 2005) and the anti-contraceptive feminist movement as they fail to propose any satisfactory alternative to modern contraceptives. Akhter's proposition (ibid.) of coitus interruption and sexual abstinence is not acceptable to Rozario (1999:89-90) as these methods require a high degree of male cooperation, a woman has to compromise her sexual desire, and there is no scope for maintaining her autonomy. Rozario (ibid.) does not deny the existence of the side effects and oppression of contraceptives in Bangladesh, but from a 'reproductive rights' based perspective she argues that women need access to contraceptives. Similarly, Shehabuddin (2004:5) explains that whilst it is necessary to be vigilant about the different contraceptive methods provided by the

multinational companies and challenge any side effects, she rejects Akhter's position, stressing, 'to argue that women have no need for any contraception is to deny the women any agency and to limit what few options are available to these women'.

Whereas Akhter (1992; 2005) focuses on poor women and the sheer burden of population control placed on their bodies, her opponents also focus on poor women but in the absence of other alternatives, do not abandon the need for contraceptives to be available to them. From my viewpoint, both positions are integral to the ongoing tensions around contraceptives and their side effects. Yet in the name of ensuring 'women's reproductive rights' i.e. providing access to contraceptives, one needs also to take into account the safety of these contraceptives. Otherwise, due to the side effects from contraceptives women will be bound to compromise their rights to physical, social and psychological wellbeing. In this context Yuval-Davis's (cited in Petchesky, 1998: 295) articulation is particularly important to take into account:

[...] 'Reproductive rights' campaigns should take account of the multiplexity and multi-dimensionality of identities within contemporary society, without losing sight of the differential power dimension of different collectivities and groupings within it.

Although both Akhter (1992, 2005) and her opponents make very important points, considering Yuval-Davis's (cited in Petchesky, 1998: 295) comment, it seems both positions have certain limitations, which require further empirical research to substantially respond to these debates. I refer to these limitations below.

Conclusion

The trajectory of population control, family planning and birth control in Bangladesh has developed through an unstable state and political system, which was heavily reliant on foreign funding for its population control agenda. On the one hand, there have been religious pressures, negative socio-cultural values and other barriers to using contraceptives. On the other hand, there has been pressure from the Westernised donor agencies to control population in any way, which often left people – especially the poor – with bad quality contraceptives. Hence, people who decide to adopt birth control have had very limited options to choose from, and often cannot escape from the side effects of the methods. This has been the continuing reality in the history of contraceptives in Bangladesh. However, there have also been hopes and possibilities created due to socio

economic transformations, people's migration from rural to urban areas and new employment opportunities for women.

Nevertheless, it is important to mention that the majority of the available literature on contraception in Bangladesh, as I have outlined above, is written from a demographic viewpoint based on research conducted in the Matlab Upazila, about the success and failure of different family planning methods in Matlab. But people's fertility behaviours in Matlab have been very different from other parts of the country (Bairagi and Rahman, 1996:24). Therefore, further in-depth research on people's contraceptive behaviour in different localities other than Matlab is essential. The same applies to the debate around population control versus women's rights contradictions, which focuses only on poor women and their experience of side effects, and with the studies dating back to the mid-1990s or earlier. Furthermore, neither the family planning literature nor the debates I have outlined in this chapter address contraceptive advertising as an important mediating form contributing to 'views' about contraception. These limitations indicate the necessity for further empirical research addressing the experiences and practices of contraception among women from different socio economic groups, different generations and different localities other than Matlab. How are women from these diverse groups informed about contraception, and make decisions about them? What role do husbands play in these decisions? How are women from diverse social classes experiencing and coping with side effects? All these questions are worth exploring, and I focus on them in Chapters Five and Six. However in the next chapter I focus on contraceptive advertising in post-independence Bangladesh, where I pick up on many of the issues discussed in this chapter.

CHAPTER FOUR: Gender and Heterosexuality in Contraceptive Ads

Introduction

This chapter provides a critical exploration of the changing visual representations of gender roles, gender relations, contraception and sexuality in TV and print ads for contraceptives in Bangladesh, in the period 1971 to 2011. The opening section discusses issues arising from my conversations with personnel in the advertising industry and state held family planning association, who provide views on how various institutional regulations and socio-cultural contexts influence the making and broadcasting of these ads. Bearing these issues in mind, in the subsequent section I analyse or ‘decode’ the ads, focusing on representational shifts over the period with respect to femininity, masculinity, their underlying connections, contraception and sexuality. The analysis of the ads sheds light on three core themes, put forward by the women I interviewed (and whose views I discuss in the next chapter). These three core themes are: firstly, how happiness and/or worries are discursively bound up with the fulfilment of gender roles within a heterosexual marriage, and to what extent contraception has been suggested as a woman’s marital responsibility; secondly, if and how these ads symbolise sex and sexual pleasure; and thirdly, the extent to which side effects of contraceptives are addressed by these ads. I also pay attention to the various advertising strategies that are utilised to promote contraceptive brands and/or motivate people towards contraception. I argue that notwithstanding stereotypical formations of masculinity and femininity, and the gendered dynamics of heteronormative sexuality, the representations did not remain static over time; what is most apparent is a shift from a ‘traditional’ form of patriarchy to a ‘modern’ one.

Producing Contraceptives Ads – Perspectives from the Industry

The following discussion deliberates on the responses obtained from key informant interviews with advertising professionals. These lay out the major issues considered in the production of contraceptive ads in Bangladesh.

Family Planning Ads and Commercial Advertising: Constraints and Possibilities

Contraceptive ads produced under the sponsorship of the GoB are called ‘family planning ads’⁵³, as the GoB does not promote any particular contraceptive brand; rather, they encourage population control through generic advertising for long term and short term methods for family planning. Everything in relation to the production of ads, from script writing to choosing models, and pre-testing at different stages is handled by a unit of the Directorate General of Family Planning (DGFP) in the MOHFW of Bangladesh.

As the personnel suggest, a few major factors are considered in making an ad. For instance, it needs to be informative to make people aware about the different information concerning different family planning methods. The government family planning ads are mostly targeted at rural poor people, considering the urban people better educated, hence assuming that they are already aware about contraception. Similarly, the selection of location, characters and use of a rural accent of Bangla language in most of the ads are intended to help deliver a population control message to rural people. The foremost concern remains that the ad has to be accepted by the majority of these people; consequently, the DGFP closely monitors every stage of the making of an ad. The script, visual image and acting of performers are all closely monitored and modified to gain approval from the Information, Education and Communication (IEC) technical committee of the DGFP. The IEC committee has to confirm that the script of an ad does not contain any ‘unethical content’, or anything against the state system; the acting does not offer anything ‘indecent’ (*kuruchi purno*) that may hurt people’s feelings, or create differences between rich and poor. After IEC approval, a pre-test of an ad is undertaken in rural areas among ordinary people, to reveal whether they understand the message for family planning. If 60% to 80% of these people are able to grasp the birth control information from the ads, it is considered final.

In contrast, branded contraceptive ads do not undergo such strict institutional investigation, yet there are certain requirements to fulfil. For instance, in the case of branded contraceptive ads, it is important to know public demand in order to compete in the market and boost sales: they are not just trying to target rural families. Small clients⁵⁴ make contacts with specific advertising agencies, through which they advertise

⁵³ Labelling the state sponsored ads as ‘family planning ads’ instead of ‘contraception ads’ also indicates the state’s strategic position on birth control; i.e. advertising contraception under the label of ‘family planning’ suggests that the state is not promoting contraception to encourage sexual freedom, but towards the better management of a family.

⁵⁴ A company which wants to market its brand is called a ‘client’.

their products. Big clients like SMC call for expressions of interest, when different advertising agencies participate, make their pitch and the one who wins the bid, signs a contract. The advertising agency is then likely to assess current market data or conduct survey research to explore the target group's expectations. This is in order to find a way of creating distinctive advertising so that their product stands out in the market. A brief is then produced and the creative staff begin to work on, and develop a concept and story. Finally, a film maker, a photographer, a director, and models are hired to turn the story board and script into a TV commercial or print ad.

The production of branded contraceptive ads is more flexible than the state organised family planning ads, although, broadcasting still requires certain rules to be followed, i.e. there is a prerequisite to check whether the ads are sensitive to people's values. SMC, the biggest private client in Bangladesh maintains two different advertising strategies: one for its subsidised contraceptive brands and the other for income generating brands. Due to SMC's partnership with the GoB and USAID, its subsidised contraceptives targeted at the poor are a way of fulfilling its mandate for population control. These commercials require regulation from the DGFP (the script and completed ad to be aired on BTV need prior approval), whilst the income generating brands do not. Md. Bashir Ahmed (from SMC) and Geeteara Safiya Choudhury (from ADCOMM) further suggest that BTV was slow⁵⁵ to allow the advertising of condom brands, whereas on private channels⁵⁶ condoms have been advertised since the late 1990s, after 10 in the night, when it was assumed children would no longer be watching TV and thus would not be affected. Although both have confirmed that they are not sure whether the time restriction for broadcasting condom ads still applies for private channels. Notwithstanding restrictions, however, since BTV has the highest viewership, advertising agencies still use the channel to advertise contraceptives, in addition to the private channels.

Moreover, despite the opportunity for greater flexibility on commercial channels, agencies tend to acknowledge social and cultural constraints. As Leiss et al. (2005: 617) argue, 'It is not in any broadcaster's interest to deeply offend community standards or public taste, and most advertisers respect such provision [...]'. Indeed, Ramendu

⁵⁵ Although BTV station started its transmission since 1964, according to Md. Bashir Ahmed and Geeteara Safiya Choudhury it was only from the early/mid 1990s that it started advertising condoms as a family planning method.

⁵⁶ The private channels started their transmission in Bangladesh from the mid-1990s.

Majumdar (from Expressions Ltd.) stresses that it is necessary to be socially responsible in relation to family planning and contraceptive ads. Otherwise, communications may be misunderstood. To ensure appropriate cultural values, those working in the advertising industry give emphasis to maintaining *samajik shalinota* (social modesty) in ads, for example, refraining from showing a bare body or using slang. They pay careful attention to ensuring the ads do not include anything that could be seen to undermine family values, or that on audience would react negatively to. Confirming this view, Geeteara Safiya Choudhury comments:

Cultural value is very important. Not only for contraceptive advertisements, but also for any advertisement we have to be very careful. For contraceptives, the degree of awareness needs to be a bit higher. Because, considering the context of our country, it is something that you don't speak about. If people hear that a girl is studying on that! [...Pause... and Laughter...] 'What! She is too *chalu*⁵⁷ (clever)! *Chalu* girl! Why has she chosen this topic? What makes her so interested in these?'

In this way the agencies set their own criteria of acceptability in relation to social traditions, cultural and religious beliefs when making their ads. Geeteara Safiya Choudhury explains, in developing a commercial they basically keep in mind that people's feelings should not get hurt or offended. She calls this awareness 'self-censorship'.

'Pre-testing' is one practice agencies adopt to evaluate whether further self-censorship should be carried out before an ad goes on air. It is essential for ads that may touch on sensitivities. According to the advertising personnel, a pre-test helps to assess how an audience understands an ad and if it seems to communicate any adverse meanings. Based on the target area of the particular product, pre-tests are carried out in relevant rural and urban areas through focus group discussions with men as well as women. The script of an ad is read out loud and people are asked for their opinions. Depending on their views, the script is amended and finalised. For electronic media, a clip is produced for a target audience to watch and comment on. However, print ads are not pre-tested; TV ads are, though it is at the discretion of a client and its advertising agency. If the ad agency and the client are satisfied that the ad has paid adequate

⁵⁷ *Chalu* refers to someone who is smart in an 'unexpected way'. Considering the Bangladesh context, ideally a woman is not expected to explore sexuality issues. My research interest in sex and contraception hence makes me *chalu* to the wider Bangladeshi society, for showing 'unwelcomed inquisitiveness' on a taboo issue, such as sexuality.

consideration to culture and religious values, and there is nothing to offend people's views, it will not be pre-tested. According to Md. Bashir Ahmed:

What is culture? The way people live. We include what our population would like. But we consciously avoid dialogues like *O ma gow* (Oh mother)! O Allah (Oh God), as that may hurt their emotions.

Nevertheless, 'What our population would like' is not immediately self-evident. For instance, Geeteara Safiya Choudhury stresses: 'When an ad is targeted to the poor, it has to keep the aspiration a little high, that's what I learned from a pre-test'. She refers to a BTV ad for the *Norquest* pill from the early 1990s. Pre-tested among rural poor women, they had two comments: firstly, they said that the ad shows a small family; therefore they must have a luxurious lifestyle. Why would they arrange just a plain cake for their son's birthday, instead of a chocolate pastry one? Secondly, they asserted '*Ei bori bhalo maiya loker jonne na*' ('this pill is not for a good woman').

Geeteara goes on:

I didn't understand what it meant. Then they said 'the story does not have a husband'. The story was about a friend recommending the pill to another friend. There is no husband. So, why should she take a pill if there is no husband? That means she is [...], you know what! I was shocked absolutely! It didn't strike me that they think like this!

Consequently, due to the pre-test the plain cake was replaced with a chocolate pastry cake in the ad and the term *Bor* (husband) was added to the friends' conversation. She mentions another experience with a *Panther* condom ad, which was changed even after it went on air:

Panther, the animal is not known in our country. When I asked people if they knew this animal, and they said 'no'. I drew it on a piece of paper, and they said 'it's a black cat! [Responding in a strange, scared tone!]. It's too black! It's a bad sign. Yes, it's an ill omen.' So, we recommended to the client to replace the black cat with a golden face, and they changed it. A golden cat resembles our Royal Bengal Tiger. And the Royal Bengal Tiger is [...Pause...] you know what. Someone who is known for his power and a man loves to be known for his power. [Sic]

Whilst this points to a stereotypical understanding of masculinity, it further indicates that the social obligations in relation to sensitive contraceptive commercials and the

concern that ads communicate appropriately, do not end with pre-testing; further changes sometimes take place at a post-air stage. An ad may require further revision, or even banning, in consideration of the complaints raised from its audiences.⁵⁸ These examples suggest that there is scope for audiences to intervene during the production of contraception ads, and thus be ‘active participants’ in ‘meaning making’ (Silverstone, 2003:152) rather than ‘passive receivers’ (ibid.) of these ads.

Accordingly, the above discussion further demonstrates that whether the ads are part of a public family planning campaign or about branded contraceptives, agencies take special care to communicate in ways that their largely rural audiences will both understand and respond positively to. To do this they have to ‘tune in’ to the cultural values of their target group. But, of course, these values have shifted between 1971 and 2011, and so too the ways of promoting contraceptives, as discussed next.

Shifts in Advertising Strategies – from Educating to Branding

Between the 1970s and mid-1980s, the initial years in post-independence Bangladesh, there was intense social negativity surrounding birth control (discussed in the previous chapter), so that the aim was to motivate people to adopt family planning, and educate with information related to different contraceptive methods and their uses. There were free and cheap contraceptives from the GoB, in addition to *Raja* and *Maya* supplied from SMC at a very low price. The sole focus for advertising was rural and semi-urban, poor women, except the commercials for *Ovacon* pill, which were targeted at the upper class. According to Mohammad Alauddin (from Bitopi Advertising Ltd.), a short story with an enchanting jingle was the key strategy to make a commercial popular during this period. But attention was particularly paid to making the ads as informative as possible, to educate people about family planning.

Md. Bashir Ahmed states that *Raja* and *Maya*, very old brands, are still available today at a low price. Since poor people already know them well, they no longer need to be advertised (in 2012 when the interview took place). Only the expensive contraceptives are advertised to promote and popularise them in the market. He adds that since the 1990s advertising has become more brands oriented. Even though, the state maintained family planning ads are still meant to control population, and are

⁵⁸ See for example the discussions on ads for *Radhuni* ground spices and *Labaid* Hospital, in Chapter Two.

targeted at rural poor women, the private sector has made major changes in their advertising strategies. Other advertising professionals stress, during the 1990s and afterwards a number of changes took place: technological advancements brought high resolution cameras and better quality pictures, female models became available unlike in previous decades, more brands entered the market resulting in an increased competition, and making it harder for a commercial to be popular and successful as well. Commercials during this time started presenting a mix of middle and upper class families. Unlike the poor class, the upper class do not like jingles, suggests Md. Bashir Ahmed (from SMC), so research was carried out to know the upper class preferences. According to Geeteara Safiya Choudhury, commercials became less informative, but more romantic. She suggests that from the late 1990s/2000 onward the commercials were not only advertising contraceptives; rather, there were also condom commercials advertised with the intention of preventing sexually transmitted diseases. However, in this connection, Ramendu Majumdar pointed to the socio-cultural restrictions around public discussions of sexuality, which to some degree controlled the ‘overt expression’ of sexual connotations in ads. Thus contraceptive ads tended to deliver sexual messages, in a covert way, which in many instances failed to successfully communicate with the audience. He recommends for contemporary practice, ‘Maintain cultural and religious values, but give the main message to mass people’. Furthermore, Mohammad Alauddin says, ‘Society is changing; it is time for the young, who have started thinking very differently. This too is causing a change in advertising, although at a slow pace’. Adding to that, Geeteara Safiya Choudhury utters that today’s consumers are mostly educated, conscious, young generation. Before buying a product they want to know everything. The world is changing, and so are consumers’ minds and choices.

Bearing in mind these ideas – the significance of advertisers’ understanding of a changing audience and communicating appropriately, the shifts in socio-cultural and religious contexts and changes in government requirements which impact on advertising – I now move to a historical analysis of contraceptive ads. In particular I focus on the representations of gender, sexuality and contraception in these ads, and their shifting content in post-independence Bangladesh.

‘Decoding’ Contraceptive Ads – ‘Making Meanings’ through a Textual and Visual Analysis

In order to decode the meanings of the contraceptive ads and carry out a historical analysis, I moved through two stages: firstly, I developed a critical understanding of representations of gender and sexuality as portrayed in these ads. This includes looking at some texts and images very closely, in a close textual reading. But considering the large volume of ads, I have applied content analysis for the first level of analysis. Deacon et al. (2007: 138-140) place high emphasis on content analysis for understanding the patterns of representation in media content over a given period of time, even several years. Content analysis further offers a way to categorise dominant themes which appear over several decades, and allows a comparison to unveil changes that took place at different moments of time (Botterill, 2001: 69). Thus this approach was particularly relevant to carrying out a thematic analysis of the ads. Although I analyse the 166⁵⁹ contraceptive ads to understand their representations in relation to the three core themes and to map shifts from 1971 to 2011, the images I attach in this chapter include: firstly, only those ads which were fully/partly recalled by the interviewed women and secondly, those containing striking gendered representations of sexuality, as well as the ones that attempt to offer ‘alternative’ representations. In the latter case, I attempted to include ads from each of the decades, starting from the 1970s, as discussions with the advertising key professionals (stated above) suggested that there were major shifts in advertising strategies across the decades. Due to the large number of ads, it was not possible to analyse every particular gesture and posture of the characters in the ads, as Goffman (1979) does in his gender analysis of ads. Rather, I relied on my ethnographic observation⁶⁰ and to some extent followed the ways my

⁵⁹ I include brief information about each of these 166 contraceptive ads in Appendix II. In doing so, I separate the family planning ads from the commercially produced branded ads as they are not only produced under different authorities, but also offer different meanings, as will be evident from the discussions in this chapter. Then I give them a code reflecting whether it is a state ad or a commercially sponsored ad. For instance, in the case of the family planning ads those appearing in newspapers are referred to chronologically as F1, F2, F3 etcetera (F is the initial letter for family planning), and those aired on TV are mentioned as TF1, TF2 etcetera (T being the initial letter for TV). Similarly, for the commercially produced contraception ads those from the newspapers are indicated chronologically with a number: 1, 2, 3 etcetera, and those broadcast on TV are indicated with TC1, TC2 etcetera (T stands for TV and C for commercially produced). By ‘chronologically’ I mean the ads are arranged in order of the date of their first appearance in a newspaper or a TV channel.

⁶⁰ Whilst I showed the ten sample ads to the women in my research, I observed how they interpret meanings from the ads.

interviewed women made meaning from the ads I had showed them: interpreting⁶¹ the texts, paying attention to any jingle and looking at the actions/activities of the characters. Moreover, in order to follow a similar set of stages and maintain consistency, I developed a checklist⁶² and adopted this through in the decoding of the contraceptive ads.

Inspired by the ‘Cultural Frame’⁶³ approach of Leiss et al. (2005: 565), I then moved to a second level of analysis of the ads. My intention here was to understand the ads historically, in relation to the major socio-political, economic, and cultural changes that took place in the country between 1971 and 2011 (as outlined in the previous chapter). To understand the various representational shifts that took place in the ads, apart from a secondary literature I further relied on the experience shared by the advertising professionals, discussed in the previous section.

I turn now to address the first core theme mentioned by the women: ‘happiness’ for women in the marital home.

Contraception, a ‘Dutiful Wife’ and a ‘Real Man’ – Mantras for a ‘Happy’ Home

‘Happiness is consistently described as the object of human desire, as being what we aim for, as being what gives purpose, meaning and order to human life [Emphasis removed]’ (Ahmed, 2010:1). The idea of contraception in the ads is intertwined with this aspiration for ‘happiness’ – something that can supposedly be achieved through birth control. However, it is expected that usually a woman is in charge of bringing happiness into a home, through adopting a contraception method. This then allows her to better perform her roles of dutiful wife and a mother. This theme emerged in most of the contraceptive ads of my research, as I discuss next.

The State Sponsored Ads

From 1971 to 2011 the state sponsored contraceptive ads shift from targeting families to just women in a family, likewise the responsibility for achieving happiness in a home

⁶¹ Although, women with no literacy relied only on the latter two ways.

⁶² See Appendix I for the checklist.

⁶³ A cultural frame approach periodizes ads in relation to strategies from marketing and advertising and in relation to the pre-eminence of particular media. In the analysis of ads it considers major elements, metaphoric themes and cultural frames for goods (see Leiss et al., 2005: 565).

also shifts. Among the collected 22 state sponsored print ads⁶⁴, there are six from the 1970s, one of which targets a mass population and encourages birth control by stating the advantages of keeping a small family (Figure 1)⁶⁵.

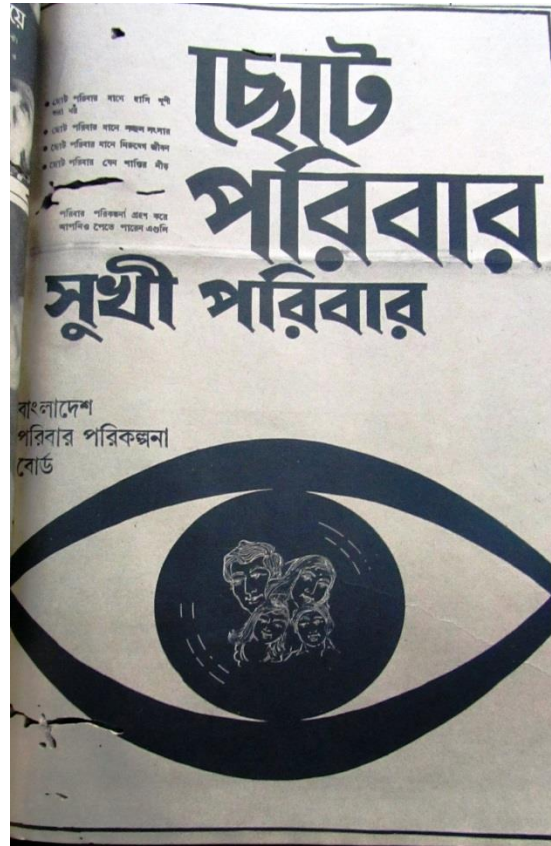


Figure 1: Family Planning Ad, 7 April, 1973

The centre of the ‘eye’- shape image in Figure 1 contains a hand sketched image of a heterosexual couple, with their two children (a boy and a girl), symbolising a small family. The copy on the left reads ‘A small family means a home filled with happiness, a small family means wealthy family, a small family is free of worries, a small family is a peaceful family’. The heading on the right in a large bold font then confirms: ‘A Small family, is the happy family’. From this period there are then three ads that maintain an ‘informative strategy’, as the advertising personnel would put it, to educate people with

⁶⁴ As mentioned before in Chapter One, among the 166 contraception ads collected for this doctoral project, there are 22 print and 10 TV state sponsored contraceptive ads; as well as 88 print and 46 TV privately sponsored branded contraceptive ads. These numbers do not include the repeated versions of any particular ad.

⁶⁵ Image F1, Appendix II.

information related to different contraceptive methods and their uses. These three ads offer a heterosexual family portrait (parents with a maximum of two children) and information about different available methods of family planning; and how adoption of one of these methods can ensure the presence of happiness in a family. For instance, Figure 2⁶⁶ shows a family snapshot style portrait – a smiling couple with their two children looking directly at the viewers. The portrait occupies a relatively large proportion of space in the ad and is at the ‘eye level of viewers’ (Kress and Van Leeuwen, 2006: 365-369)⁶⁷. The smiles suggest happiness, and establish a communicative relationship with viewers, with the bold heading above their head asking: ‘Have you started any birth control method?’.



Figure 2: Family Planning Ad, 11 August, 1973

Beneath the image the copy, in relatively smaller font, then further says:

Start one, if you haven't yet. Because, this method will keep your family small. And who doesn't know maintaining a small family is the quickest way to prosperity. In addition, you will be relieved

⁶⁶ Image F3, Appendix II.

⁶⁷ Kress and Van Leeuwen (2006: 362-382) provide a comprehensive discussion on camera angles, frame size and the gaze out of the frame to the imagined audience, and how these are used to attract/contact the viewers and deliver meanings. According to them, direct eye contact seeks identification and involvement of viewers, while its absence indicates detachment and 'Othering'.

from the pain and cost of frequent pregnancy. Your wife will stay healthy and young for longer.

Apparently, it would seem from the text ('Your wife [...]') that the ad is communicating to the male audience. Interestingly this is one of the few state sponsored family planning ads where a man is directly asked to adopt a family planning method. The idea of happiness is more elaborated here. In addition to wealth, a healthy and young wife is essential for the happiness in a family. Furthermore, apart from describing the benefits of a small family, '[...] you will be relieved from the pain and cost of frequent pregnancy' also warns against the suffering to be endured if a family planning method is not adopted. The remaining two, from the six ads do not attach any father figure. One⁶⁸ uses a sketch of a mother with her child, addresses the mother directly, 'you' and asks her to communicate with a government rural health centre or government hospital to acquire family planning. The other ad (Figure 3)⁶⁹ also portrays a mother with a baby, the accompanying copy again placing the responsibility of bringing happiness to a home onto the woman.



Figure 3: Family Planning Ad, 9 October, 1977

⁶⁸ Image F5, Appendix II.

⁶⁹ Image F6, Appendix II.

The top bold heading in Figure 3 – ‘To maintain your sound health, accept family planning’ again directly addresses the female audience, ‘you’. Kress and Van Leeuwen (2006: 366) call such image strategy a ‘demand’, where the visual image/language invites the viewer to act accordingly. Beneath the bold heading the mother and her child visually demonstrate what ‘sound health’ is, and display ‘maternal love’: by looking into each other’s eyes. The adjacent copy explains the benefits of family planning for a woman:

Family planning is essential not only to secure a better future for your children, but also to preserve your health. Controlled pregnancy prevents your body from looking aged. So you will continue to stay fresh and beautiful, and you will be able to take care of your household to a greater extent. Obtain a family planning method, and live young and joyful.

Thus, Figure 3 sets a strong example of how child rearing and household tasks are considered a woman’s innate responsibility. According to the ad a woman’s joy depends not only on being able to ‘take care of [her] household to a greater extent’, but also staying young and attractive. It views women through a lens of an ‘ideal cult of femininity’, which links together health, youthfulness, beauty, childcare and joy. The ad promises to assist women in achieving these, if they adopt family planning, which will also enable a bright future for their children.

Of the two print ads from the 1980s, one (Figure 4 below)⁷⁰ reflects on female sterilisation method through an ‘informative strategy’: it describes what female sterilisation method is, where to get it and what kind of precautions to maintain in the initial days after the operation. The other (Figure 5 below)⁷¹ advertises copper-T (IUD) with a cheerful woman and a child on her lap. The bold headline says ‘Copper-T’ and the adjacent copy indicates that it is a ‘flexible, effective and better-quality contraception method for the women’.

⁷⁰ Image F7, Appendix II.

⁷¹ Image F8, Appendix II.

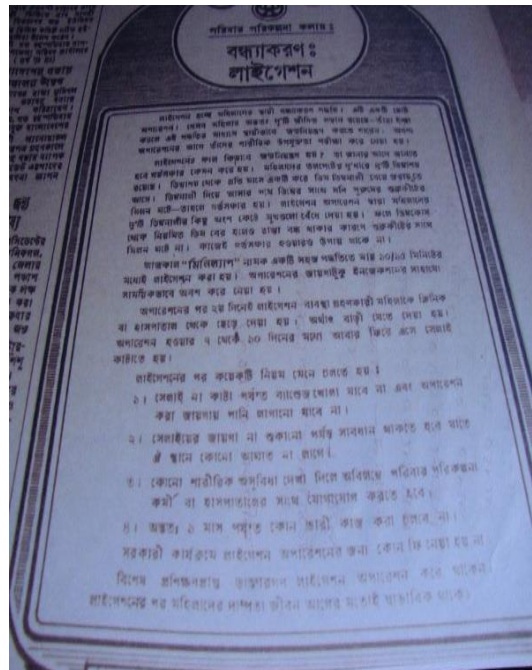


Figure 4: Ligation Ad, 7 July, 1982



Figure 5: Copper-T Ad, 5 June, 1986

Among the four print ads from the 1990s: two⁷² have an image of a smiling mother with a smiling baby on her lap and copy asking the viewers to adopt family

⁷² Image F9 and F11, Appendix II.

planning. One⁷³ advertises the IUD and injection method including a family portrait of a couple with their children, all smiling and making direct eye contact with the viewers, as if asking them to achieve such smiles through adopting IUD or injection method. And the last one from this decade (Figure 6)⁷⁴ advertises condoms. Among the state sponsored print ads since 1971, this is the first instance that condoms are advertised by the state as a method for family planning.



Figure 6: Condom Ad, 5 November, 1990

The idea of happiness shifts from family to a ‘happy farmer’ in Figure 6: the relatively bigger headline at the top says ‘the story of a happy farmer’. The happy farmer is visualized in his crop field, throwing seeds. The copy below tells the story of happiness: successfully choosing quality seeds (*unnoto beej*), having the necessary water and fertiliser for production in his land and limiting family expenses by maintaining a small family through using condoms. Thus, a man’s happiness stands for success at work and home as well.

Of the ten print ads appearing between 2000 and 2011 – one⁷⁵ visually places parents with their daughter and another one⁷⁶ represents a mother with her baby girl. Of

⁷³ Image F10, Appendix II.

⁷⁴ Image F12, Appendix II.

⁷⁵ Image F13, Appendix II.

the remaining eight ads: six advertise female methods (one advertises oral pills, two Copper-T, two implant and one ligation – a female sterilisation method) and two advertise male methods. Each of the six female method ads carries detailed information about the particular method (taking up two thirds of the ad) thus maintains an informative strategy. Moreover, each includes a close-up photograph of a woman, her face exposed, and with a contented expression, wearing gold jewellery and make-up. The latter attributes perhaps suggest the target group but might also point to well-off status as the rewarding effect of using contraceptives (For example, Figure 7 and Figure 8 below)⁷⁷. The copy inside the yellow star symbol of Figure 7 further reads, ‘Stay happy and worry free with ligation’.



Figure 7: Ligation Ad, 8 June, 2011

⁷⁶ Image F14, Appendix II.

⁷⁷ Image F21 and F22 respectively, Appendix II.

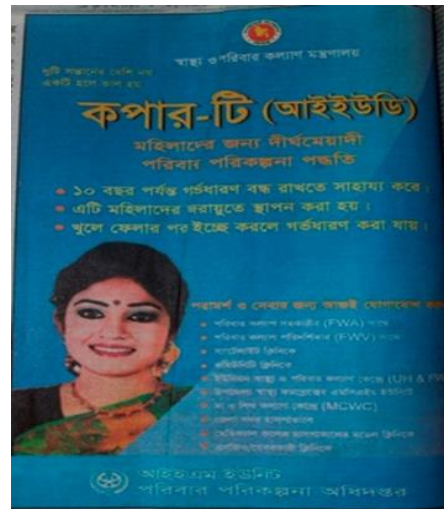


Figure 8: Copper-T Ad, 9 June, 2011

One, of the two male method ads, advertises a condom for family planning (Figure 9)⁷⁸, whereas the other one (Figure 10)⁷⁹ promotes NSV (a male sterilisation method).



Figure 9: Condom Ad, 14 December, 2010

⁷⁸ Image F18, Appendix II.

⁷⁹ Image F19, Appendix II.

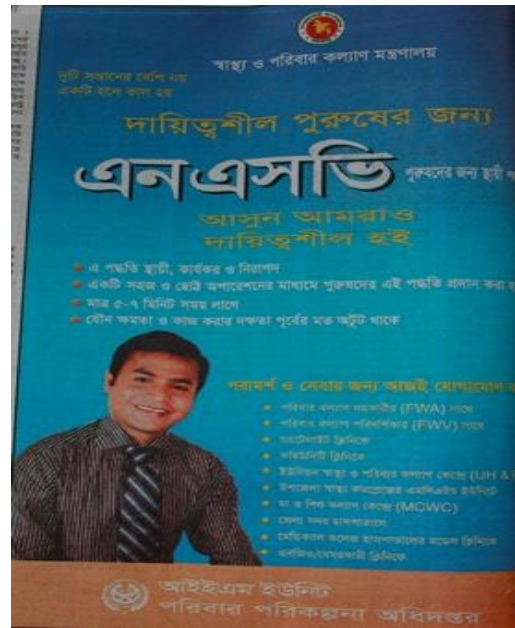


Figure 10: NSV Ad, 6 June, 2011

Both Figures 9 and 10 carry an image of a man, who makes direct eye contact with viewers in the expectation as Kress and Van Leeuwen (2006) put it of an ‘image act’. Figure 9 declares this in a large bold font ‘I am a responsible man, and you?’ and a tagline further suggests, ‘Use condoms, and act as a responsible man’. Figure 10 shows a man smiling, dressed formally as if he is at work, and the coloured headline says – ‘NSV is for a responsible man, let us be responsible’. Both ads maintain an informative strategy, with more than half of the ad devoted to information about different government health centres where a particular method, and/or information can be sought. Figure 9 is the first and only one of the state sponsored print ads that identifies a condom as a protection against HIV/AIDS and other sexual diseases, as well as a family planning method. I come back to this point later in the chapter. Interestingly Figure 10 is the first and only one among these ads to add a sexual motivation to a family planning method: ‘Your sexual power and capacity to work remains unimpeded, as before.’ Perhaps the intention behind such assertion is to defy the social discourse that male sterilisation creates sexual dysfunction (discussed in the previous chapter). But such a statement also affirms that for a man, sexual satisfaction and professional accomplishment are two important things not to be hampered, whereas for a woman the issue in the ads for temporary contraception methods is that they should not affect her fertility: ‘After removal, you can easily get pregnant whenever you want’ (Figure 8, for

instance). Thus, in these ads a woman's sexuality is always considered in relation to her procreation. Perhaps, this is also the reason for the state sponsored print ads for predominantly encouraging a woman, to adopt a family planning method to keep a family small.

Now turning to the ten TV family planning ads sponsored by the state, sex specific gender performances are more vivid in these compared to the print ads, expressed through everyday roles of a man and a woman in making a happy home. Central to such a family is the housewife: cooking, sewing, looking after poultry, rearing children, helping out her husband in home based cultivation and/or post harvesting work. She is always portrayed in relation to home making, like the mid-1950s British housewives in ads in women's magazines: always 'servicing her family: cooking, washing, cleaning, etc.' (Winship, 1980:15). In opposition to the ubiquitous presence of women's household performances, men are always portrayed in relation to their professional status: as teacher, health service provider, shopkeeper, fisherman, farmer and village-leader, or returning home from work. Similar to men in the print ads who are identified as 'responsible' for adopting family planning, men in the TV family planning ads are labeled as wise, thoughtful and responsible for taking decisions about contraception.

Nevertheless, whereas the print ads tend to motivate viewers by showing the after effects of contraception – happy family, healthy, attractive and youthful wife and successful, responsible husband/man at home and work, the TV ads for family planning highlight the suffering that occurs if a family planning method is not adopted; and recommend contraceptives as the solution. The latter, to encourage families to use contraception, in fact adopt a 'therapeutic' strategy as Richards et al. (2000) would put it. Richards et al.'s (2000: 144) therapeutic strategy suggests, 'An advertisement will carry through its whole content this principle of setting up tensions, for which resolution is then sought through an associative chain [...]'.⁸⁰

This occurs in the family planning ad in Figure 11⁸⁰, where the anxiety and suffering of a couple alert the viewers about the possible threat of not using any contraceptive method.

⁸⁰ Ad TF2, Appendix II.



Figure 11: Screenshots from a Family Planning Ad, Aired on BTV in 1991

Jamila's husband, a shopkeeper seems apparently happy (in shot 11.1, the first from the top left) then directly speaks to the audience. He tells the story behind his happiness. He is happy to be known as wise in his circle of friends, '*But I was a fool once, until the day I saw my wife weeping alone*', he says. In a flashback (Screenshot 11.2), the viewers can see Jamila weeping, and talking loudly on her own about her anxiety and the tough days waiting ahead:



Screenshot 11.2

How could I see such a bad dream in broad daylight! Our Khokon caught a very bad disease [her voice shakes with sobbing], but we do not have any money left for his treatment. God's mercy, it was just a bad dream! But I must tell my husband [she wipes her tears off]. We cannot be parents again and again. But ... [Pause], would I have the courage to tell him?

Jamila's husband sees her weeping and overhears her anxious sorrowful words (screenshot 11.2, he is standing behind her). The camera follows him and he tells the audience, 'That is how I understood what Jamila's anxiety was.' He then talks with her about family planning, 'Thus, I acted intelligently, and became a wise man.' Jamila's emotion and anxiety about not being able to afford a child's healthcare due to economic hardship caused by frequent pregnancies, works as a warning for spectators. Implicitly the ad suggests that they will get rid of their anxieties by using contraceptives. To make the choice of family planning even more acceptable to the male spectator, the narrative suggests that her husband gains a new status in the society for he 'acted wisely', by supporting her in taking a decision to adopt family planning: thus perhaps further motivating the male audience.

In Figure 12⁸¹ the advertising strategy is again therapeutic. Shahana's husband, a reputed school teacher, meets a poor farmer whose wife has often been ill from frequent pregnancies. Shahana's husband realises he is walking on the same path, with his wife too often pregnant. In order to avoid such perils he decides to talk to her about family planning.



Screenshot 12.1

⁸¹ Ad TF4, Appendix II.



Screenshot 12.2



Screenshot 12.3

Figure 12: Screenshots from a Family Planning Ad, Aired on BTV in 1997

Shahana and her husband then have the following conversation:

Him: 'Shahana, have you ever thought about birth control?'
(Screenshot 12.1).

Shahana: 'Many times! And, so I wanted to ask you as well. But I could not, I felt shy (*lojjae*⁸²*bolte parini*)'. [Her voice shakes and she looks down in coyness] (Screenshot 12.2).

The next shot is of outside the house: it is daylight and Shahana's husband coming home from school. He speaks directly to the audience (Screenshot 12.3):

How could I make such a fool of myself! A *ghorer bou* (housewife) is supposed to be obedient. *Tar book phante tow mukh phontena* (she would rather be in pain, yet not utter a single word). It is a husband, who has to open up. Now Shahana takes pills. I never saw her in such good health!

⁸² *Lojja* has both positive and negative connotations in Bengali culture. When positively used, *Lojja* (shyness) refers to 'modesty', a virtue that is particularly expected from a woman to cultivate. Its negative inference stands for 'shame'; for instance, if a woman gets pregnant before marriage, in Bengali culture she will be considered responsible for bringing *lojja* (shame) to her family.

‘*Book phante tow mukh phontena*’ is a long-standing Bangla proverb used to describe an ‘ideal Bengali wife’ – shy, weak, submissive – who has been trained well to never utter a single word about her own needs, or question her husband’s decisions.⁸³ In this way this ad well illustrates the view that ‘TV ads obviously don’t only sell products, they sell attitudes as well’ (Begum, 2008: 77). Although, Shahana’s husband normalises Shahana’s coyness and docility to invite the male viewer to initiate family planning discussion with his wife, ‘It is a husband, who has to open up’, nevertheless, Foucault’s (1995: 184) understanding of ‘normalisation’ and its relation to ‘surveillance’ is relevant here: ‘Like surveillance and with it, normalisation becomes one of the great instruments of power [...]; the power of normalisation imposes homogeneity.’ Shahanas’s husband normalises her docility and lack of courage to approach her husband about birth control (Figure 12). The social parameters about expected subjugated feminine attitudes and traditional cultural values in a patriarchal society are still upheld through the language in this ad. The concern seems to be to preserve the prevailing social (im)balance of the man-woman relationship, in the name of maintaining ‘cultural values’ or ‘social modesty’ – as the advertising professional would suggest. The association of *lojja* (shyness or shame) with social modesty and its political implications – I turn to this discussion in a while.

Likewise in the two TV family planning ads (Figure 11 and 12), the state sponsored TV ads generically promoting family planning usually show a heterosexual married couple talking between themselves about family planning. Yet, whenever they make it clear that who would adopt a contraception method, it has mostly been the wife. She shoulders the responsibility of birth control. Among the ten state sponsored TV ads for family planning, seven show a wife happily agreeing to start using a method; one portrays a soon to be married man being advised to use condoms (Ad TF10, Appendix II) and the remaining two do not indicate who, between the husband and the wife, actually adopts a contraception method. It is, however, a man who gets all the accolades for allowing his wife to use contraceptives. And a wife happily shows obedience to such decision, who then proudly if with coyness (for instance, Figure 11) asserts: ‘*Khodar hajar shokor! Emon ekjon budhdhiman shami amar*’ (‘God is Merciful! I am lucky to have such a prudent husband!’). In this regard, Ganesh Chandra Sarker from the DGFP,

⁸³ In contrast, a woman who is not obedient to her husband and argues with him, is culturally taken very negatively, and she is called ‘*mukhona*’ (talkative).

who monitors state sponsored family planning ads, explains: ‘We pay high importance to mothers in all our publicities. Because we think if a mother is conscious, it will have an effect on family planning’. This further makes clear that family planning is understood as part of a woman’s responsibility for the family, which points to the state’s patriarchal assumptions in terms of population control. This concern is also expressed in Akhter (2005) and White (1992: 13-14). The question these ads raise is whether the decision about contraception is made as harmoniously, as portrayed. What if a wife refuses to take the responsibility of contraception, and rather, wants her husband to adopt a method? How does patriarchal power relation operate here? I come back to these questions in Chapter Six.

The Branded Contraceptive Ads

Similar to state managed family planning ads, branded contraceptives ads also place a woman at the core of family planning, as is apparent in Illustration 4.1⁸⁴.

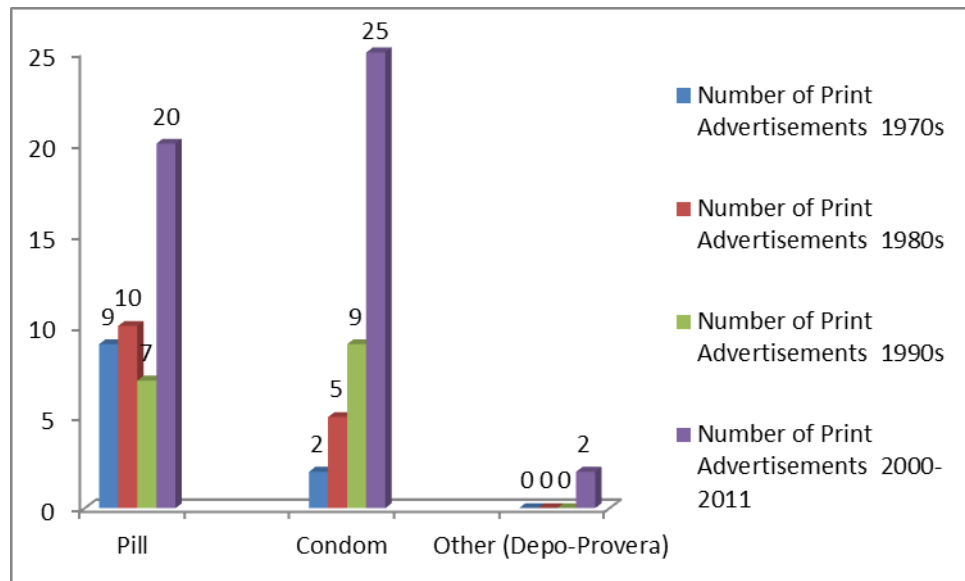


Illustration 4.1: Bar Diagram on Types of Contraceptive Ads (Print) Published between 1971 and 2011

Illustration 4.1 demonstrates that during the initial two decades (the 1970s and the 1980s) in post-independence Bangladesh, it was the birth control pill which dominated ads in the print media. Since the 1990s it shows that ads for condoms outnumber those for pills. Nonetheless, the emphasis of the former is pleasurable sex and protection

⁸⁴ Illustration 4.1 is calculated based on the 88 branded print contraceptive ads collected during my fieldwork.

against STD, rather than family wellbeing (I come back to this point later in the chapter); but what more significant is to note here, unlike condoms, ads for pills are predominantly associated with family. Further, contraception is constructed as a woman's sole responsibility, and one which will bring happiness in the family.

Similarly, among the branded ads⁸⁵ broadcast on TV, until 2000 the frequency and brands of condom ads are fewer than for pills; the only two condom brands appearing during this time are *Raja* and *Panther*. But with the advent of AIDS prevention activities, a drastic upsurge in broadcasting condom ads takes place in TV channels from 2000. However, likewise the state sponsored contraception ads the branded contraceptive ads also place the issue of contraception in a way as if it is the sole responsibility of a woman, as is evident in the following discussion.

A close visual and textual reading of the branded ads for female contraceptives (birth control pills and Depo-Provera) indicate that they are mainly depicted as essential for family planning, the source of harmony in the family, and especially required for a woman to successfully juggle her multiple responsibilities. Above all, they seem to be needed for a tension free, happy conjugal life. In this connection, the utilised media strategies remain largely therapeutic (Richards et al., 2000), in addition to some of them being 'metaphoric' (Leiss et al. 2005: 171), as well as framed in relation to different cultural values associated with the socio-economic transformation of the Bangladeshi society.

For instance, presenting the product as a strategic solution to anxiety is apparent in Figure 13⁸⁶ for *Ovacon* pill.

⁸⁵ Collected during my fieldwork.

⁸⁶ Image 15, Appendix II.



Figure 13: *Ovacon Pill*, 10 January, 1981

The copy next to the woman's face is in a large bold font and reads: 'When you are worrying to find a low dose birth control pill, *Ovacon* is there for you, to set you free from all worries' [emphasis is given to the brand name *Ovacon* by writing it in a large bold font]. Richards et al. (2000: 145) describe: 'where there is anxiety, there will be an attempt to deal with it' – *Ovacon* becomes the therapy to get over all worries, in Figure 13. Figure 14⁸⁷ not only assures a woman how to drive away her anxiety for an unplanned pregnancy, but is also framed around a 'traditional' (and patriarchal) understanding of 'femininity'.

⁸⁷ Image 7, Appendix II. This same *Maya* ad has a TV version (Ad TC3, Appendix II) that was aired on BTV in 1977. When I showed this print version (Sample Ad 2, in Chapter One) to the women I interviewed, some of them recalled this TV version, as it had a nice jingle '*Aba misti ki je misti amader choto songsar*' ('Oh wonderful, so wonderful our small family').



Figure 14: *Maya Pill*, 22 July, 1978

The ad shows a happy couple with copy signifying they are married. The husband is holding her hands, smiling, and looking at her from above, suggesting perhaps that he is the initiator of a delicate romantic moment. She is smiling, yet looking down not making any eye contact with him. She is deliberately portrayed to represent the traditional Bengali wife, who is sexually submissive, and meant to be shy at demonstrating love, even if marital. As discussed in Duza (1989: 127), Khan et al. (2002: 239) and White (1992: 152-154) such shyness is a socially expected virtue in an ‘ideal Bengali woman’, made explicit in the Bangla proverb: *Lojja nareer vushon* (shyness is an adornment for a woman). Hence, the portrayal of shyness indicates social modesty – a requirement to satisfy the viewers as was suggested by the advertising professionals (discussed in the opening section of this chapter). Superimposed onto the couple is a bold large statement that promises, ‘*Maya* makes a woman more feminine’. The body of the copy underneath explains:

Maya makes you healthy, jolly and feminine. *Maya* helps you to make a planned family and assures you to get pregnant when you want. That’s how you can get relief from the anxiety of an unwanted pregnancy. If you take *Maya* pills regularly you will be a beloved wife, affectionate mother and above all, a happy woman. Apart from that, *Maya* has a distinct quality that reduces your pimples, and so makes you more attractive.

So, for a woman happiness does not depend only on her individual identity, but rather on how she performs as a wife and a mother. Moreover, she has to stay healthy, look attractive and be able to get pregnant when ‘wanted’. Perhaps an example of such a happy woman is the woman featured on *Maya* pack shot to the right of the copy. With a contented face she directly looks at the viewers to suggest: ‘Use *Maya* to make your life happier. Be more feminine’.

Such strategic deployment of particular femininities is further manifested in another couple’s mundane activities, as laid out in Figure 15⁸⁸.



Figure 15: Screenshots from *Ovostat* Pill Ad, Aired on BTV in 1992

⁸⁸ Ad TC16, Appendix II.



Screenshot 15.6



Screenshot 15.9

As the screenshots indicate a wife performs her household activities: she has to wake up her daughter and husband from sleep, get her daughter prepared for school (whilst her husband is busy reading a newspaper), accompany her during study and in the playground, take care of her husband when he returns from work and so on. She performs each and every duty with a smiling face, she seems never tired. An enchanting jingle in a female voice, accompanying her actions, discloses to the audience the secret of love and joy in her family: an *Ovostat* birth control pill, a pill becomes the ‘sacred utterance’ to enable a woman to be ‘perfect’, i.e. super active in her role as a wife and a mother. The accolades which is her due, is symbolised by her daughter’s achievement of a medal (Screenshot 15.6) and a candle-lit dinner with a gift from her husband (Screenshot 15.9), *Ovostat* is presented at the core of such achievements.

Nonetheless, with socio-cultural and economic transformations in the society the presentation of women and the ‘happy home’ changes over time. Economic hardship, a growth in employment opportunities in the industrial sector, the influence of globalisation and modernity and a pressure from donor agencies, all contribute to women’s increased involvement in the public world since 1990 (Duza, 1989: 142; Feldman, 2009: 275-276; Hoek, 2008: 25) seem to inspire these shifts have a change in a woman’s delineation in ads; from the super active housewife to an employed woman. For example, Figure 16⁸⁹ advertises *Ovacon* pill which is themed around the life of an employed woman.



Figure 16: Screenshots from *Ovacon* Pill Ad, Aired on BTV in 1990

The ad starts with a woman in her office (Screenshot 16.1: the first from the top left). However, as the ad progresses the focus shifts to her mundane household activities rather than professional life. She picks up her son from school (Screenshot 16.2), happily waits for her husband’s return from the office (Screenshot 16.3: the last from the top left), unfastens his tie knot as he returns from office, serves afternoon snacks, accompanies her son to sleep and the like. In this entire sequence of activities a camera

⁸⁹ Ad TC10, Appendix II.

follows her every action: in long shot the audience sees her doing a particular task, and then as the shot zooms in, bringing her close to the audience, her facial expression whilst doing these wifely and motherly duties is visible. She is always smiling, signifying how contented she is in fulfilling all these responsibilities. From her son's room the camera follows her to the bedroom where she takes out an *Ovacon* pill packet from the bed side drawer whilst her husband reads a book lying on the bed (Screenshot 16.4: the first from the middle left), she takes the pill with a glass of water, smiles and a *Ovacon* brand symbol stays next to her face (Screenshot 16.6)⁹⁰. Thus, the woman in Figure 16 can hardly be differentiated from the woman in Figure 15; although the former is employed, she still has to do all the household chores, in fact she has to work 'two shifts' – one at the office and one at home, so that her husband after finishing his work at office can relax at home, as Begum (2008:90) would frame it.

A TV commercial for the Nordette 28 pill (Figure 17)⁹¹ offers a similar representation.



Figure 17: Screenshots from *Nordette 28 Pill Ad*, Aired on ATN Bangla in 2003

⁹⁰ Screenshots 14.4 to 14.6 may suggest: taking pills are part of a woman's daily activities, as is pointed out by several of the women I interviewed; I reflect on this point in the following chapter.

⁹¹ Ad TC 27, Appendix II.

This time a husband directly addresses the audience and tells them a story about his 'outstanding wife'. As he goes on, the audience see the woman from his perspective (and how she has to ensure her ubiquitous presence from home to office to be considered 'outstanding'). The camera frames her in the way her husband wants her to be: she is perfect in every role, from fixing his tie, looking after their daughter, choosing the best product from grocery store, to making an outstanding presentation among the male colleagues in the office. And she still remains energetic enough to throw a party at night, and takes care of everyone, with a smiling face. She acts like a 'superwoman'; similar to those appearing in the 1980s American ads (see Leiss et al., 2005: 445). At the end of the day she gets a compliment from her husband, who directly speaks to the viewers: 'My wife... is truly incomparable'. As if,

Women must learn to make men happy in order to keep families together, in order to prevent recreation from taking place elsewhere. It is women's duty to keep happiness in house. (Ahmed, 2010: 55)

Thus, in addition to the happy housewife role, branded ads since the 1990s further construct this new category of super active woman, who is pigeonholed as 'modern', 'up-to-date', or 'self-confident'. Consequently, a very patriarchal construction of super active womanhood lies at the centre of a happy home in these pill ads. She is modest and motherly, she cares for everyone except for herself. Home is her topmost priority, whether she is a housewife or an employed woman. Such a representation recalls the 'ideal Bengali woman' (Caldwell et al., 1998:150; Khan et al., 2005: 166), who is expected to be educated, to become a 'good wife/mother', and employed; all for the welfare of her family. She brings to mind the mid-19th century Bengali 'new woman' (Chatterjee, 1989:623-627). As Amin (1996:240-241) would put it, '[...] an admixture of the Perfect Lady, the 'good wife' and the new women'. Perhaps, that is why she is not devoid of sexual love; albeit, such love is marital and expressed in a subtle manner, through showcasing her care for her husband, and fulfilling her wifely responsibilities. Heterosexual, monogamous marriage lies at the heart of such happy families, and achieving her husband's love is constructed as an essential element of such home. Such representations remind of Ahmed (2010:7): 'If the new science of happiness uncouples happiness from wealth accumulation, it still locates happiness in certain places,

especially marriage, widely regarded as the primary ‘happiness indicator’, as well as in stable families and communities [...]’.

Notwithstanding that, the happy home seems to disproportionately lack a man’s involvement; he is persistently framed as a receiver of care. For instance, in Figure 15, it is a wife who wakes up her husband from sleep. He reads a newspaper at the breakfast table, whilst his wife struggles to feed their daughter. The same applies for Figure 17: contrary to the screenshots of a super active wife, the husband appears on only two occasions; firstly, to leave for the office, and secondly, to remind the audience about the uniqueness of his wife. In other instances, a man is shown either at his work space, or on his way to/from work, enjoying moments of happiness with family members, or romantic, if subtly sexual moments with his wife, taking his wife and other family members on excursions, appreciating his wife in form of buying gifts, purchasing goods, and on rare occasions helping their child with studies, whilst his wife is busy with chores and taking care of the newborn. Consequently, the emblem of a ‘perfect husband’ is perhaps a ‘real man’: a man, who is successful at work, earns considerably to lead a financially secure life, is romantic and loving. These stark differences in ‘ideal type’ masculinities and femininities is a reminder of Browne’s (2007:119) understanding that ‘[...] ‘man’ and ‘woman’ are not fixed, but continually come into being’. This raises the issue of whether, given what seems a relentless presence of binary gendered performativity and marital heteronormativity, there have been any alternative portrayals.

Symbolising ‘Alternatives’

According to Md. Bashir Ahmed (from SMC), the advertising industry attempts to showcase alternative visualisations of women through various strategies: by displaying a girl child instead of a boy child in the contraceptive ads and thus discouraging son preference, presenting a woman as an employee or involved in income generating activities, portraying women as ‘empowered’ in some way. These are some of the strategies. It is true that in the ads discussed above, and in others collected for this research, whenever is just child represented, in most cases it is a girl child. In the above discussions, I have also made it clear how some of the branded pill ads published from the 1990s onward, started depicting employed women, although home remains their

foremost concern. Surprisingly, none of the 32 state sponsored family planning ads portrayed employed women; although the same ads never failed to depict a man with regard to his job. Even though discussions with the advertising personnel suggest that these ads largely target poor families, this explanation cannot explain such gendered portrayals; as the socio-economic reality of Bangladesh suggests that due to economic hardship it is more likely that a woman from a poor family would be involved with some kinds of income earning activities (see also opening section of the next chapter).

Apart from these initiatives, another ad might be viewed as ‘empowering’ i.e. ‘emancipatory’ for women. The ad in Figure 18⁹² represents an ‘independent woman’:



Figure 18: Ovostat Pill, 5 January, 1979

‘This is the decade of self-reliant women, who choose their own life style and make it beautiful and harmonious’. Surprisingly, the illustration carries a non-Bangladeshi white woman, possibly Western. It seems that the idea of women being independent and making their own decisions is interchangeable with the portrayal of a Western woman.

⁹² Image 8, Appendix II.

Hence, a gesture to the audience – if you take this pill you can be like ‘Us’ – the independent, free Western women, an aspirational stereotype. Even though, such a perspective is essentially subject to a Westernised knowledge paradigm, these kinds of ads appear very rarely.

Somewhat differently, Figure 19⁹³ presents a Bangladeshi rural woman and attention has been devoted to localise the idea of ‘empowerment’.



Figure 19: Screenshots from *Femipill* Ad, Aired on Channel i, in 2010

Rahela from Rupkhola village tells her story to spectators (Screenshot 19.1). She is a simple, village woman, yet seems to know how to attain her own rights. She tells the story of how she managed to persuade her father against marrying her off at an early age. Thus, through Rahela, the viewer learns about the necessity of girl’s education, as well as that early marriage is not encouraged and can be argued against. Not only that, but she also manages to be financially independent (Screenshot 19.4, the first from the bottom left): ‘*amar bona nokshi kantha ekhon shohore bikri hoe*’ (‘the nokshi kantha⁹⁴ I stitch, now sells in markets in the cities’). Albeit, her child provides justification for her earning: ‘to secure a better future for Khuku, I too earn for our family’. This raises a question: if her husband starts earning enough to have a financially secured future for Khuku, would Rahela still be allowed to continue her work at home? It points to a

⁹³ Ad TC46, Appendix II.

⁹⁴ A traditional hand stitched designed quilt, usually prepared by the rural Bangladeshi women in small groups.

patriarchal standpoint that considers a woman can have a job to financially contribute to the betterment of her family, but certainly not for her own financial independence or personal career building. Likewise Sophy in Rousseau's (1993: 393) *Emile*, who was prescribed education to better fulfil her role 'to make [*Emile's*] life pleasant and happy', not for her personal enlightenment. Thus, it cannot be denied that Rahela's empowerment remains restrained, only allowed for the common good of her family.

Another 'unconventional' presentation is the representation of birth control beyond the marriage frame, evident in branded contraceptive ads. 'Morning after' pills or 'emergency' birth control pills deploy such representations, though a relatively new addition, appearing only in print media since 2009.



Figure 20: *Emcon Pill*, 4 December, 2009

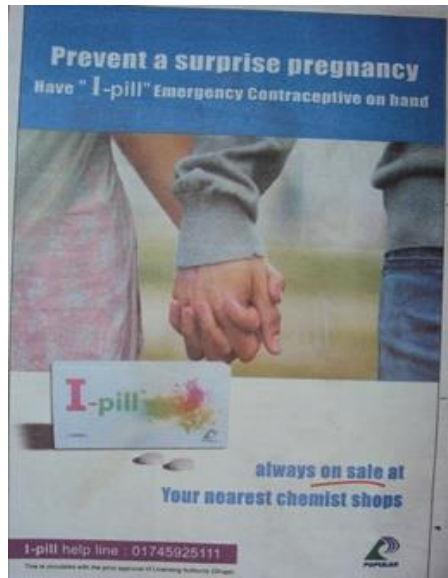


Figure 21: *I-pill* Ad, 18 May, 2010



Figure 22: *Emcon* Pill, 22 April, 2011

Almost identical Figures 20⁹⁵, 21⁹⁶ and 22⁹⁷ advertise emergency pills to protect against unplanned pregnancy caused by unprotected sexual intercourse. But instead of using the phrase ‘unprotected sexual intercourse’, the ads rather work visual signs acting as metaphors (Leiss et al., 2005: 171), i.e. a safety pin or a pink plastic cord used in emergencies. In addition the ads play with the term ‘emergency’. In Figure 20 a safety pin is a temporary solution for a broken zip in a lady’s handbag. In Figure 21 a headline in bold font declares: ‘Prevent a surprise pregnancy’, and then underneath in a relatively smaller font it suggests ‘Have I-pill’. The plastic cord in Figure 22 is used to temporarily close a water tap to stop the water flow. All these ‘emergency’ kits stand in for the ‘emergency pill’ as a solution to prevent a ‘surprise pregnancy’. Further, a pill packet features a woman’s figure with two wings, in Figure 20 and 22, signifies freedom, perhaps freeing women from the tension of an unwanted pregnancy. The absence of a marriage frame or marital love also distinguishes these ads from the ads for birth control pills with their happy home appeal.

Contrary to the quintessential presence of a woman as an ideal wife/mother in branded ads for pills and in state sponsored family planning ads, condom ads, as I discuss next in relation to the second core theme (put forth by the women in my

⁹⁵ Image 82, Appendix II.

⁹⁶ Image 83, Appendix II.

⁹⁷ Image 86, Appendix II.

research), uphold the symbol of a 'real man'. Furthermore, pleasurable sex remains the central theme in advertising condoms, where marriage is not necessarily a condition for sexual intercourse and sex beyond marriage is possible.

Condoms, the 'Real Man' and the Promise of Pleasurable Sex

The impression of happiness in the state sponsored condom ads (discussed above) seemed to be represented in an asexual manner. The ads offer little insight on romance, love or people's sexual life. Here sexuality remains essentially heteromartial, and conditionally procreative. Words like 'sex', 'sexual intercourse' hardly appear in these ads, and are only implied. The only two exceptions are Figures 9 and 10. In Figure 9, which states – 'Condom is an easy and a safe method for family planning. Condom protects from HIV/AIDS and sexual diseases', the word *jouno* (sexual) appears, though only to indicate a category of disease. Likewise, in Figure 10, the term *jouno khomota* (sexual power) appears to indicate that male sterilisation does not reduce a man's sexual power.

Branded ads for condoms, in relation to depicting sexuality, fall into two categories: the first one promotes family planning in a similar way to the state sponsored family planning ads. In these ads condoms are shown as necessary to maintain a planned future, a financially stable family, and a stress-free, pleasurable sexual life. The expression of sexual love in these commercials remains subtle and metaphoric, with the husband always the initiator of such moments. In contrast, in the second category, condoms are advertised through a frame of erotic pleasure; but a couple's relationship remains largely undefined. Perhaps, the flexibility in the making of branded contraceptive ads that do not go through strict institutional supervision unlike the state sponsored contraceptive ads (discussed in the opening section of this chapter), as well as striving to compete with different international condom brands,⁹⁸ has enhanced such changes.

Raja and *Panther* which belong to the first thematic area, have, since the early 1970s, persistently visualised the condom through a marriage frame. In these ads a man who uses condoms is labelled as a 'real man', who is commended to be a future planner,

⁹⁸ Through satellite channels people can watch condom ads from India and different developed countries during watching different programmes from these countries. I have seen many of these condom ads, which carry explicit sexual contents, i.e. the ads make it clear that they are talking about using protection during sexual intercourse.

reliable, prudent, careful, loving and dependable. For example, Figure 23⁹⁹ displays a smiling couple stating: ‘*Raja* – is for him, who plans for future’.



Figure 23: *Raja* Condom, 6 January, 1979

Figure 24¹⁰⁰ also sketches a ‘dependable man’, where the visualisations as well as the copy suggest that he is a successful, employed man and a happy, ‘dutiful’ husband.



Figure 24: *Panther* Condom, 4 May, 1991

⁹⁹ Image 9, Appendix II.

¹⁰⁰ Image 31A, Appendix II.

The headline in a bold font, at the top right corner, further delineates that view: '*Panther*, a trustworthy condom for a reliable man'. The viewer is addressed as 'you', and is advised to become intelligent like him by planning his family with *Panther*. Figure 25¹⁰¹, also presents a loving and a caring husband, as evident in the displayed screen shots and a jingle sung by a man.



Figure 25: Screenshots from *Panther* Condom Ad, Aired on Channel i, in 2003

The necklace, an anniversary gift from him (Screenshot 25.3, the last from the top left), not only symbolises love, but also his financial capacity. Viewers are reminded of using *Panther* to preserve such love, delight and financial stability in a family.

In contrast, in these commercials for condoms women continue to be portrayed in relation to home management, in charge of domesticity, and making everyone happy.

Branded ads for condoms falling in the second thematic area have been published since the early 1990s. The depiction of a 'real man' in condom advertising started changing then, so too did different depictions of women. For instance, Figure 26¹⁰² appeared in a daily newspaper in 1993. For the first time there is a portrayal of a heterosexual couple in a rare intimate romantic moment, yet without any visual sign to signify this couple is married.

¹⁰¹ Ad TC26, Appendix II.

¹⁰² Image 32B, Appendix II.

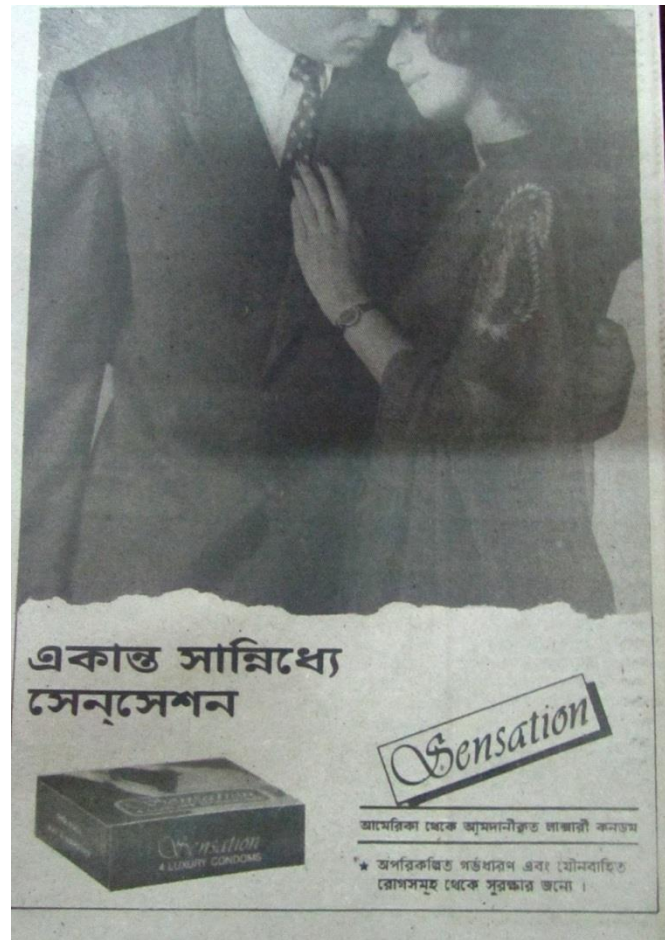


Figure 26: *Sensation* Condom, 11 March 1993

Anchoring the signification of such a romantic moment, the headline placed beneath the couple and above the packet of *Sensation* indicates in a bold, large font: ‘In absolute intimacy, *Sensation*’. At bottom right, the copy further notes: ‘For protection against unplanned pregnancy and sex transmitted diseases’. This is the first time a condom ad promotes awareness against AIDS and STD, and describes the condom as a protection against STD. Another, almost identical version of *Sensation* appears in 1998 (Figure 27)¹⁰³.

¹⁰³ Image 36, Appendix II.

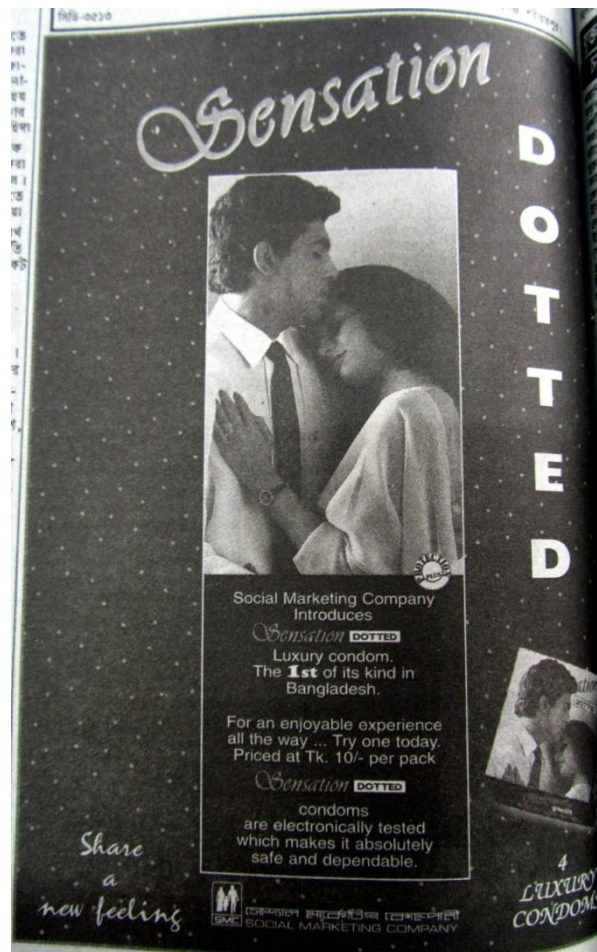


Figure 27: *Sensation Dotted Condom*, 22 November, 1998

Figure 27 offers some distinctive sexual connotations both textually and visually. The visual represents a delicate romantic moment similar to that of Figure 26, but here the male face is fully visible and the female is more relaxed, her head and hand resting on his chest submitted herself to him. Underneath, copy further says ‘For an enjoyable experience all the way ...Try one today’. The incomplete sentence ‘all the way...’ leaves the audience to imagine what will happen, and entices them to try out *Sensation Dotted*. The marriage framework is absent here, and the condom packet carries the same awareness message against AIDS/STD as Figure 26.

Hence, the onset of HIV/AIDS in 1989, and the GoB’s increasing awareness raising activities (Azim et al., 2008:311) seem to inspire the advertisers to add this new dimension of protection against AIDS/STD to the condom commercials, together with a dramatized visualisation of intimate sexual moments between heterosexual couples; quite similar to the visual representation in British condom ads. As Jobling (1997: 162-

163) observes, with the advent of HIV/AIDS, from 1987 British condom commercials started portraying premarital and extramarital sexual intercourse; whereas previously the focus of such commercials had been restricted to birth control. This phenomenon also inspired the emergence of many new brands of condoms in Bangladesh from 2000 onward, with ads for these brands circulated both in print and electronic media. *Passion*, *Four Seasons*, *Love Nest*, *U & ME*, *XBEI*, *Hero* and the like are some of these new brands. *Sensation* condom produces a variety of sub brands: *Sensation Dotted* with natural fragrance, *Sensation Ribbed* with vanilla fragrance, *Sensation Super Dotted* with strawberry fragrance, *Sensation Classic*, *Sensation Chocolate Scented*, and *Sensation Super Ribbed* with mint fragrance. *Panther* condom inaugurates another sub brand named *Panther Dotted*. With increased competition among the brands, the more intense becomes the visual and textual representation of sex in the commercials. Unlike the shy sexually passive, if romantic, women in pill ads, the women in these condom commercials are sexually provocative, confident, and take equal part with male counterparts in sexual play. Yet, their relationship remains unspecified. On rare occasions (Figure 33) a couple's wedding photo appears at the end of an ad; perhaps, in an attempt to evade a potential moral panic for breaking the code of normative sexuality.

Thus condom ads that belong to the second category provide more overt sexual representation with an attempt to talk about sex and sexual pleasure. *Love Nest* Condom in Figure 26¹⁰⁴ symbolises sexual excitement, through the image a woman's sensual face (multiplied by its inclusion on three pack shots) and below, a headline in a bold, red font confirming '*Love Nest* for a real sensation!'

¹⁰⁴ Image 56, Appendix II.



Figure 28: Love Nest Condom, 14 March, 2005

With similar emphasis on sexual fantasy, *U & ME* condom publishes a series of ads in newspaper and TV media, relying on an ‘image act’ (Kress and Van Leeuwen, 2006: 366) to engage viewers. Figure 29¹⁰⁵ for example, uses a ‘product-information format’ (Leiss et al., 2005: 175-177) – where illustration, product brand and information supplement each other to help audience comprehend their ‘unique’ product quality.



Figure 29: U & ME Condom, 11 July, 2005

The headline at the top of the ad, ‘a new togetherness full of fun’ anchors the visual. The meaning of fun moves to an intense sexual inference with the copy accompanying the brand names ‘*U & ME Anatomic* [...] Uniquely shaped for a tighter grip’ and ‘*U & ME Long Love* [...] Benzocaine coated to prolong lovemaking’. Below the pack shots

¹⁰⁵ Image 59, Appendix II.

image it further reads 'Romance unplugged'. The romantic couple, the copy and the *U & ME* pack shots seek identification from viewers, to take part in such romance with the aid of *U & ME*. Figure 30¹⁰⁶ places a fork over a spoon to metaphorically suggest a heterosexual couple.



Figure 30: *U & ME* Condom, 21 August, 2006

Copy opposite the metaphoric figure further accentuates the after moment of ecstatic sexual play: 'and at the end of all the moments, sweet little whisper, being together means everything!'. Such metaphoric visual and textual significations of sexual intercourse echo the comments from Ramendu Majumdar (from Expressions Ltd.) who pointed out the socio-cultural restrictions that discourage explicit illustrations of sex in contraceptive ads. Nevertheless, such restrictions do not seem to be an issue for the next set of condom ads that I discuss below.

A TV version of *U & ME* ad (Figure 31)¹⁰⁷ displays more dramatic expressions of sexual moments through visual performances, interesting background music and a set of textual commands.

¹⁰⁶ Image 69, Appendix II.

¹⁰⁷ Ad TC43, Appendix II.



Figure 31: Screenshots from *U & ME* Condom Ad, Aired on Channel i, in 2009

As a couple gets ready to go out, a close-up shot follows the woman's lips, bare upper back and the man who ogles her. Sensuous background music follows their every action to create a stronger feel of sexual arousal, bringing the couple closer. The sexual invitation comes from the woman, who seduces the man with a sultry facial expression. Instead of leaving the room to go out she shuts the door, and a caption appears on the screen: 'RESISTANCE IS FUTILE' as if this resolves all the mystery, pointing to an erotic climax to come. The *U & ME* packets with their command 'GO PLAY' further encourage viewers to try the condoms during sex, in order to have fun. *Sensation Chocolate Scented* condom again, uses the occasion of Valentine's Day to promote their product, with ads appearing in a daily newspaper, Figure 32A¹⁰⁸ and 32B¹⁰⁹.

¹⁰⁸ Image 78A, Appendix II.

¹⁰⁹ Image 78B, Appendix II.



Figure 32A: *Sensation Chocolate Scented Condom*, 14 February, 2009

Figure 32A employs a ‘product-information format’ (Leiss et al., 2005: 175-177): a blend of illustrations and information has been used to help the audience visualise a pleasurable sexual fantasy with *Sensation Chocolate Scented* condom. The big chunk of tempting dark chocolate is partly melting to add an aesthetically enticing look. Each chocolate cube carries a special meaning of love: ‘passion, crave, affection, shiver, tease, attract, discover, mystery, desire, romance’ etcetera, with a tagline further asking: ‘What love’s got to do with it?’. The viewers are left with a note at the end, ‘Look at the last page’.



Figure 32B: *Sensation Chocolate Scented Condom*, 14 February, 2009

Figure 32B appears on the last page, in a ‘product-image format’ (Leiss et al., 2005: 175-181): where a shimmering chocolate colour background has been used to aestheticize an expression of ‘seductive love’, as if such love can be embodied through using *Sensation Chocolate Scented* condom. The accompanied copy confirms this

meaning: ‘Introducing Chocolate Scented Condom: Fall for the seductive fragrance of love’.

With a similar emphasis on pleasurable sex in the TV commercial (Figure 31 above), the visual expression is accompanied by a euphonious musical chime to ensure the ‘pure satisfaction’ experienced with *Sensation Dotted* condom in Figure 33¹¹⁰.



Figure 33: Screenshots from *Sensation Dotted* Condom Ad, Aired on Ntv, in 2001

This exposé of intimate sexual moments starts with a table lamp being switched off by a male hand, and then a woman captured in her sleeping gown. As the camera zooms to a close-up shot it seems there is something in her facial expression – excitement perhaps. The man and woman come closer, in fact she is in his arms, about to kiss (Screenshot 33.4, the first from the middle left), yet they do not. Rather, a flower vase falls and breaks apart; there are shots of a wedding photo lit by a flickering candle, the candle snuffed out and then, a bed scene showing a close-up of his hand firmly holding hers, and finally a *Sensation Dotted* packet. The sequence of shots, all allude to an aesthetic sexual moment, confirmed by a male voice over: ‘Make each moment really special *Sensation Dotted*’, and a female voice declaring ‘pure satisfaction’. Next to the final *Sensation Dotted* pack shot the screen text reads ‘For contraception and prevention of STD & HIV/AIDS’.

¹¹⁰ Ad TC22, Appendix II.

From these examples, it is clear that the branded condom commercials (that belong to the second category) are in a competition to showcase dramatic sexual ecstasy, yet without it being essential to portray a woman within a marital context. Rather, the more intense becomes the depiction of sexual intimacy in these ads, the more loosely the ad is tied to the family planning agenda. In fact, birth control is the last issue mentioned, and always in conjunction with the condom offering protection against sexual diseases. This apparently raises some questions: are these ads trying to suggest that a woman who loves to sexually seduce and equally participates in a sexual climax, belongs to an 'Other' category of women? Is that the reason behind not portraying such a woman as the usual 'dutiful wife' amidst her happy home? Why do the contraceptive ads that portray dutiful wives and their happy homes, avoid portraying sexual intimacy as well? Such a sexual demarcation by the contraceptive ad is thus open to criticism as it reinforces a 'discursive formation' (Rose, 2001: 137-141) of the normative female sexuality as: passive, marital and procreative. Carter and Steiner (2004:93) are right to argue: '[...] again and again women's sexuality is constructed: the 'loose woman' category is filled with desire and sensuality; the 'good or ordinary women' category is totally emptied of sexuality'.

In all these attempts of visualising a happy home or erotic sexual moments to encourage viewers to adopt contraceptives, the ads hardly pay any attention to the side effects of contraception, let alone how to overcome them. It is to this theme, brought to my attention by the women I interviewed, that I now turn.

'Representing' the Side Effects of Contraception

The necessity of a woman's sound health is of grave concern in the state sponsored family planning ads. 'Staying healthy' has been illustrated as a necessary component to be able to serve her family satisfactorily. Both print and TV ads claim that family planning can help a woman stay healthy, as sound health is a consequence of fewer pregnancies (For instance, Figures 2 and 3 above). Nevertheless, until the early 1990s, print ads remained totally silent about contraceptive side effects. In a few cases women were asked to go to their nearest health centres to seek information about family planning (For instance, Figures 7 and 8 above). For the first time in February 1990,

Image F10¹¹¹ uses the phrase ‘*nirapod poddhoti*’ (‘safe method’) to refer to IUDs and the injection method. From 2000 onward, *nirapod poddhoti* becomes more of a buzz phrase; out of the ten state sponsored contraceptive print ads from this decade, seven claim that their method is *nirapod*.

Interestingly, since the mid-1980s the state sponsored contraception ads aired on the TV started presenting the concern about side effects but as a negative social belief, with an effort to make such complaints sound derogatory. As evident in Figures 11 and 12 (above), both husbands admit that they were *boka* (foolish/unwise) to believe *murkho loke* (ignorant people/oblivious people), who consider family planning as unsafe. It becomes a mantra: all the ads repetitively mention ‘*Murkho loker murkho kothae kan deya*’ (‘to listen to the ignorant’) is an act of foolishness. Men are asked to come forward, consult family planning health centres, and act wisely by adopting family planning methods. A justification for this, as put forward by the advertising professionals during interviews is that any indication of side effects might discourage people from adopting family planning, in a context where the state had been struggling for so long to reduce social disapproval of contraception. Thus, these ads completely ignore the possibility of the side effects of certain family planning methods; rather, they largely articulate that such concern is unnecessary and spread by the *murkho loke*. The one and only exception to this is a state sponsored oral pill ad¹¹² that appeared on BTV in 2001, where the audience is asked to consult with a doctor if side effects of any birth control pills are evident for three months. Whilst a strategic denial in the ads of any side effects now seems problematic, clearly how to raise such issues was also challenging given the state’s goal of population control.

As evident in the following pie charts (Illustrations 4.2 and 4.3), like the state sponsored ads, most of the branded contraceptive ads maintained a strategic silence on the issue of side effects. This was despite the long known evidence of the impact on women’s bodies (see Chapter Three above), and also repeatedly mentioned by the women interviewed, outlined in the following chapters.

¹¹¹ See information about this ad in Appendix II.

¹¹² Ad TF8, Appendix II.

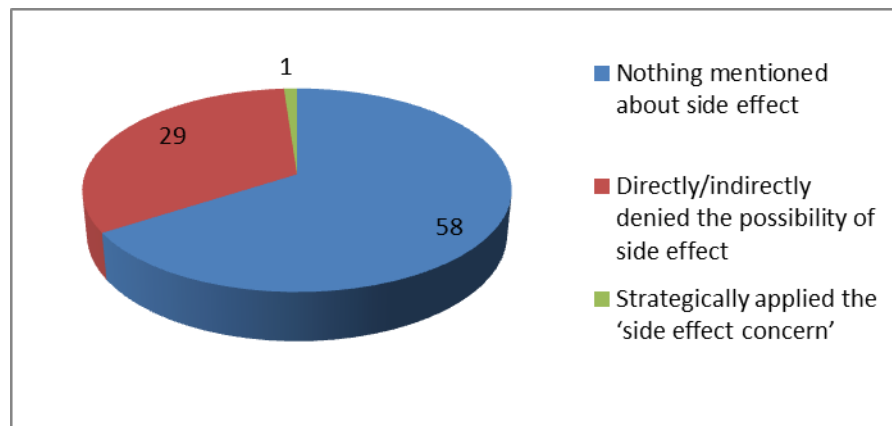


Illustration 4.2: Pie Chart on Branded Contraceptive Ads (Print) on Side Effects

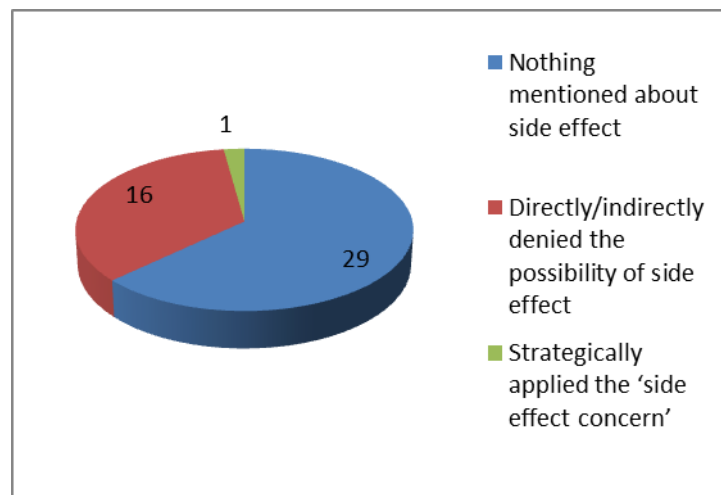


Illustration 4.3: Pie Chart on Branded Contraceptive Ads (TV) on Side Effects

Illustrations 4.2 and 4.3 imply that more than half the branded contraceptive ads that appeared in print as well as on TV media do not mention anything about side effects.

Moreover, from the late 1970s onward, a few brands started strategically denying the possibility of any side effects, through additional information in their ads. For instance, Figure 14 (above) claims: 'Produced in America, *Maya* is a low dose, safe pill for women', Image 25¹¹³, another *Maya* pill ad, suggests: 'Doctor said, if taken regularly *Maya* perfectly suits a woman's body', and Image 34¹¹⁴, a *Nordette 28* pill ad claims: '*Nordette 28* is a low dose birth control pill, so suits you well'. Depo-Provera, which was widely criticised during the 1980s for its side effects (see Chapter Three), was still being advertised in 2009 with claims to be 'effective and safe' (For instance, Sample ad 6 in Chapter One that was published in 2003 and Image 79, published in

¹¹³ See information about this ad in Appendix II.

¹¹⁴ *ibid.*

2009)¹¹⁵. Similarly, in Figure 34¹¹⁶ (below) an *Ovacon* pill ad published in newspapers utilises concerns about side effects to promote their brand.



Figure 34: *Ovacon* Pill, 22 August, 1990

At the top of the ad, in a bold font, one friend says to the other: ‘thinking of side effects like headache, nausea, weakness – I too refused to take pills. But low dose pill *Ovacon* has changed my whole perception about birth control pills’. Appearing in 1990, the ad further claims: ‘By now most women know that pills are a safe and easy method for birth control.’ It also proposes: ‘For a few women who hesitate to take pills as they might have encountered some kinds of side effects initially, *Ovacon* is an ideal pill for them’. Thus, the ad uses women’s concern regarding side effects as a marketing strategy, where *Ovacon* becomes an emblem liberating a woman from contraception side effects.

The same applies to branded contraceptive ads broadcast on TV. For instance, ad TC38¹¹⁷, which advertised the *Desolon* pill on Channel i in 2007 asserts, ‘*Desolon* is the

¹¹⁵ *ibid.*

¹¹⁶ Image 27B, Appendix II.

low dose birth control pill, which does not cause obesity'. Figure 16 (see earlier in the chapter) claims: '*Ovacon*, is a low dose birth control pill, so it has almost no side effects'. Thus these ads persistently attempt to represent their respective brands as free from health risks, yet, they maintain a strategic silence regarding what it is their 'low dose method' promises to safeguard against. Thus, I agree with Rose (2001: 137) who argues:

It is possible to think of visibility as a sort of discourse too. A specific visibility will make certain things visible in particular ways, and other things unseeable.

Similar to the state sponsored family planning advertisements, articulation of the side effects for women of some forms of contraception continued to be a very grey area in these branded contraceptive advertisements: either absent, or more overtly denied. With regard to this issue, one¹¹⁸ of the advertising professionals explains:

Ads will not show reaction, Busra, never, ever. In addition, when government wants to promote family planning, how can we talk about reaction? government offers *sari*, *lungi*, and money for permanent methods, which personally, I do not support. Do not mention my name here; I want to tell you one thing. No one, but women are the victims of contraceptives. We get contraceptives from the First World. *Maya* was a production of America. Many times I have heard, contraceptives produced in the First World are sent to the Third World to test. We are the guinea pigs. I myself talked to many women, and heard about the bad reactions. Do not mention my name. Once I used to feel very bad! I used to think what can I do?

This statement suggests that despite feeling personally obliged to provide side effect information in ads, in the end a producer can do little against the system of power and the organisational profit-making interest. Conversations with several other advertising professionals also confirm that inclusion of information on side effects in the ads is thought to discourage people's use of contraceptives and thus is, unreasonable to do.

Conclusion

The ads for contraception invoke aspiration as well as anxiety in their efforts to motivate consumption and use of contraception. Achieving happiness in a family, as well as getting rid of worries, is set up as a key reward of contraception. But in this

¹¹⁷ See information about this ad in Appendix II.

¹¹⁸ Due to the sensitivity of this particular information I have anonymised the interviewee's name here.

attempt to encourage the adoption of birth control, the side effects of contraception have largely been strategically denied.

Depictions of happiness in the ads relate to social perceptions of ‘ideal femininity’ and ‘ideal masculinity’. From such perspective: happiness for a woman means looking beautiful, staying young and in good health to be able to serve properly as a wife and a mother. Although from the 1990s the branded pill ads started portraying employed women in addition to portraying housewives, the former continue to be portrayed as a dutiful wife and a caring mother. She takes care of everything, including performing well in her job, and thus, is portrayed as a dutiful ‘modern wife’. In contrast, for a man happiness means to be financially stable, being successful in a job, having pleasurable sex, and acting wisely and responsible against HIV/AIDS and STD. Accordingly, it can be argued that the ads offer a polarised vision of masculinity, femininity and heteronormative sexuality, predominantly. Interviews with advertising personnel further suggest that such visual representations are not only shaped by socio-cultural norms, but also by state expectations, a particular development agenda, and market interests.

Even though, there are some instances of portraying a woman as independent and empowered, the audience is gently reminded of the socially expected role for a woman. Such expectations tie a woman to the home; whether as housewife or employed, family and family planning remain her main responsibility. Similarly, depictions of female sexuality, visually and verbally construct sexual submissiveness as the ideal type for a ‘good woman’. Hence, a woman enjoying sex does not quite fit the ‘good woman’ category. On the contrary, a man is depicted in relation to his job, and as the initiator of pleasurable sexual moments. Thus, such presentations remain problematic as they prescribe a specific mode of sexuality as ‘ideal type’, defining others as ‘abnormal’ or ‘extreme’. In this way, they reproduce and reinforce a dominant social structure of sexuality; which is gendered and heteronormative.

In this context, it seems particularly important to investigate how such representations contribute to mundane gender relations in everyday life, and how consumers interpret such materials in terms of their own experiences of contraception and sexuality. These are the issues I explore in the following two chapters.

CHAPTER FIVE: Women Interpreting Contraceptive Ads

Introduction

In the previous chapter I examined visual representations of gender, contraception and sexuality in contraceptive ads in Bangladesh, including the portrayal of contraceptive side effects, and how these depictions have changed since the independence of Bangladesh, up to 2011. In this chapter I explore women's interpretations of the contraceptive ads with regard to their lives and experiences. As I argued in Chapter Two based on some key audience research (Bird, 2003; Du Gay et al., 1997; Moores, 1993; Silverstone, 2003), it is necessary to shift our attention from ad content to audience's everyday lives, to ethnographically explore how they make meanings of these ads 'with very different sorts of interests' (Moores, 1993:3). In particular, I also pay attention to whether there are any differences in women's interpretation of the ads according to their social class, generation and other identities.

The discussion is divided into four sections. The first highlights the different situations that limit women's opportunity to watch these ads in daily life. This is important in making visible the practicalities of investigating women's reflections on contraceptive ads. The second section outlines women's views about the ads: what they particularly recall, what they like about the images, jingle or content of the ads, as well as how they challenge or identify themselves with regard to the feminine representations in the ads. Whereas this section mainly focuses on how women talk about these ads, in the remaining two sections, women discuss how contraception is experienced in everyday life partly in relation to the ads. Hence, I look more closely at what the interview material reveals about women's experiences and knowledge of the side effects of contraceptive pills (which tends to be backgrounded in the ads). Finally I explore how women discuss the changing morality around sexuality through the lens offered by contraceptive ads. This outlines the tensions, emotions and disappointments of women about the contemporary public display of sexual intimacy.

Viewing Contraceptive Ads – the Scope of Memory

It becomes harder to specify exactly where media audiences begin and end. The conditions and boundaries of audiencehood are inherently unstable. (Moores, 1993: 2)

During my interviews with thirty six women from three social classes and three generations, I asked if they could recall any specific contraception ads or anything they remember from a particular ad. Many women remember brand names of different pills and condoms but not what the ads were about. Again, some women mention incidents from government sponsored family planning ads and commercial contraceptive ads, yet had forgotten the specific brand name. Referred to in the previous chapter, several women recall the popular jingle '*Aha misti ki je misti amader choto songsar*' ('Oh wonderful, so wonderful our small family') from *Maya* ad, and '*budhdhiman houn thik kaj ti korun*' ('Be prudent, and make the right decision') – a key slogan. This slogan was used in the state sponsored family planning ads and in some of the *Raja* ads, during the 1980s and the early 1990s and broadcast many times on BTV during those decades. They remember these, as they appeared many times in different forms of print and electronic media. For instance, Bondhon (u/y)¹¹⁹ says:

If I can recollect correctly, the first thing I remember about family planning ads, is a symbol. I was three or four years old. There was a sign appeared in these commercials, a father and a mother with their two children with a message 'small family is a happy family'. This is my earlier recollection of the idea of family planning. Then there was another very interesting advertisement I remember, that used to say '*budhdhiman houn thik kaj ti korun*' ('Be prudent, and make the right decision'). This was in early eighties, I think. We did not have so many TV channels then, and it was advertised many times, so I remember this clearly. Then I was a toddler you know, very curious. And I saw family planning service officers who visited our home as *ma* (mother) used to have pills, and my parents were never beating on this question. So I used to ask what this medicine is, and *ma* said '*Eta babu na hoar oshudh*' ('It is a medicine to not have babies'), so I knew, if *ma* takes it then I will not have any more brothers or sisters. [Sic]

Bondhon's recollection of the symbol and the two messages appeared many times in state sponsored contraception ads, as well as in the *Raja* condom commercials between the 1970s and the 1990s, some of which I discussed in the previous chapter (Figure 1, Figure 2 and Figure 11 in Chapter Four). Her childhood memories, indicating the process of how a child becomes informed about contraception, further indicate that

¹¹⁹ The first initial letter next to each woman's name stands for her class status, and the last letter indicates her generation category. In this case, 'u' indicates upper class and 'y' indicates younger generation. Hereafter, I indicate each woman's class and generation category next to her name, by the initial letter of her class and generation. For example, 'u', 'm' and 'p' stand for upper, middle and poor, respectively; 'y', 'm' and 'o' indicate younger, middle-aged and older generation women, respectively.

there are very specific things women remember from different family planning ads, if not the complete ad. Her recollections also highlight the period when BTV was the only TV channel, so that women were more likely to see these contraceptive ads.

Other situations also influence women's chances of watching these ads. For example, Soma (u/m), Saima (u/m) and Koni (m/y) indicate that satellite television brought opportunities to view more channels, reducing the likelihood of sticking to one channel for long, and perhaps limiting the chance of seeing TV commercials including those for contraception. Barnali (m/m) believes that there are so many TV channels; she might have missed out on some commercials. Furthermore, as her husband lives abroad, she does not find it necessary to think about contraception implying that she might not register some ads. Similarly, Nasima (m/o) and Nazneen (u/o) explain that for the last ten years (since 2002) they do not pay much attention to these ads as they no longer need to use contraceptives.

For Musarrat (u/o) and a few other women, there were particular constraints that limited the possibility of watching TV. Musarrat lived in a joint family, and as the eldest of the daughters-in-law with huge family responsibilities, did not have enough time to watch TV. For others family conventions were a constraint, as Farha (u/y) describes,

I grew up in a very conservative environment. My parents bought a TV when I was in class ten¹²⁰. If there was any ad of this kind, we, I mean, the young used to leave the room.

For Farha the restriction was religious, and also for Sopna (u/o), who seldom watched contraception TV commercials before marriage. Restrictions were even stronger in the case of Nazu (m/o), whose husband disliked watching TV as she makes explicit:

We were never allowed to watch TV in front of your uncle¹²¹. I used to be busy with our children, their studies; all of them were at a growing up age. And he was a man of temper (*ragi*). Very bad tempered. When he was around, I stayed far away from TV, because he disliked watching TV. And he hardly turned on the TV. By the time it was ten/eleven in the night, kids had finished studies, and we all went to bed.

¹²⁰ Class ten refers to tenth grade in high school.

¹²¹ Although he was not my uncle, Nazu's application of this relational term is a traditional way of referring to one's husband when talking to others, instead of using his name. Such practice is largely influenced by a local religious belief, which means a woman believes that pronouncing her husband's name is a sinful act.

Nazu's narrative indicates how gender as a relationship of power may operate at any stage of everyday life, including women's scope for watching TV. Press (1991:69) in the context of American middle class women stresses:

Since television watching is an activity that often occurs in conjunction with one or several others in the family, [...] or for women, in bedrooms they may share with husbands, the act of negotiation what show to watch, or when to watch television at all, can be a fairly tricky power negotiation.

Although Press (ibid.) did not clarify whether such 'negotiation' of American women involves giving up, certainly this was the case with Nazu; she gave up on watching television due to her husband's bad temper. As Silverstone (2003: 151) opines, 'Watching television [can be] a highly gendered activity, gendered in relation to hierarchies of domestic politics, and in the consequent different qualities of time-use and control over space'. These experiences also point to the many ways which may restrict women's viewing of TV and contraception ads in particular.

Unlike women from the upper and middle class, for poor women, the constraints are more materialistic. As Shamsunnahar (p/o) explains: 'I cannot recall, nor do I remember much now. I leave for work in the morning, return at night, neither do I get time to watch TV'. She further adds that she does not have a TV or electricity in her house. However, she watched a few TV contraceptive commercials whilst working as a domestic help in someone else's house; yet she cannot remember very clearly and she cannot understand print ads because she is illiterate. It is clear that Shamsunnahar and many other poor women cannot watch TV as most of their time is spent on making ends meet for their families, with illiteracy further curtailing access to print ads and to understanding. Therefore, some women remember that there were *Raja*, *Maya* and *Femicon* advertised on TV but cannot recall the ad content, as is apparent in Hena's (p/m) comment: 'Am I that educated? No! I do not understand these'. Hena's inability to talk about contraceptive ads makes her explain that women like her who are less educated, cannot understand let alone remember the ads. Similarly, Razia (p/o) who was too shy to talk about contraceptives eventually reveals, 'Yes, I watched them on TV, so what? I did not understand anything. I don't understand'. Minu (p/o) too says that she cannot read and that is why she cannot understand or remember these commercials. However, she does recall that *Maya* used to mention that if a woman takes this pill she can prevent pregnancy. That is how she understood the ad was about birth control.

Thus, even though these women blame their own education level, Minu's case indicates, it is also that these ads are not very clear in their contraceptive information – a concern raised by some women from the upper and middle class too, as I discuss later in the chapter.

One of the issues arising from this discussion is how, given these difficulties, these women managed to have opinions on the ads. During our conversations, when I showed them the ten 'sample ads'¹²² these helped to jog their memories of contraceptive ads and to reminisce. But, it is in the context of the constraints, which I have discussed above, that women's interpretation of the ads needs to be considered.

Shyness and Embarrassment, Wifely Responsibility and the 'Happy Home'

More than one third of the women (15 out of 36) across the three classes and generations reflected on their memories of shyness and embarrassment associated with contraceptives. Such memories referred to how shyness is signified in ads, which three women focused on, but most highlighted their own shyness and embarrassment due to certain incidents arising in relation to the ads. Ang (1990: 247) and Silverstone (2003:153) rightly argue audience participation takes myriad forms: not only interpreting meaning of texts but also relating these meanings to personal experiences.

Koni (m/y), pointing to two sample ads *Maya* pill¹²³ and *Nordette 28* pill¹²⁴ states that pills are portrayed as a *gopon jinish* (secret matter). Looking at *Maya* she laughs and says, 'The woman is dying with utter shyness' (*lojjae mara jachche*). Likewise, Lucy (m/y), pointing to the expression of shyness in the same *Maya* ad, mentions that such expression is absent in the male figure. Seeing the same commercial for *Nordette 28* as Koni, Lili (m/o) utters with great excitement: 'See, I told you, pill advertisement shows shyness; see as if they are hiding it'. Lili (m/o) also refers to male contraceptive methods, for instance ads for condoms, to suggest that these do not portray shyness. In addition to the explicit manifestation of shyness as evident in *Maya*, whispering and keeping the discussion of contraception within a female domain, is also

¹²² As mentioned in Chapter One, these are the ten ads I showed the women during interview. I refer to these as 'sample ads'. These sample ads worked as a prop to recall their memories of some other contraceptive ads, they might have viewed.

¹²³ Sample ad 2, Chapter One.

¹²⁴ Sample ad 8, Chapter One.

interpreted as shyness. In the former instance, the ads are seen to portray shyness as an essential female attribute. In the latter, shyness connotes embarrassment attached to contraceptives in everyday life. This is addressed by the rest of the twelve women, although in relation to their own experience of embarrassment. As evident in Nasima's (m/o) reflection:

My son Apel used to sing a song *Aha misti ki je misti* from *Maya* during playing. This made me feel so shy! [Laughter...Pause...] Oh God! Yeah, it was a very popular song and kids used to learn it from TV and sing it during play.

Nasima further explains that she felt embarrassed if these ads were broadcast and so avoided them, by not paying much attention when they were aired. But Apel's murmuring of the song reminded her of the ad and made her feel uncomfortable. Similarly, Sabina (u/m), Miti (u/y) and Saida (m/m) remember their mothers used to forbid and scold them whenever they used to sing jingles from different pill commercials and from the *Raja* condom ad during playtime. Bondhon (u/y) recalls:

I knew about *Raja* because everybody was playing with the balloons. *Raja* was cheap, and poor children used to blow them up. So I wanted to play with them, and then *ma* said 'No, it's for different purpose'. I was too young to understand. It was a bigger balloon and I never got to play with it.

Bondhon's mother, in order to avoid potential embarrassment, proscribed her daughter from playing with condom balloons. But Rabeya (p/m) remembers that she used to blow up *Raja* condoms with her childhood friends. For Rina (p/m), this became a reason to abandon condoms from her conjugal life. As she explains, 'Condoms are tough to store, as well as a hassle to dispose of the used ones'. She further states that many people keep them here and there, and children play with them, which is embarrassing. Such an expression was evident on Parvin's face during our conversation. Parvin (p/m) spent most of her life staying in other people's house whilst working as a domestic help. She recalls, during her work in a previous home how her fellow domestic helps were having fun among themselves at the expense of their *saheb* (master) and madam; as they accidentally discovered a contraceptive packet in their bed. 'I felt shy and snatched the packet from them to put it back there', says Parvin. Thus where the social expectation is to keep contraceptives hidden, women's embarrassment arises from their unexpected disclosure in a more public space or in front of outsiders. A failure to maintain this may

bring shame, evident in the case of Parvin's (fear of her) master. Partly, such embarrassment is also due to contraceptive's association with sexual intercourse, which is considered a private matter. Displaying sexual intimacy in public sphere is still largely considered a taboo subject in Bangladesh (an issue I reflect on in the last section of this chapter and in Chapter Six).

Birth Control – a Wifely Responsibility

The second issue which emerged from discussions is how contraceptive advertising suggests that birth control is largely a woman's responsibility.

They show a wife entering the bedroom after finishing her work, taking a pill from the pill packet kept on the table, and after having it, goes to bed with a smiling face. The smile indicates this pill suits her well. Sometimes, they show her taking the pill from a bed side drawer. But a condom ad never shows a male in his daily life, and who is about to use a condom as he is going to bed or making sleeping preparations. Condom advertisements are few, and they show the box only.

Nazneen (u/o) provides this description of TV ads for pills and condoms appearing pre-2000.¹²⁵ She thinks ads suggest that birth control is a female responsibility, with pills embedded in a woman's daily activities. In fact establishing it as the last activity before a woman goes to sleep, makes Nazneen feel that birth control is a woman's responsibility. Likewise, Humaira (u/m) and Lucy (m/y) refer to a TV ad for *Ovostat* pill¹²⁶ from post-2000 that portrays the pill as part of a woman's sleeping preparation at night – 'she takes a pill and afterwards the lights are turned off indicating that the couple would then engage in sexual activity'. For them also, it meant that a woman is being asked to shoulder the responsibilities of birth control. For Sopna (u/o) the emphasis on female sterilisation by the GoB rather than male sterilisation pinpoints that family planning is solely a woman's responsibility. Similarly, Lili (m/o) thinks that ads for female methods appear more often, which also highlight that a woman has to be more responsible for contraception. Responses from these women from the upper and middle classes from the three different generations indicate that it has been an ongoing occurrence in post-independence Bangladesh that contraceptive ads portray

¹²⁵ Noting the actions she describes, it seems she was referring to Figure 16 in Chapter Four, where the screenshots 16.4 and 16.6 completely resemble the same sleeping preparation that she is referring to.

¹²⁶ Ad TC33, Appendix II.

birth control as if completely a female responsibility. They seem to be implicitly suggesting that birth control ads should address both sexes and in a way that indicates contraception as a responsibility of both sexes.

However, Miti (u/y) reflecting on this issue in her generation offers a different account. That in the past men used to make decisions about contraceptives, asking their wife to use them: ‘But now things are changing; women too are taking decisions – why should I take pill? Rather, you use condom; like my case – I don’t want to’. Even though, she did not reflect on any commercial, her response is particularly relevant to the visual representation in state sponsored TV family planning ads. Discussed in the previous chapter, among the collected state sponsored TV family planning ads, it has always been a man approving decisions of contraceptives. However, whenever they make explicit who uses contraceptives, it has predominantly been a wife taking responsibility for family planning. Thus, even if Miti is not aware of the source of her views about past generations and their approach to decision making with regard to contraception, family planning ads may have partly contributed to her perspective. Likewise, several other women from the same upper class background (younger and middle-aged), mention that in their generation men are coming forward to take responsibility for contraception. They think that such a shift is also evident in how contraception is now being advertised. As an example they mention that condoms are advertised more than they used to be during the 1980s or 1990s.

In contrast to these more middle and upper class women, those from the poor class do not comment on the issue of responsibility in relation to how contraception has been represented in ads. However, a few women whilst explaining their own modes of managing contraception in everyday life (elaborated in Chapter Six), indicate that for them, taking responsibility allows them to stay free from ‘fear’. Evident in Hena’s (p/m) statement:

Taking the pill means staying aware by myself (*nijei sotorkota kora*). But if condoms are used a woman may still become pregnant. Suppose the condom tears. If I take the pill I do not have any fear (*bhoy*) at all.

For Hena the feeling of fear develops from the risk associated with an unplanned pregnancy. She is a sex worker by profession. Physical capacity bears particular

significance for her profession. In addition, Hena and a few other poor women who want to ensure responsibility for birth control is in their hands, work in informal employment sectors. Such work is globally recognised for its insecurity based on minimal entitlements, with no maternity benefits (Barrientos, 2001; Beneria, 2003; Feldman, 2009; Pearson, 1998; Rashid, 2006a: 156; Standing, 1989). The situation is even worse in Bangladesh, where evidence suggests that due to pregnancy many female workers get sacked without any prior notice. Thus, due to the risk of pregnancy associated with a condom failing, Hena and a few other poor women feel safer if the responsibility for birth control lies with them. This further reveals that such decision of shouldering contraception responsibility is taken by these women not because they wanted to feel empowered, but, due to their lack of trust in condoms and men's inappropriate use of them. Hence, what is identified as agency of poor women by Rozario (1999:88-92) with regard to contraception responsibility (see above Chapter Three) requires nuanced analysis; as it can rather be an act of obligation, caused by specific circumstances. I come back to this discussion in the next chapter.

The Happy Home and the 'Dutiful Wife'

A third area of discussion around contraception ads which emerged from the interviews was in relation to 'home'. As a Bangla proverb declares '*Songshar sukher hoy romonir gun e*' (It is a woman who brings happiness in a home). I grew up in a middle class family. I saw many women from semi-urban towns and rural areas sketching an image of a home, with this statement beneath, to hang on in their home; many also embroidered it on handkerchiefs and *nokshi kantha* (designed quilt) and, until the late 1990s this proverb was often recited in a range of genres on BTV. Such cultural practice has weakened over time. Perhaps the expansion of development initiatives (discussed in Chapter Three), as well as various awareness raising activities by NGOs, women's rights organisations and the like¹²⁷ to bring a 'positive change' in women's status, have contributed to its dwindling.

However, the cultural expectation it invokes, if transformed in some respects, still lies in people's hearts. A significant number of my interview respondents from all classes and generations actually like the portrayal of a super active woman in the ads: a

¹²⁷ See for detail Chowdhury (2010: 89), Duza (1989: 125-128), Haque (2002: 42-54) and Kabeer (2012: 229).

woman, whether a housewife or employed, juggles multiple responsibilities in order to bring happiness in her home (discussed in the previous chapter). For example, Manila (m/y) still remembers a TV ad of *Ovostat*¹²⁸ that she saw sometimes in the 1990s for its jingle: ‘Our conjugal life, bonded with love and harmony’, and the visual content showing how a woman can make a home happy and perfect. Similarly, for Doli (m/m) such a depiction of a super active woman works as an inspiration to keep her own family small. Referring to the Sample ad 8 – *Nordette 28* she explains:

She has a small number of children. That is why she can win everyone’s heart in the family – father-in-law, mother-in-law, sister-in-law, brother-in-law, everyone’s. Why? She does not have any hassle. She can do anything, at any time, according to how her husband wants them. She manages to stay organised (*guchiye thakte pare*) all the time. If I have four or five kids I cannot do this. Should I look after them or the happiness in the family? So I think to keep my family happy I have to use a method. In this advertisement she is doing all the household tasks so nicely, and keeping everyone happy. This is true, this is right.

Thus, Doli does not only refer to the ad but also to her own life. She likes the depiction of a dutiful wife in the ad as she could identify with it and explore the way to act according to her husband’s wishes and satisfy everyone in the family. Minu (p/o) also likes the same ad, as she believes a woman may be educated and employed but still has to remember her duty as a wife. Similarly, Sopna (u/o), Soma (u/m), Saida (m/m) and Eti (p/y) like this ad, because of the way it portrays a family, happiness and a woman as at the centre of creating such happiness. ‘It is very relevant in relation to our social context, it reflects our society’ comments Saida (m/m). Thus there seems to be a wide cultural acceptance towards the stereotypical depictions of an ‘ideal woman’ even in 2012. Duza (1989:131-132) and White (1992:97), writing at an earlier period about rural women’s lives, note that a woman has to maintain household chores as well as engage in labour related to subsistence agricultural production. Further, as White (ibid.) comments in the context of extended families, ‘it is not just her husband that a woman has to please, but the whole family’. Likewise, Begum (2008: 32) stresses that it has become a social norm that a woman belongs to her husband’s family after marriage, and needs to be nice to her in-laws to be a responsible wife. My lived experience of the context and observations during fieldwork, as well as responses from most of the

¹²⁸ See Figure 15 in Chapter Four.

women interviewed indicate that such expectations still exist. As Musarrat's case in the previous section makes clear; it was impossible for her to take out time for personal entertainment, like watching TV, as she had to undertake responsibilities as a daughter-in-law, in addition to her role as a mother and a wife. Similarly with Doli, though she is based in an urban nuclear family, her happiness lies not only in serving her children but also, making everyone happy in her family. Even though such expectation of a woman is gendered, these women view these expectations as natural, as this is what they saw their older generations doing, and this is what society expects from a woman. These patriarchal expectations therefore have a very strong root, as if inherited from generation to generation. Not only that, but such patriarchal expectations may also correlate to religious doctrine (see for instance, Huq, 2014:74; Kabeer, 2012: 224). As Huq (2014:74) quotes from one of the women in her research who attended *taleem*¹²⁹:

I learnt at *taleem* that we must obey our husband, we must do everything we can to please him and his family. That is a duty Allah demands of us.

Studying poor factory women Huq (ibid.) opines that these expectations are rather considered as wifely obligations, as she comments, '[...] failure in performing household duties to desired levels justifies male discord and even aggression'. Nevertheless, none of the women in my research refers to religious belief or gendered violence behind such expectations. Rather, as suggested in Carter and Steiner (2004:2) 'most of us cannot see how patriarchal ideology is being actively made to appear as 'non-ideological', 'objective', 'neutral' and 'non-gendered', the above mentioned women in my research endorse such hegemonic patriarchal practice in the name of keeping Bengali tradition intact.

In contrast, a few women from the middle and upper class (three young and one middle-aged) consider such representation of woman as problematic and show their strong disapproval. They call such representations stereotyped, that increase social expectations towards women and leave them with charge of being guilty for not fulfilling 'their duties' at a 'desired level'. All of these four women are highly educated and employed, which reminds me of Bartky (2010:77), '[...] women's increasing economic and social freedom [...] may eventually lead more women to resist their subordination and the disciplines of femininity'. It is however, important to note that

¹²⁹ A particular type of Islamic classes, where participants learn and discuss Islamic texts (Huq, 2014: 63).

among these women, Lucy (m/y) and Meghla (u/y) have received higher education and studied Gender Studies, Humaira (u/m) is a Gender Studies scholar and Bondhon (u/y), who studied Social Anthropology at university, also comes from an exceptionally 'progressive' family. It is likely perhaps that their problematization of such representations is drawn from a Westernised political awareness of 'gender equality'. But having said that, despite being a member of faculty in a Gender Studies department, Sopna (u/o) prefers such representations; in her case at least being gender aware does not seem to mean prioritising gender equality in her personal life.

Side Effects of Contraception: Women's Perceptions and Experience

When Rabeya (p/m) was asked about her opinions on the sample ads she was very brief and said 'all are good'. I asked her again what was particularly good but she remained quiet. After a while she said 'none of them are bad' (*kharap konotai na*). Once more I asked her why she liked the ads. After another long pause she took a deep breath and stated in a moaning tone:

Apa (sister) they are happy. They take pills, they drink milk and black tea, eat eggs, fruits and so many other things. Otherwise they would not be able to take pills.

Rabeya's response towards the ads thus reflects her class consciousness and a resistance towards the privileged social classes. During (1993: 7) explains, 'groups with least power practically develop their own readings of, and uses for, cultural products [...] in resistance, or to articulate their own identity'. My intention is not to place Rabeya in the group of the 'least powerful', but to argue that her particular interpretation of the ads relates to the experience of living in a poor class. Her concern that the happiness these ads promise in exchange for taking a birth control pill is not applicable to women like her from the poor class, suggesting some distress, became clear through further conversation. She explained how weak she had felt once she started taking pills. Upset about the side effects she experienced, it seemed that she felt unable to speak about it because it contradicted the 'preferred' reading of these ads. However concern about side effects was clearly a very significant issue for many respondents.

Many of the women from across the three classes and three generations comment that the ads hardly provide any information on the possible side effects; with

some upper and middle class women suggesting that the ads offer misleading information about side effects. Du Gay et al. (1997:5) rightly point out, ‘meanings are not just ‘sent’ by producers and ‘received’, passively, by consumers; rather meanings are actively made in consumption, through the use to which people put these products in their everyday lives’. For instance, Humaira (u/m) comments:

There has always been a health message in pill ads, as if it is a good thing, and it will pay off in the long run. I remember one *Maya* advertisement that used to say ‘If you take *Maya* pill it will ensure your good health’ (*Ei Maya bori khele robe sastho valo sobar*), it is low dosage and it brings good to all in the family. I always saw a message ‘low dosage’ in these ads. I used to think why does it say ‘low dosage’? What is it? Then I started thinking there must be some degree of risk, and that is why they try to convince that it is low dosage.

Such ambiguous representations made Humaira so dubious that she decided not to use contraception herself, rather to encourage her husband to use condoms. Similarly, Miti (u/y) questions the authenticity of such representation:

I see ads for pill always say it does not have any side effect at all. Even the other day, I saw something likewise. But, if that is true, to what extent? We do not know. Because, pills are different in types; one type may not suit a woman, but the other type might. So, ‘it does not have any side effect’ the certainty of such statement is questionable. [Sic]

Likewise, women from the poor class also point to the absence of clear information on side effects, raising an additional aspect, based on their own experiences, that the ads do not (but should) communicate procedures and instructions to follow to take a pill or use other methods. It is, however, women from the poor class who are more prone to contraceptive side effects, with ten of the twelve I talked to having encountered some kind of problem. Three women had problems with injections, including vision problems, burning in the eyes as well as in hands and feet, headache and excessive menstrual bleeding; one did not menstruate for six months. One woman suffered from an infection through IUD use; one experienced a condom leakage resulting in pregnancy. The remaining five women had other problems with pills: for example, nausea, dizziness, weakness and occasional eye burning. These side effects, also supported by the secondary literatures (Akhter, 2005; Arends-Kuenning, 2002; Maloney et al., 1981; Rashid, 2001), call the safety of such contraceptives into question.

Nevertheless, two of these women when acquiring a new supply of pills, did not then have any problems. Some of the women also switched to another method – for example, sterilisation and a Norplant implant – and again had no further problems. But Eti (p/y) and Tushar (p/y) are the only two women who took pills and experienced no side effects at all.

Of the women from the middle and upper class who encountered side effects those were largely from pills, namely nausea, weight gain, dizziness and weakness. Sopna (u/o) experienced nausea and dizziness so severely that she immediately stopped her pills, resulting in a pregnancy during her forties which she was not prepared for. Ferdous (m/o), who had similar side effects from pills, got relief by changing the brand. She comments, ‘since then I always buy the most expensive pill from the pharmacy. I believe the costlier, the more effective, and the less are the chances of side effects’.¹³⁰ Several women also had problems from condoms. Lucy (m/y) had vaginal irritation from condoms that her husband used; so he tried a new brand. More seriously Musarrat (u/o) who suffered a uterus infection, resulting in its removal, was told by her doctor that the infection might have been caused by the lubricants in the condoms, which her husband had used regularly for twenty five years.

In the absence of clear information in ads about side effects or elsewhere about how different methods of contraception work women’s views are sometimes based on hearsay. For instance, Tamanna (m/m) is dubious about the method she has selected:

I think we need clear idea before using a method. I have gotten myself a copper-T (IUD) from the hospital. But *amma* (mother) told me that it is not good. I have done this, but I was too scared. It has been one month I got this, and since then I am anxious. I do not know actually how it blocks sperm. I have done this without knowing about it. I did not have much idea about male methods. I wish I knew before! I went to the hospital today. They said everything is all right. But I do not know.

Even though Tamanna had not had any side effect from copper-T at the time we spoke, her uncertainty arose not only from not having much information on the method, but also from the critical comments made by her mother, and the knowledge she had gathered from others around her, that the IUD can cause infection and infertility. Similarly, Koni’s (m/y) mother forbade her to take pills, as it might cause infertility if

¹³⁰ A similar finding is noted in Maloney et al. (1981: 197), discussed in Chapter Three.

taken for long time. Miti's (u/y) aunt, a gynaecologist, also advised her to choose a good brand of pills to avoid side effects. Like Humaira above, many women from the middle and upper class decided not to go for any of the female methods as they had heard and believed that all of them have side effects to some degree or another. Thus, the absence of 'reliable' information on side effects of contraceptives and women's continuing suffering, further contributed to a discourse of side effects as strong that still people are cynical about modern contraceptives. I draw further on this aspect in the next chapter.

I turn now to the last theme referred to by women in their interpretation of contraceptive ads – their opinions about the portrayal of 'sexual intimacy' in these ads.

It is a Chaotic Time! Everything is *Ultapalta* (Disordered) Nowadays

[W]hat is sexual (erotic) is not fixed but depends on what is socially defined as such and these definitions are contextually and historically variable. Hence sexuality has no clear boundaries – what is sexual to one person may not be to someone else or somewhere else. (Jackson, 2006: 106)

Women's discussions on sexual intimacy in the ads do not necessarily stay within the bounds of contraception ads. Rather, the women continuously shift between 'reality' and media representations largely articulating that media should not encourage the moral decay of the younger generation by visualising 'intimate sexual moments'. The concerns thus suggest that 'media are firmly anchored into the web of culture, although articulated by individuals in different ways' (Bird, 2003:3). A view most of the women in my research shared about contraceptive advertising is that ads for female methods of contraceptives are based on a post married life whereas those for condoms are vague in terms of birth control information and seem to show pre/extra marital sexual intimacy.

Koni (m/y) puts it this way:

Usually they show a man and a woman walking together holding hands. Or sometimes they present intimate scenes, for example, a couple embracing each other, and then the brand name of condom appears on the screen.

Humaira (u/m) and several other respondents argue that condom ads always try to convince the audience that their brand ensures pleasurable sex, and that there is always suggested sexual content in these ads. Some women, pointing to some of the sample ads

mention that in the condom ads it did not occur to them that the couple was married. Accordingly, a major discussion point was whether the ads should portray pre/extra marital sexual intimacy and, if so, how explicitly. The women expressed four different viewpoints represented in the diagram below:

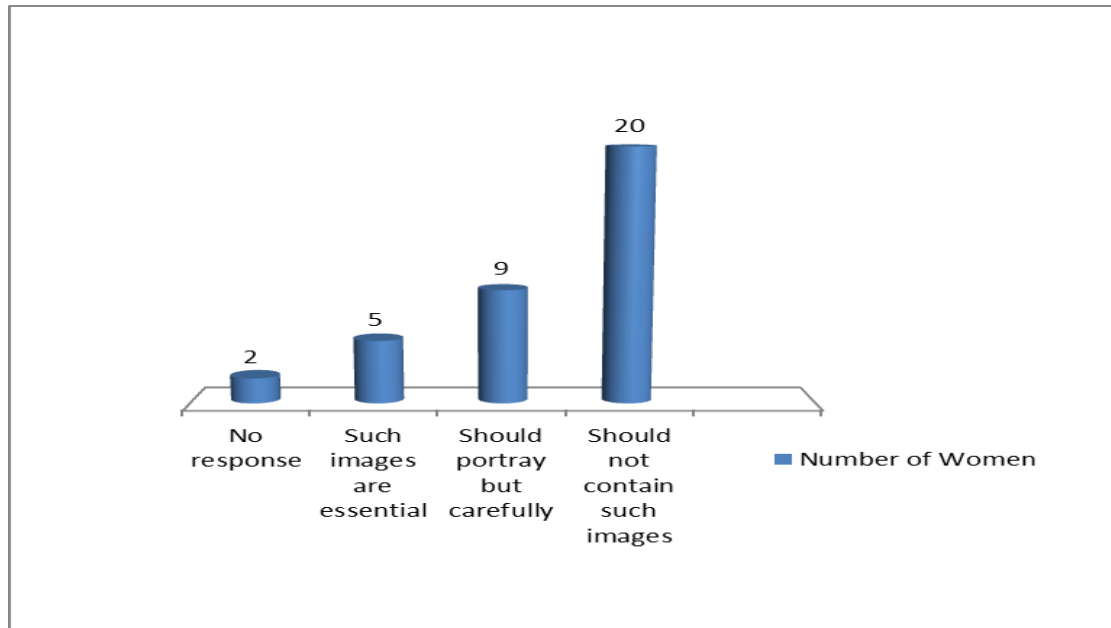


Illustration 5.1: Graphical Presentation of Opinions on Pre/Extra Marital Sexual Intimacy

The first group of women (20 out of 36)¹³¹ believe that depictions of pre/extra marital relationship in condom ads are problematic: firstly, it gives a *baje shikkha* (bad education) to the young generation by encouraging immoral sex. The concerns expressed are about what attitudes are morally ‘right’ and ‘wrong’ in relation to sexuality. In this connection, pre/extra marital sex and pregnancy are identified as *ultapalta* (disorder), a breach of the ‘proper’/‘right’ sexual behaviour as defined by social norms and religion. In this context White’s (1992:152) observation adds further significance: ‘sex represents a defining, negative motif in Bangladesh society, it stands for chaos, disorder, and loss of control’. Even though sexual relationships outside of marriage exist in the society, a portrayal of them in ads is believed to influence the young generation; as is claimed by some of the women I interviewed. For example,

¹³¹ Among these 20 women: 2 belong to the older and 1 to the younger generation, in the upper class; 2 belong to the older, 2 to the middle-aged and 4 to the younger generation, in the middle class; and 3 belong to the older, 3 to the middle-aged and 3 to the younger generation, in the poor class.

Shamsunnahar's (p/o) understanding is influenced by a moral code defining a 'right' sexuality. She calls premarital sexuality a 'new problem' for the young generation.

Times have changed now; girls go with unknown guys and friends. Unmarried girls make love. Then they roam shamelessly with an illicit baby bump (*pet badhaiya nia ghaira beray*)! What a chaotic time! Everything is so *ultapalta* (disordered) now! This is not right. Advertisement should show the right thing – they should always show husband and wife.

Shamsunnahar's application of the term '*pet badhano*' has a very negative connotation in Bangla. It is applied to indicate a pregnancy which is out of wedlock, hence unexpected and 'unglorified'. Social expectation towards such pregnancy is to keep it hidden, and be ashamed of it. Hence, when she sees such women walk around in public, out of surprise and frustration she calls it a 'chaotic time'. Likewise Eti (p/y), whose husband had an extramarital sexual relationship and abandoned her for this woman, used sarcasm to express her anger:

It is a chaotic age *Apa!* [Laughed out of grief] Now what means a husband, and what a friend? Everything is completely *ultapalta*. Such relationship before marriage is not good. And advertisements should not show it. But things happen still. We cannot deny it, rather it is a sign that the world has been spoilt (*duniyatai nostow hoiya gese*).

But Farha's (u/y) position emerges from her religious belief; she stresses:

Premarital sexual relationships exist, and I think 90% male-female engage in premarital sex. On this matter I am totally religious, I do not support this. And if I know someone is doing this I suggest her to end it.

Nasima's (m/o) opinion brings to light a second reason for women opposing such representation:

I think commercials should be based on a country's context, shouldn't it? Our country is not that liberal, is it? I know nowadays some young girls and boys come closer before marriage. They should be careful. But ads should always show marriage, family. Whatever the situation is now, by showcasing unmarried couples they cannot reach the mass of people.

The way to 'reach the mass of people' became evident in Champa's (m/y) contribution (also echoed by some of the poor women):

If they show family, there is no problem in watching together with family members. Sometimes they show a guy taking a woman in his lap, or they cuddle (*japtaiya dhore*) each other, how can we see this in front of our growing children?

Champa's and others' apprehension indicates that viewing sexual intimacy in front of other family members is embarrassing, as well as shameful in front of growing children. Therefore, they either change the TV channel, or start doing something else in an attempt to demonstrate that they are not concerned about what is being displayed on the TV; or the young usually leave the room (for instance Farha, discussed in the opening section of this chapter), and thus consciously act to 'passively engage' (Danesi, 2002: 194-205) with these kinds of representations. Moreover, for poor women with little/no literacy, representing a family and the contraceptive packet bears particular connotations. For them these are the signs through which they understand that this product is to be used for birth control. For example, Khadiza (p/y) explains that the image of marriage or a family on a pill or condom packet communicates clearly to people like her who cannot read.

The second group of women (9 out of 36)¹³² suggest that ads may display sex between unmarried couples, but the message should be carefully communicated, so that it does not encourage 'immoral' sexual activities. For instance, Humaira (u/m) thinks that there are many young boys and girls who become sexually active before marriage. However, ideologically this is not accepted in the society. For boys, to some extent there has been flexibility, but for girls society would never accept a girl who had sex before marriage. Even if sexual relationships exist outside marriage, they are in secret; they are not open or encouraged. Therefore, she thinks that the ads should contain a message of birth control for those engaged in sex before marriage. But she also believes that if they encourage premarital sexual activity there will be a backlash against such representation: 'Because, I believe we are not in a situation yet to pronounce that contraception is for all adults, for all, whoever is sexually active! No, it is not the time yet'. Although Humaira considers such representations as a timely requirement but she further points to the necessity for a 'responsible depiction'.

¹³² Among these 9 women: 2 belong to the older and 4 belong to the middle-aged generation in the upper class, 1 belongs to the older and 1 belongs to the middle-aged generation of the middle class and the last 1 belongs to the older generation in the poor class.

Pointing to sample ad 10 (*Panther Dotted* condom) she complains that the new bride has been portrayed as a 'sex slave' in this ad.

Sopna (u/o) and Ferdous (m/o), argue for the necessity of such depictions, albeit they are highly critical about sexual love prior to marriage in the young generation. Sopna opposes the very idea of 'modern love':

Let me tell you from my experience of love. We also loved, had good times together before marriage. But that is different from what happens now. Now it is very dirty, it is all about sex and sex. Love in this generation is very much sexual.¹³³

Such emotional reaction from an older generation woman to the transformation of asexual love before marriage to an overemphasis on the sexual is not limited to Bangladesh. Langhamer (2013: 209-210), drawing on the Mass-Observation archive in Britain noted one woman writing in 2001 who commented:

[...] now sex comes much earlier on. Living together, even in the sixties, generally meant you were going to get married. But not now. Even being engaged doesn't seem to mean you're going to get married.

Therefore, Sopna thinks that ads should portray unmarried couples, because it is a demand of the times, but not in a way that encourages premarital sexual activity. For an example, she refers to a TV ad for the *Hero* condom (aired in 2009)¹³⁴, where the end statement boldly asserts:

Do not take risk. Ensure self-security first. That is why, advanced quality condom *Hero* – protects you from unplanned pregnancy and severe sex diseases including HIV/AIDS. As long as you have *Hero*, there is no risk. *Hero!*

According to Sopna, such depiction is problematic as it encourages promiscuous sexual behaviour by showing a young, unmarried couple, and including the visual command 'As long as you have *Hero*, there is no risk *Hero*'. According to her, this suggests that with a condom any unmarried couple can engage in any kind of (immoral) sexual activity. To her, 'risk' in sexual activity for a man connotes having sex with someone other than his wife. However, Ferdous (m/o) thinks that contraceptive ads published these days are suitably 'modern'. Looking at the sample ad 7 – *U & ME* condom she

¹³³ Sopna is comparing an ideal form of romantic love (before marriage) in the 1960s with the 21st century premarital sex, in Bangladesh.

¹³⁴ Ad TC40, Appendix II.

points to the girl's Western outfit and to the couple having fun, to confirm her viewpoint: 'it is not clear whether they are husband wife; it does not need to be. They do not need to present married couple always, as sex beyond marriage exists now'. Her idea of a 'modern' ad is interchangeable representationally with 'modern sexuality' and this modernity, she believes, increases contraceptive awareness. Nonetheless, she is very critical about the existence of such sexual practice, as it does not fit her understanding of 'proper' sexual behaviour:

Things were not that open before, at least there was some sort of shame. Oh God! What happens in our *Dhanmondi Lake*! I wonder from which family these girls are? They sit there with boys as if they are glued to each other in such an embarrassing way that you will have to take your eyes off. Physical relationship (*sharirik somporkow*) before marriage is not right. It is sinful. And I have seen these relationships do not lead to marriage at the end. They break up.

Even though Ferdous's understanding of 'right sexual behaviour' seems not to apply to men – she does not comment on the boys who are with these girls – her comments bring to attention how religious views are deployed to justify sexual and gender morals. Like Farha, however, Ferdous is not a strict follower of religious doctrines, but still draws on it to validate an everyday moral order. As White (2012: 1442) describes: '[w]here things do not just come naturally, however, religion may be brought in with society to ensure proper behaviour [...]'. For Ferdous the forfeit for such 'sexual immorality' is the failure of such relationships to ever culminate in marriage, which according to her is the ultimate goal of love. Ferdous thus, not only suggests for a moral sexual life, but also encourages the construction of female 'docile bodies' (Foucault, 1995), 'not through punishment, but by teaching [women] to accept those expectations as their own and to live as if they might be punished at any moment' (Foucault, cited in Bartky, 2010:76).

Further conversations with Ferdous and several other women reveal that it is not only the depictions in contraceptive ads that they are worried about. They are also reluctant to accept other changes, such as many young girls' 'Western' clothes, lifestyles and sexual behaviour, which they consider are the upshot of a Westernised modernity. These women consider that premarital sexuality is a new phenomenon, an outcome of socio-cultural changes brought by modern technologies like the cell phone, satellite TV, and the internet. The approach in condom ads especially to background

marriage and family but highlight sexual pleasure seems to them to bestow approval on promiscuous sexual behaviour. This makes these women particularly concerned about such ads. Importantly, displaying sexual intimacy in public space as well as pre/extra marital sexuality, are understood as an influence of Westernised sexuality and a non-Bengali attitude. Their critical but arguably partial understanding of ‘Westernised sexuality’ reduces ‘Westernised sexuality’ to a monolithic category. But perhaps such perceptions emerge from a postcolonial consciousness: an effort to saving ‘Bengali culture’ from the Western cultural invaders. Gunkel (2009:77-87) suggests such an analysis in her consideration of post-colonial spectatorship in the context of post-colonial and post-apartheid South Africa (see Chapter Two above). She stresses how Muhali’s photographic representations of the black, naked, female body as a response to challenge the colonial discourses about black lesbian sexual desire – were perceived by African visitors as a display of nudity and sexuality of African women. As such they were considered disgraceful for the honour of the African tradition, and marked an undermining of the nation. Thus, colonialism plays a crucial role in construction of sexuality even in the decolonized body.

A third, but small group of women (5 out of 36)¹³⁵ propose that considering ongoing social realities, it is essential that the ads include pre/extra marital sexual relationship. For instance, Miti (u/y) suggests:

In our time sex outside marriage was a taboo. But now we cannot control it. It is happening and increasing in new generation, and you cannot stop that. Better it is wise to use protection. It is better to be safe than sorry. In today’s context, it is not necessary to portray married couple; rather, I think it is very important to build the awareness. [Sic]

Similarly Doli (m/m) also thinks that such depictions are essential to create awareness which is necessary to prevent premarital pregnancy. But, Rina’s (p/m) approval for displaying sex beyond marriage in condom ads is derived from her belief that condoms should be used only during ‘unreliable sexual relationship’, and not in conjugal life. As she says: ‘I don’t want my husband to use a condom, because I know he does not go to *kharap jaega* (bad places, i.e. brothel), I trust him’. Therefore, she thinks pre/extra marital sexual relationships can be included in condom ads to promote safe sex.

¹³⁵ Among these 5 women, 3 belong to the upper class younger generation, 1 to the middle class middle-aged generation and the last one to the poor class middle-aged generation.

Bondhon (u/y) addresses the same trust concern from a different perspective. According to her, the prevalence of advertising representations, which associate the condom with ‘promiscuous’ sexual behaviour, thus raises an issue of trust. She argues:

I have serious allergy with condom, the very idea of condom does not suit my personality. Condom was never a choice for me. I don’t know, I just feel too messy about it. I think it is philosophical [Smile]. Trust is more important to me; because you won’t sleep with him or her and vice versa if you don’t trust him. So the thing is like, if you do that [Pause], if I am being in a relationship [Pause] I would not sleep around [Pause] never ever. Condoms indicate that you cannot trust your partner. I feel mentally sick about it.

Thus, when the condom is more an emblem of protection against HIV/AIDS and STD than birth control in the contraception ads, such representation strengthens the social discourse: ‘[...] use of condoms indicates that the partners are not sexually exclusive and signals a lack of mutual trust’ (Sobo, cited in Rashid, 2006b: 73). This leaves women with a dilemma – whether to go for condoms or not; because going for a condom would mean that they do not trust their husbands. Accordingly, Bondhon suggests that sexual intimacy needs to be portrayed in not only condom ads, but in any kind of contraceptive ad to promote safe sex and birth control. She further expresses deep frustration about the double standard society maintains – permitting sexual objectification of women’s bodies in ads, yet maintaining strict ‘policing’ in the name of protecting the honour of the nation when it comes to contraceptive advertising. As she asserts:

If you [Pause and a bit hesitation] I mean you know it, I know it, in Bangladesh there are unmarried couples and the number of them is not that negligible, and nor the number of incidents of sex outside marriage that negligible. Many of them use contraceptives, I know people. Definitely they should be presented in the ads. Because [Pause] it is like Bangladesh is a very peculiar country [She seems annoyed]. Here the models from *Arong* who advertises sari wear low cut blouse and all that cleavage showing, and what not. And that’s definitely not the representation of Bangladesh. But people don’t talk about that. In contrast think, when you want to address such a sensitive issue like contraceptive it becomes all that hush, hush. I simply can’t just [Pause, silence, and shrugs with a helpless expression].

Similarly, Meghla (u/y) supports the portrayal of sexual intimacy to create awareness for both safe sex and birth control, and further recommends that pill ads should stop portraying marriage as the only context for using pills, as many unmarried girls, including her, are prescribed pills by doctors to regularise menstruation.

The final small group of women who did not respond are Tushar (p/y) and Nazu (m/o). Tushar did not address this aspect due to her limited knowledge of these ads. Nazu on the other hand, was more interested in talking about her life without reference to sex, mostly discussing about how busy she was in performing her responsibilities as a wife and a mother, which, as she recounted, barely allowed any time to think about other issues. This was a common style of talking about sex observed mostly in the older generation women, as if sex was not that important, just a mundane part of married life and that was it. I draw more on this aspect in the next chapter.

Conclusion

Despite the constraints and feeling of embarrassments that limit women's opportunity to watch and discuss contraceptive ads, the diverse perceptions shared by these women during interviews, indicate that women bring a variety of experiences and knowledge to bear as they read and engage with contraceptive ads. Their interpretations of the contraceptive ads are not only limited to what is in the ads, but also how they relate these representations with their everyday lives in various ways.

Responses from one, but relatively a small, group of women indicate that the ads reproduce patriarchal expectations towards women. Portrayal of women largely as shy, solely responsible for happiness in the family, sexually passive if married, are some of these depictions which these women consider as gendered and an encouragement towards patriarchal expectations. In contrast, the majority of the women accept such representations, for what seem to them as depictions of 'ideal Bengali women'. Thus, although some women want to see a reflection of the 'real' in these ads, many like to see the 'ideal', the 'traditional'. Having said so, there are certain issues on which women do question the absence of a reflection of the real in the ads. For instance, several women from the upper and middle classes from the three different generations, who, based on their own experience, problematize how the contraceptive ads portray birth control as if completely a female responsibility, recommend that these need to address contraception as a responsibility for both sexes. Meghla (u/y) further suggests

that pill ads should not portray marriage as a condition for using pills, as many unmarried girls also take pills to regularise menstruation. Contrary to Meghla's argument, many poor women with little/no literacy find it useful if ads represent marriage, a family or the contraceptive packet, as this communicate clearly to people who cannot read. Finally, in relation to contraceptive side effects, a common demand from the women is: the ads should mention detailed information about how to take a pill or use other methods, clarify any possible side effects resulting from a particular contraceptive method, and include instructions on how to overcome the side effects.

It is also evident from the discussions in this chapter that women's responses towards various depictions in these ads are dissimilar not only due to their divergent social classes and generations. In addition, even within the same class and generation the responses are diverse due to women's varied lived experiences of contraception, upbringing, influence of Westernised education and an awareness of gender equality. For instance, Farha and Bondhon are from the upper class and belong to the younger generation. However, Farha's upbringing in a religiously 'conservative' family did not even permit her to watch TV until a certain age, whereas Bondhon was never discouraged on the questions about contraceptive ads even during her childhood, at an age of three/four. Indeed as McQuail (cited in Silverstone, 2003: 143) comments, 'Media use can ... be seen to be both limited and motivated by complex and interacting forces in society and in the personal biography of the individual'.

However, in two instances there are clear variations between classes and generations. Firstly, women from the poor class had much less to say about the representations in contraceptive ads compared to the other classes, mainly because they had fewer opportunities to view ads but also because their limited literacy meant that they could not fully comprehend such ads. Secondly, on the representation of pre/extra marital sex in the condom ads, responses also vary based on women's class and generation: it is mostly the younger, upper class women who uphold a relatively 'progressive' view of sexuality. Nevertheless, what seems significant to note – a majority of the women talk at a much generalised level: not always tying into their own experiences or their own families. They are often comparing an idealised earlier period with 'now' which they consider problematic. It is also important to note that the opinions on this issue are expressed mainly in relation to how such depictions of

sexuality may impact the larger society and Bengali traditions; they are not discussed in terms of sexuality at a personal level. I engage with this latter aspect more fully in the next chapter.

CHAPTER SIX: Sexuality in Everyday Life – Documenting Social Class and Generation

Introduction

In this chapter, again paying attention to age and class differences, I reflect on women's narratives of their lived experience of contraception and sexuality, how gender permeates these experiences, and the ways contraceptive ads and any other media might feed into these experiences. The chapter is organised into four sections. In the opening section, I reflect on the process of women becoming informed about contraception and the role of ads or other media. I then elaborate on and discuss the sexual knowledge women have acquired in this way, and its variations according to class and generation. The chapter then turns to discuss the knowledge and experience women have of the side effects produced by particular contraceptive methods and the particular issues related to the use of condoms and the so-called 'pleasure crisis', particularly for men. The concluding section particularly engages with the issue of gender. In this section I return to theories on gender and sexuality to focus on the key query of this chapter – to what extent gender appears as a binary power relationship in women's lived experience of sexuality and contraception. Through a critical analysis of women's narratives laid out in the former three sections, I argue even though gender as a form of polarised power does exist, women may not always identify it as the most oppressive. Understanding gender as the only power relationship between the sexes in fact mystifies the other ways through which power is at play in women's everyday life; gender cannot fully explain power in its complex forms. Power is multifaceted, and hence, a polarised view of gender may rather obscure other forms of oppression women encounter in their everyday experiences of sexuality.

Introducing Contraceptives – Ads and Interpersonal Networks

Even though the studies and discussions outlined in Chapter Three suggest that there has been a consistent effort around population control even before the emergence of independent Bangladesh, responses from my in-depth interviewees indicate that such initiatives were mostly targeted at poor women. Consequently, although women from the upper and middle class have nearly similar experiences of being informed about

contraceptives, poor women's experiences significantly differ from theirs, as will be evident from the following discussions.

Contraception Knowledge, Older Generation¹³⁶

Three of four older women from the upper and middle class did not have any knowledge of contraceptives before marriage. Selina (u)¹³⁷ who came to know about oral pills from her husband comments that discussion of contraception was treated as a very personal matter. Pointing to the *Nordette* 28 ad (sample ad 8) she argues:

See, she is giving the bride a pill packet during her marriage ceremony. In our time we could not even think about this! Nobody even discussed it in broad daylight. This was a very personal matter. Even I did not converse about it with friends. No one ever said nor did I ever ask what pills one takes. Now things are open, unlike our times. There were certain matters expected to be kept between husband and wife; this was one of them.

The time frame Selina was referring to is the 1960s to the early 1980s. In addition to her consideration of contraception as a private matter, other women from the same generation, who did not have contraception knowledge before marriage, explain that before the late 1970s there were not many contraceptive ads to create awareness. However, unlike Selina these women gathered contraceptive information from other women in the neighbourhood and in-laws, in addition to their husband.

Nazneen and Lili are two women from the older generation, upper and middle class respectively, who had knowledge of birth control before marriage. Whereas Lili learned from neighbouring women's discussions, and seeing family planning door to door service providers, Nazneen thinks her family was one of the 'modern families' in pre-independence Bangladesh. She was informed about birth control by her sister-cousins. Thus contrary to Selina's consideration of discussion about contraceptives as a secret matter, Nazneen thinks such secrecy represents a problematic conservatism.

Consequently, although there are differences with regard to knowledge of contraceptives in the older generation women, it was obvious from the interviews that the post 1980s advocacy initiatives taken by the GoB, NGOs and international agencies

¹³⁶ Includes women from the upper and middle class.

¹³⁷ Indicates upper class.

(discussed in Chapter Three) to familiarise family planning in Bangladesh played a notable role in creating knowledge about contraceptive methods. Hence, women from the next two generations are aware about contraceptives before marriage.

Contraception Knowledge, Middle-aged and Younger Generation¹³⁸

It was revealed through conversations that since the late 1980s contraceptive ads had initiated an early level of awareness, which was to some degree helpful for many middle-aged and younger women from the upper and middle class. These women affirm that the contraceptive ads, especially ads for pill those they watched in their childhood, provided some idea, if vague, about contraception: that by taking birth control pills one can prevent having babies, but that was it. The understanding was devoid of any sexual connotation; rather, before they actually knew how to get pregnant, or had any kind of sexual knowledge, they knew that pills were for preventing babies. As Miti (u/y) clarifies:

My first idea about contraceptives grew at the age of ten from a TV ad for a pill, which had a nice jingle. At that age I did not understand what the ad was suggesting. Definitely I was not thinking in any depth. So it was in my mind, and as I grew older other information sources like novels, newspapers, friends and my aunt who is a gynaecologist all contributed to develop my idea about contraception.

Thus, although ads served to inform these women at a very basic level, usually after puberty, as well as in a few cases after marriage, women received relatively clear information about birth control. For example, Champa (m/y) learnt from her *vabi* (elder brother's wife), Doli (m/m) from NGO health workers, Sabina (u/m) got a clear idea after marriage from her friends, Bondhon (u/y) gained a clearer perspective from her mother and door to door service providers, and Farha (u/o) learnt about emergency contraceptive pills from one of her friends at university. Nevertheless, several married women also claimed ads assist them in learning about new brands and thus influenced their purchasing decisions. The conversations further confirm that social disapprobation with regard to discussing contraceptives with others has diminished, opening up the possibility of exchanging contraceptive information through interpersonal networks. As a consequence, apart from the sources mentioned above, women from these two social

¹³⁸ Includes women from the upper and middle class.

classes also receive information from their cousins, mother, grandmother, elder sisters, in-laws, pharmacy, and colleagues at work as well as from conversations with other women at their children's school.

Poor Women's Interpersonal Contraception Network

Even though most of the older women from the upper and middle class who were interviewed did not have any knowledge of contraceptives before marriage, all the older women from the poor class knew about contraception. Nonetheless, as partly discussed in the previous chapter, for poor women ads have been a little-used way to gain contraceptive knowledge. For them, interpersonal networks have been more significant. They learn from their grandmother, elder sister, aunts, in-laws, husband, neighbouring friends, neighbourhoods and door to door service providers from the GoB as well as from different NGOs and community health clinics.

Two of the older poor women were informed about contraceptives from the door to door health service providers. The other two older poor women, who are sex workers by profession, were provided pills by their *Sardarnies* (brothel owners) and NGOs. Sometimes they just learn by seeing the practices of elder relatives. For example, Sokhina (p/y) saw her aunt and mother take pills and that is how she learnt. Hena (p/m) remembers *Maya* being taken by many of her friends as it was cheap. In a brothel she received information regarding contraception from other sex workers, and from women working in different NGOs who gave her free condoms. The latter also advised her that condoms can protect from sexually transmitted diseases. Discussions with the younger and middle-aged poor women suggest that even though they have seen contraceptive commercials on rare occasions, due to their limited or no literacy, interpersonal communication has been more effective in informing them compared to contraceptive ads.

Thus the research findings outlined in this section further contribute to Kabeer (2001) and Schuler et al.'s study (1997: 564) on rural poor women, discussed in Chapter Three. Although, these studies consider rural poor women's income as a key factor in reducing fertility rate, from what I have outlined above it can be inferred that it is not only income earning, but also a decline over time in the social taboos surrounding contraception, along with women's increasing access to the public sphere, that resulted

in a proliferating knowledge about contraception in women across different social classes and generations. The conversations here further open up discussion on how women learn about sexual intercourse.

Knowing and/or ‘Getting Used to’ Sex

According to Weeks (2002: 36), writing in the context of Western culture, ‘Class does not determine sexual behaviour, but it provides one of the major lenses through which sexuality is organised and regulated’. This idea is a key theme of this section, in my discussion of women’s experience of sexuality across different social classes. When women were asked to reflect on how they became aware of their bodily changes and physical relationship (sexual intercourse), the responses indicate many different sources and processes. Contributing to their sexual awareness, women referred to reading romantic novels and watching English movies, growing up with satellite television, contraceptive advertisements and HIV/AIDS campaigns, overhearing adult relatives’ discussions (*phish phish kore jana*), or education institutions, biology lessons in high school and sex education curriculum in English medium school; both of the latter is a relatively recent phenomenon. And commonly they learnt from exchanges of discussions with friends in the neighbourhood, same-aged cousins as well as other relatives – including a husband, elder sister, parents and grandmother. In addition insights were gathered from their surroundings – a source mostly applicable to women from the poor class (as will be clear from the discussion below).

However, the specific processes of acquiring sexual knowledge were distinctive, varying across social classes, generations and women’s upbringing.

Sexual Awareness in the Upper Class

Among the four older women in the upper class, three did not have any idea of sexual intercourse, and for them, their husband was the first source of such knowledge. For example, Selina (u/o), who got married at the age of thirteen, says:

It was more of how I became used to it. I knew nothing. So when I was married to your *chacha* (uncle)¹³⁹ he did not touch me for months. I was so immature! I used to get scared and shout if he

¹³⁹ As I mentioned in Chapter Five, although he was not my uncle, Selina’s application of this relational term is a ‘traditional way’ of referring to one’s own husband when talking to others, instead of using his name. Such practice is largely influenced by a local religious belief: pronouncing husband’s name is a sinful act.

touched me. I hardly had any idea of what a husband is, and what he is for. What to tell you! Even I had no idea of what a kiss is, or that it also happens in real life. No, nothing. I thought it happens only in English movies, in theatre house (*chobi ghor*). But actually it is a part of life! I never thought, never knew before marriage. I rather asked my husband about it, probably he thought, *Ya Allahu!* What would happen if I touch this girl! Then [...Pause]. Then slowly, slowly, day by day, I became more used to the family life (*songsari hoye gelam*). Afterwards, when I became a wife from a girl, and a mother from a wife, I myself don't know.

Selina's reference to being 'used to the family life' or becoming 'a wife from a girl', as a euphemism used to indicate her first sexual intercourse, also suggests that sex in conjugal life is a wifely responsibility. For Musarrat (u/o), the whole experience was rather embarrassing:

We did not have any such kind of ads then. I did not have any idea. What else can I tell you? I mean, I mean, the whole thing was shameful for me. I felt very bad. I used to think what is this? What has he done to me, oh God! Where am I? – the whole feeling was like that.

Contrary to Selina and Musarrat, Nazneen (u/o), despite being from the same generation, knew about the physical relationship in a conjugal life. She believes that her natal family environment was unconventionally modern in not posing any restrictions on her reading of romantic novels in high school and from which she became aware of a sexual life.

Restrictions posed on sexual curiosity seemed to diminish, at least relatively, for the middle-aged generation. All upper class women in this generation had prior ideas of sexual relationships. Although such knowledge was not derived from any sex education, in the process of puberty and adulthood these women became aware of sexuality and sexual expectations from science lessons in high school, through reading novels, watching films, discussing with friends and cousins. My conversation with Humaira (u/m) below illuminates this process:

H: It was during 1971, I recall consciously, because we still chat about it. I was eight years old then. We used to visit *nanu's* (maternal grandmother) place often. The time was very unstable (*osthir*), if you understand.¹⁴⁰ Our parents were not overseeing us at all. We had a detached room at *nanu's* where my maternal uncle used to live, but, left to join the liberation war. So we used to go

¹⁴⁰ 1971 – the time of Bangladesh's (then East Pakistan) independence war against West Pakistan.

and spend time in that room. Whilst we were sitting there one day, one of our maternal brothers who lived at *nanu*'s brought us a copy of *Penthouse*; which had a photo of a completely naked girl. We – four or five cousins aged seven to nine – glanced through it, and hid it under the bed mattress before anyone saw us. It was a big thing for us, as if we were on a secret mission. This was the first time I saw a full naked body. And we had an elder cousin brother, my first door to sexual knowledge, who also joined us there. He told us that he knows who loves whom, and who sleeps with whom. But what people actually do whilst sleeping together – we did not have any clue about that. He also said he had seen someone kissing. The whole thing was very hush, hush, and this was the start.

I: Ok, right! Can you tell me more about the photo? Do you remember what was it about?

H: Yes, a naked girl! A black girl and, totally naked. It was from *Penthouse*, a pornographic magazine. A black girl with big boobs! The magazine was full of her photos from different postures. But there was no naked body of a male.

Even though the other three women from her generation were sexually aware before marriage, Humaira's family was more open towards any kind of discussion. After she completed high school she was allowed to participate in such discussions with her parents and other adult family members. She belonged to a mixed sex friendship circle at the university during the late 1980s; with them she could also discuss any issue, including explicit sexual jokes.

The process of sexual awareness became even more flexible for the younger generation women; three had proper sex education from their family and an English medium school curriculum. Bondhon (u/y) reminiscences:

I had a proper sex education from my family when young. When I was in my early – eleven/twelve, I was introduced to the idea of the differences between male sexuality and female sexuality, and its psychology. Basically during my puberty or right before it I had a long session with *baba* (father). He explained what physical and psychological changes happen after puberty, what would happen to me, what happens to boys, and why I should be careful from certain things, what love is, what kinds of touches are permissible and what are not, all these, and I was eleven then. I think, afterwards when I had my first period I had a conversation with *ma*.

Discussion of post puberty physical changes and sexual issues with the father as referred to by Humaira and Bondhon are not very common in Bangladesh. If it does happen, it is only in very 'progressive families'. In relation to Humaira and Bondhon, both of their parental families are well-known in the society for their progressive thoughts and activities. In contrast Farha, despite being from the upper class younger generation, did not get any sex education at home. Rather, biology lessons in college life and novels were the eye opening sources, which, with a bit of imagination on her part, helped her to get the idea. She explains:

There are certain things that do not need explaining, rather, we learn from situations. That is how I became aware [...Pause], I think I guessed, physical relationship happens between a man and a woman after marriage.

Nevertheless, conversations with these younger women further reveal that it was not unusual to receive sex education in their adolescence. In addition, they also have same-age upper class friends for whom the situation was similar, indicating that restrictions on acquiring sexual knowledge has declined from the older to the upper class younger generation. Interestingly however, since there is no available literature researching the process of sexual awareness in the upper class in Bangladesh, this trend has remained unnoticed.

Sexual Awareness in the Middle Class

Discussions with women from the middle class reveal that compared to women from the upper class, the scope of sexual awareness in this class was relatively restrained, although again the restrictions slightly lessened from the older generation to the younger. Among the four older women, Nazu (m/o) and Nasima (m/o) had no sexual awareness before marriage. As is obvious in Nazu's (m/o) response:

I knew nothing. Ha..., ha..., ha... [Laughter]. I just got married, and that was it. I was very young then. Moreover, women were not as clever (*chhalak*) as now. Women were too simple, and so was I. I could not understand; neither had I heard of such things. Actually, as I was a wife (*bou manush*) Allah did not teach me these things. And people back then were shy. Not shameless like these days. We were too shy! We bathed early in the morning! So that no one can understand, nobody could ever figure. And now! Does anybody consider proper time? (*Ekhon ki kono somoy ache naki esober?*) Does anybody care even what others may think?

Thus, Nazu thinks that for a woman, staying sexually naïve is natural and a divine rule. Her reference to bathing in the early morning denotes the socio-cultural practice of having a shower after sexual intercourse, thus becoming pure before one enters again into everyday activities. Hence, ‘bathing’ as a symbol that one has had sex, used to be taken at an earlier time when other family members were asleep. Nazu’s objection towards couples from the present generations for having sex at any time of the day, echoes social ethos: sex is a private matter, and should be performed with secrecy. Among the other two women, Ferdous (m/o) had some vague ideas, yet understood the sexual part of life only after marriage. Lili (m/o), the only woman from this generation who was informed about sexual relationships after puberty says:

In the same age(ish) friend circle and with married sisters we started chatting about menstruation. Then it got on to pregnancy – after marriage a husband and wife make relations (*biyer madhhome shami stri er somporkow hoy*) which may result in pregnancy, and to prevent that we need contraceptives.

From the middle-aged generation, Saida (m/m) and Barnali (m/m) became aware to a certain degree from discussions with friends, watching movies, condom ads and HIV AIDS campaigns. Yet, both confirm that after marriage they got clearer ideas through practical experience. Doli (m/m) and Tamanna (m/m) on the other hand, state that they had no idea of physical relationships before marriage and both were informed by their husbands after marriage. As is evident in my conversation below with Doli (D):

I first came to know from my husband. I did not know before. I could not know because the family I grew with, my *ma*, my *baba* they were very busy, always stayed out. I did not understand much.

I: Right! But wasn’t it a problem for you? How did you know then?

D: No! Haven’t I mentioned earlier? My husband is very conscious, suppose (*mone koren*) he managed to tell me; he made me understand everything by that day [wedding night].

Similarly, Tamanna explains:

To tell the truth, I was from a very simple family. I lost my father long ago. My mother was a person with strong ideals. I had five siblings, all very busy. So I did not know anything. I came to know after marriage, he explained to me. [...] But there are guys who

become annoyed at such ignorance, I know. But he wasn't. Moreover, he made me understand what to do, and how to do. He said, 'Go wash your body, use water'. It happened this way, just happened. Slowly, slowly I got used to it.

Compared to these two generations, women from the younger generation seemed to have a bit more knowledge about sex. All four women from this generation knew about sexual intercourse which happens between husband and wife after marriage. Whereas Champa (m/y) understood from novels and her *vabi* (elder brother's wife), Manila (m/y) had discussions with same-age friends. She grew up in a semi-urban town and recalls one newly wedded neighbouring woman; who came to visit her natal family with her husband after marriage; and relatives and neighbours were making 'sexual jokes' (*rosher kotha*) with her. This also contributed to Manila's understanding, she believes. It is important to mention that such sexual humour is widely practiced in rural areas, as was revealed through my conversations with poor women (see below). Lucy (m/y) gained some ideas during her late teens from a sister-cousin, who was studying biology. She thinks that she did not get any clear message from the media. Rather she believes that during her stay in university residential halls, one of her roommates got married, which opened up a scope for discussion about sexual relationships with her roommates, and within her circle of friends. But she also recalls a funny memory from her childhood:

There was a wall calendar in my *mama*'s (mother's brother) place. It had a picture of a condom in it with the word condom written beneath. I then asked my aunt what is a condom? She laughed! She then said, 'You won't understand now. When we marry you off, your husband will make you understand'.

Unlike Lucy, Koni (m/y) particularly refers to the media which enriched her knowledge, as evident in her account below:

Umm...I think, actually in school life the whole thing was forbidden. I was not even allowed to express any interest on these issues. And you know social expectations from girls are different. Same-age boys were watching blue-films¹⁴¹ or reading adult books, we weren't allowed. That is why I did not know in my school life. Even I did not know how a baby is born. I thought [Big laugh], when a woman wants a baby her belly opens up, and then the baby

¹⁴¹ Porn movies.

comes out from her tummy [Big laugh]. Then when I started college, there was a sketch of a male and a female body in the Biology book, but it was not very clear. By that time I had grown curious about physical relationships, what happens and how, but I cannot ask anyone about it, right? When I started going to university, this was a turning point: there were lighthearted discussions (*halka kothabarta*) with roommates or friends, and I started off watching English movies on the computer. So then I thought, ok, it starts with a kiss and then something else. But still they do not show the entire thing. I guess, the first time I got a clearer idea from a movie, what it was called...umm...*Basic Instinct*...Yes. The girl¹⁴² was on top, and doing this and that, I got sort of ideas, but still not very sure. Then I had taken a course called *Reproductive Health Issues*, which had a big picture of that [indicating penis] which further clarified it. Then gradually as I watched more English movies it became more obvious, then after practical experience, yes, everything became clear.

Koni's account also points to the different social expectations towards boys and girls with regard to 'ideal' sexual behaviour (also echoed by Humaira, discussed in the previous chapter). I come back to this issue in the last section of this chapter.

The Poor Class and Sexual Awareness: Rural vs. Urban Upbringing

Experience of sexual awareness is significantly different for women from the poor class. For the poor women whom I interviewed, the process of sexual learning did not vary according to generation, but was instead, based on the locality where they grew up.

Of the twelve women, ten¹⁴³ who grew up in villages knew about physical relationships before marriage. Among them, whereas Razia (p/o) and Sokhina (p/y) obtained sexual knowledge from their *vabi*, and Khadiza (p/y) from her elder sister, Shamsunnahar (p/o), Minu (p/o) and Rina (p/m) knew from their maternal grandmothers who used to make sexual jokes about marriage and a husband's love. Minu recalls:

When I became an adult (*sabalika holam*) my playmate (*khelar sathi*) was leaving me one day, as she got married, and I was crying about her leaving. My *nanu* was laughing. She made fun of me,

¹⁴² Indicating Catherine Tramell (starred by Sharon Stone) in *Basic Instinct 2*. She acted nude in several erotic shots in this movie that include explicit sexual intercourse.

¹⁴³ These ten women although grew up in villages, nine of them migrated to urban areas later, either in search of employment or due to marriage. But except for the three sex workers, six out of the nine women go back to their villages every now and then. During my interviews these nine women were staying in their urban localities.

and told me ‘soon you will too be going to *shamir ghor* (husband’s house). *Shamir ghor* is great fun (*onek moja*). He will adore you, and you will never want to come back’.

Shamsunnahar, Minu and Khadiza’s reference to sexual humour as a way of engaging in a dialogue regarding sexual intercourse and male genitals, is largely practiced by the rural people. An indication of this appeared, in a much earlier study by White (1992: 153) who calls it ‘sexual joking’, implying that such jokes were largely used by rural women to ridicule male sexual organs. But in my study they seemed to be used differently, and have other connotations, and in the way they were referred to by the women I interviewed, seemed to have had a long existence in rural culture. Perhaps this is why, Rabeya (p/m), Hena (p/m) and Tushar (p/y) could not speak explicitly about how they became sexually aware. All they mentioned is that they learnt from their surroundings ‘in the process of growing up’. It is possible that manifestations of sexual jokes in rural culture may have contributed to their sexual knowledge. Moreover, from my observation of the context (also raised in Rashid, 2006b:73), poor people living in rural huts (or in urban slums) have only one room in which to dwell in. This is usually partitioned temporarily with a big piece of cloth or *sari* or large furniture to arrange some privacy for the married couple in a family. Sometimes, it is just the married couple that gets a chance to sleep on the only bed in a hut, with other family members sleeping on the floor. Sexual privacy thus is a rare occurrence in poor families, where children grow up seeing sex taking place. For instance, Rina mentioned that she saw her parents sleeping together several times. Even though she did not mention any explicit sexual activity, she admitted that her knowledge developed from seeing her parents sleeping together, in addition to her grandmother’s sexual jokes. Furthermore, the use of explicit sexual slang during quarrels is another cultural aspect which is very overt in poor communities. Perhaps, that is also why ten out of these twelve poor women who grew up in villages were sexually aware. They grew up with overt sexual practices being carried out around them, so that sex is not something that needed to be specifically explained to them. Although there is no available study drawing on the connection between such overt sexual practices in the poor class and its connection to women’s sexual understandings, Cash et al. (2001:220-224), drawing on statistics from a much earlier study by Aziz and Maloney (1985), suggest that about fifty percent of

youth in Bangladesh are engaged in premarital sexual activities, and the trend is far more common in rural than urban areas.

The two poor women who did not have any prior sexual knowledge before marriage are Parvin (p/m) and Eti (p/y). Eti, migrated in her childhood to Dhaka with a neighbouring woman, whom she used to call *apa* (sister). So there was no one to tell her about marriage and sexual life. Eti got married even before her puberty; she recalls:

So the first few times when we used to have [...Pause], I mean *apa* told me everything. *Apa* told my husband that I was too young to understand everything. So he has to help me understand. I did not even see my first menses yet. It started one year after my marriage. Afterwards, gradually everything became fine.

In the above recollection of the first few days after marriage, Eti consciously avoided using the word ‘sex’ or ‘sexual relationship’. She said ‘when we used to have’ and then paused, thus indicating when they used to have sexual relationship. Then she suddenly stopped reflecting on her first sexual experience, rather, mentioned ‘everything became fine’, which was not the case as transpired through our discussions later. As we talked further on different issues, namely contraceptives, ads and her everyday experiences, it seemed that she started feeling more comfortable and, at one point, towards the end of the interview she started unveiling her intimate sexual experiences. She reflected:

When I was with my husband for the first time, I think, I was left unconscious for two days. Too young I was! Even my menses had not started yet. He was a bit older than me. Whilst we became close, think, for the first time my blood broke¹⁴⁴. So I was unconscious for two full days. Then *apa* got us a doctor, she brought the doctor into our home, I guess she did not want anyone to know about this. Doctor said I was too young, inexperienced, and he was a bit old for me. So, think his *chahida* (sexual demand) was to some extent unendurable for my body. On top of that, I hadn’t had my first menses yet. So the blood broke, which further added to the problem. So I had very painful times. And he also got scared, did not try to come close for six months. Said, ‘you get well first, and the day when you will tell me “today I like you, I want to be with you”, only then I will. Otherwise, I won’t come closer to you’. But my husband used to adore me a lot. And also I would listen to his every word. Think, my husband was very good

¹⁴⁴ Eti’s reference to ‘blood broke’ indicates the tear of hymen, resulting in pain and a blood shed. Likewise in many Islamic countries, in Bangladesh still there is a belief that for a woman during her first sexual intercourse blood comes out, which is a proof of her virginity.

looking. I mean, film star Shahrukh Khan¹⁴⁵ is nothing to his beauty.

Therefore Eti, in the absence of any sexual knowledge, first understood after she had had sex with her husband. Quite similar to Eti's experience, Parvin (P) was sent by her parents during her childhood to serve as a 'bonded labourer' to urban families. One of the families she worked for married her off to a man who already had a wife and a child yet concealed the information. Becoming sexually informed was not possible for her before marriage, as evident in our conversation:

P: I did not even start menstruating then (*shorir kharapo shuru hoe nai*)¹⁴⁶. So how can they tell me? Moreover, they are not my relative (*tara por*). Why would they care for me? But they were really kind, and so they thought of my marriage. They thought he has a good job, earns well, and I will stay well with him. But secretly he had another wife and a child from her; that they did not know, nor was realised by my father and brother. I cried a lot, I said I would rather go home (*desh e jamuga*). But they tried to explain to me, said it is for my good. Then what else! They married me off to him. I saw people getting married. But when it comes to your own life, what it means, I could not understand.

I: Did you not know anything about marriage?

P: No.

I: Like you may do household chores, you live with him, you sleep together, nothing?

P: Husband and wife live together. I used to go to the room (*ghor e dhuktam*). But I did not understand. He slept on the *chouki* (bed), I on the floor. This is how we lived. Afterwards I started sleeping with my *shashuri* (mother-in-law). When he used to try coming close to me, or utter sweet words (*valo kotha*), I used to get afraid, and stayed with her. She told him 'When she understands, she herself will come to you. Do not force her, you have another wife'.

I: Then? When and how did you understand?

P: I understood after my menses started. Many days have passed meanwhile. Then one day my *soteen* (co-wife) went to Vola¹⁴⁷. My *nonod* (husband's sister) and *shashuri* left me with him for the night, and slept in another place. Then what else! I cried, screamed

¹⁴⁵ A very popular Indian film star.

¹⁴⁶ '*Shorir kharap*' can also mean 'feeling unwell'. But here it was explicitly used to indicate menstruation.

¹⁴⁷ A coastal district, situated at the bottom southern part of Bangladesh.

and from there my life started. I mean, I got it, and I felt from there: what a husband is and what it means to be a wife, and what a husband's love is. Then he loved me loads, took good care of me, and told me to stay with him. But still [... Pause] I could not stay more. My *soteen* came back, and so did my feeling of anger for him (*rag e matha nostow hoilow*). I could not feel like staying anymore, I left. You know what I mean, we cannot force our mind.

Thus, unlike the ten poor women who spent a major part of their life in their rural natal home, both Parvin and Eti's experience suggest that even though they are from the poor class, their upbringing in urban areas far from their natal families did not help to create a sexual awareness.

The narratives discussed in this section therefore indicate that women have a diverse range of insights into sexual knowledge and different ways of learning about sex, before and in marriage where their experiences also differ. Now I turn to decision making about contraception and how it is managed in everyday life of women across different social classes and generations.

Making Decisions, and Managing Contraception in Everyday Life

How couples make decisions about contraceptives is an area largely unexplored by the population control literature. Although a few studies¹⁴⁸ (discussed in Chapter Three) offer limited and contrasting views on whether decisions about birth control are made through discussions between the husband and wife, the majority of these studies concentrate on the poor, predominantly in rural areas but including the urban poor, with hardly any reference to other social classes. In my research several ways of choosing a contraceptive method emerged from the interviews: the husband got pills for his wife without any prior consultation; the wife decided on a method without any discussion with her husband, with decision making being influenced by a specific brand of contraceptive advertisements or based on experience of the side effects of a particular method; husband and wife discussed and made a decision together or sometimes they discussed but could not reach a consensus (Farha's case, later in this section). Nonetheless, a major difference in choosing contraceptives is apparent along class lines.

¹⁴⁸ Akhter (1992; 2005: 31), Bernhart and Mosleh Uddin (1990: 289), Khan et al. (2002: 249), Mahmud (1988), Rashid (2001: 91-92), Rashid (2006a) and Rozario (1999: 89).

As with learning about sex, for the upper and middle class decisions about contraception and its management in everyday life were different across the generations.

Making a Decision – Women in the Upper Class

In Chapter Four we have seen that some of the TV family planning ads, up until 1999, demonstrated married couples discussing family planning, although women were predominantly portrayed as shouldering the birth control responsibilities in these ads. This is the case in reality for three of the four older women in the upper class. Except Musarrat, whose husband bought her pills without any prior discussion, the three other older women had a conversation with their husband about contraception, and agreed that she should take pills. Sopna says:

If I tell you my experience, your *dulabhai* (brother-in-law) suggested that I use a pill. Why? Because, he cannot enjoy. He does not get full enjoyment with a condom. Guys do not want to use a condom. They cannot have full pleasure with it; they say [Sigh!].

However, after having repeated side effects and a third pregnancy (which was accidental as well) her husband had a vasectomy. Similarly, Musarrat's husband started using condoms after she had side effects from the pills. In contrast, Selina, whose husband never used a condom, recalls:

My husband did not use condoms. I think, I mean, what you get when in direct contact with a body, with a condom that is different. Many even think that there is no enjoyment; the entire excitement goes in vain.

Rigidity against condoms seems to decline from the older generation to the middle-aged. Among four women, two have husbands who have been using condoms since their marriage. In both cases the fear of side effects of female methods encouraged these men to use condoms. The two other women, Saima and Soma, initially took pills, yet soon stopped due to weight gain and dizziness, and their respective husbands started using condoms: 'it was never a problem to decide to use a condom', says Soma. Nonetheless, men's disapproval of condoms in relation to pleasure did not completely disappear, as is evident in Saima's reference to her same-age friend:

Many think that sex¹⁴⁹ without a condom is better. I mean, the thing is, some people demand more. They have more desire for sex. For example, I have a friend who has problems from pills. Her husband would never use a condom. So they followed a traditional method, but she had to go through abortions twice. I do not support it. According to Islam it is killing a child. If I tell you from my view: condoms may reduce pleasure, but, I do not want to conceive accidentally, and abort, only for the sake of sexual desire. I think, maybe we get less satisfaction, but this is fine. She had an IUD afterwards, yet did not maintain regular health check-ups. She had a serious infection from that, and doctor said she cannot have it for four months. Now she is anxious again. She has a problem with pills, and her husband is not going to use condoms. I think limited satisfaction is better than going through all this. Also sexual desire reduces with time I think, as we become parents. Our marriage grows old, and we are no longer newly married. Now, sometimes I and my husband do not come close even for weeks. When we were newly married, sometimes we had sex without condoms, during the 'safe period'. There is a different charm in that. But I think we should compromise to avoid these problems, which is more important.

Saima's disapproval of abortion and a reference to 'compromised sexual pleasure' as 'marriage grows old' (indicating her eight years long conjugal life from which they have a daughter) further points to the socio-cultural expectations of 'ideal' sexual behaviour in Bangladesh. Ideally it is expected that after a couple has their first child they should have a controlled sexual life. Adherence to such a sexual standard is a choice that Saima and her husband made, as she thinks it is better to compromise sexual pleasure and use a condom, in order to avoid the larger suffering of abortion and the side effects from female contraceptives.

Experience of contraception decisions is somewhat different in the younger generation as compared to the middle-aged. Although all of the women discussed contraception with their husbands, the outcomes were different. Fear of side effects encouraged Meghla's and Miti's husbands to use condoms, Bondhon (as mentioned in the previous chapter) decided to take pills as a protest against what she saw as the association of condoms in ads with promiscuous sexual behaviour. Her decision to take pills makes her feel good: it is an emblem of her trust in her husband that he does

¹⁴⁹ It happened only a very few times when women explicitly pronounced the word 'sex' or 'sexual desire'. So, whenever I use the word 'sex' inside a quotation, this means that the woman actually used that word during conversation.

not have any sexual diseases, he does not sleep around. Farha and her husband, however, could not agree on any modern method, so she relies on the rhythm/calendar method. She explains:

I dislike pills, because it causes dizziness, I heard it causes weight gain. I heard, but don't know whether it is right or wrong, that it causes uterus infection, if taken for long time. He doesn't want to use condoms for the usual reason. I have heard boys do not want to use them, because they do not enjoy with it. I think it is psychological, once we start believing something, we also feel like that. So he asked me 'you take some pre cautions'. I said why me? Why not you? There are lots of male methods [Big Laugh]. And then we ended up on having natural method: safe and dangerous period [Laugh]. Recently he saw in a newspaper an advertisement for the copper-T. We chatted about it, but have not decided yet.

Even though in Farha's case they could not reach a decision favourable to her, the above discussions in this section suggest that at least there is scope for negotiation between the married couple on contraception matters, which is becoming stronger from the older generation to the younger.

Making a Decision – Women in the Middle Class

Except in Lili's case, no discussion took place on contraception matters between the couples in the older generation. Nazu's husband got her pills after their first child without any discussions, but Lili initiated a discussion with her husband and asked him to get her pills. Ferdous, who herself asked her husband to buy pills further mentions: 'Men do not want to use condoms. I heard they do not get full satisfaction with a condom.' Nasima's experience was a bit different, as is evident in these exchanges:

I: Which method did you take?

N: Pills. But rarely, it was mostly him; he took care of everything.

I: Did you buy them yourself?

N: No! Your *chacha*. Actually he was much older than me. He thought I was too young, and it can affect my body. So he used condoms. But sometimes, [Pause and laugh] what to say, I feel shy to tell, but he compromised a lot, I think. I mean, I mean using condoms [Laugh], I mean sometimes men are not satisfied with it, you know. But he was very cooperative, he understood that I was too young; pills can be harmful for my body. But I too understood

his hesitation and the problem. Many days¹⁵⁰ have passed meanwhile, when at last I got myself a copper-T. But I had to take it off; as I had to have an operation to remove a stone from my gallbladder. What if I die? So everyone told me to take it off, because they believe¹⁵¹ that if I die with a copper-T inside, I will not go to Heaven. But pills were believed to be very harmful if taken regularly. Neighbours told me that my husband was too good, as he took care of everything. They said their husband imposed the whole responsibility on them.

Even though Nasima's case is an exception compared to the other women in the older generation (as is also evident from her reference to the neighbouring women who considered her lucky) in the middle-aged generation husbands do share a large proportion of the responsibility for contraception. All four women from this generation discussed the issue with them. Except for Tamanna¹⁵², the other women's husbands agreed to use condoms, and they never mentioned any problem with sexual pleasure. Two of the husbands decided to use condoms due to the possibility of side effects from female contraceptives, and one husband did not have any specific reason; he willingly chose condoms. Nevertheless dissatisfaction with condoms continues in this generation, as Saida quoting her friend whose husband never used a condom, reports: 'He does not feel comfortable with it'.

Contraception as a shared responsibility continues with the younger generation of middle class women, with them all discussing family planning with their husbands. Three agreed their husbands would use condoms and one opted for pills and the calendar method later. Koni recalls:

When we discussed it my husband said 'no need for you to use anything. Who knows what is in those pills! Male methods do not have any side effect; nor do I have any problem with condoms'.

Koni further adds:

And I think condom helps. It has a lubricant that reduced dryness during physical relationship.

Same cooperation is also offered by Lucy's husband, as evident in her reflection:

¹⁵⁰ Referring to the mid-1970s.

¹⁵¹ Derived from the belief that contraceptives are sinful, further evident in Maloney et al. (1981:202) discussed in Chapter Three.

¹⁵² Her husband got her pills; she also had a copper-T (discussed above in Chapter Five). She never asked her husband if he would like to use a condom, as she feels he is not that interested.

I thought, after all the birth control pill is a kind of medicine. Taking it regularly can be harmful, and may also bring permanent infertility. But, I did not need to convince him. He heard before about side effects, and he proposed he would use condoms. He is very aware: he reads documents and watches ads and he has good knowledge. He even knows about different brands of condoms, and he asks me what brand I like. You know there are so many types, so many flavours, and the feeling is different with different types, he asks about my choice. He wants to know what I like, how I like, and if I tell him I like this flavour, or this brand, he becomes happier.

Lucy's husband is not only aware about his contraception responsibilities, but also cares for her decision, apparent in her reference to 'what I like, how I like', as she explains later: he wants to know about her preferences concerning their physical relationship. Whereas Koni's and Luci's contraceptive decisions are influenced by the belief about side effects, Champa actually experienced side effects (nausea) from the one type of pills she took early on her marriage. She then stopped and her husband started using condoms.

However, rejection of condoms in relation to pleasure also continues in this younger generation; as is evident in the examples gathered from Koni's and Champa's friends, whose husbands, so they are told, are reluctant to use condoms and expect their wives to take on the responsibility for managing contraception.

From the reflections of women from these two social classes it is clear that there has been a new trend in considering contraception as a shared responsibility, and in the middle-aged and younger generation, it is also mostly the husbands who shoulder birth control responsibilities. Although such change has largely been influenced by the possibility of contraceptive side effects, it cannot be denied that the long persisting patriarchal discourse – birth control is a women's natural role (Davis, 1990; White, 1992: 13; Young, 1989: 102) is also changing.

Managing Contraception – Women in the Poor Class

Contrary to the middle and upper class experiences discussed above, poor women's experience of contraception does not vary across the generations. Rather, it has always been taken for granted that birth control is a woman's responsibility. Although Rozario (1999:88-92) and Shehabuddin (2004: 5) consider this responsibility in the context of

the Westernised concept of ‘agency’ – poor Bangladeshi women actively choosing certain form of contraception – my conversations with such women reveals that there is a covert understanding among husbands that it is her body, and so it is her duty to manage contraception. Similar findings are also evident in Khan et al. (2002:250) and Rashid (2001: 92) whose studies of urban and rural poor women explore how their husbands are reluctant to use any contraception, rather consider family planning as a woman’s domain. In this context there was no opportunity for women to discuss contraception with their husbands as seems to be the case with the women I interviewed. Women from this class are completely left to manage contraceptives on their own. As a result, as well as due to the possibility of side effects from female contraceptive methods (discussed in the previous chapter) managing contraceptives is a big challenge for these women.

Sokhina, who migrated to Dhaka for a job, goes back to her village to buy her pills, stocking up, because she claims that pills from Dhaka do not suit her body. Tushar forgot to carry her pills with her when she went to visit her natal home: ‘I thought I shall not stay overnight. But we stayed for a couple of days. I did not carry my pills and became pregnant again’. Or Eti, who, despite her husband’s wish to have one more child, comments:

I am poor; I just cannot be pregnant again and again. One or maximum two, we should not make more than two. Because we are poor. We cannot afford proper food, and we also need to think about our child’s education. That’s why I started taking pills.

This is further apparent in my conversation with Shamsunnahar (S) from the older generation:

I: [...] right, so your husband never used any contraceptive method?

S: No. Not once! That’s why I had to undergo so many precautions.

I: Did you ever ask him!

S: I said, many times!

I: And what does he say?

S: Says “I can’t! It’s your task, better you do it” (*tor da tui koiralo*). I have suffered a lot!

I: But if he was to get free condoms, do you think he would use one?

S: No, not at all. He never wanted one. Once I brought a condom that I got for free from a clinic. He refused.

I: Why?

S: Umm [...] says it's not real, it gives fake pleasure (*nokol sukh*) [Big laugh]. He does not like it. You know there are some men like that [Pause], like the one who wants more, he is likewise. He said 'no, no, leave it. It won't feel good' (*fela aida; heida dila bala lagtona*) [Laughter again].

This notion of '*nokol sukh*' discouraged Shamsunnar's husband from using a condom as for him sexual pleasure is a priority. Therefore, ensuring her husband's sexual pleasure whilst managing contraception remains the key challenge for Shamsunnahar. Similarly, many women (eight of twelve¹⁵³, including the three sex workers) mentioned during interviews that their partner refused to use a condom, thinking it a barrier against sexual pleasure. With regard to sex workers, clients who have sex with condoms bargain on price in order to pay less¹⁵⁴: this is based on the understanding that enjoyment is less with a condom. Likewise Hena reflects:

Guys say they don't get *shanti* (satisfaction) with a condom. But we try explaining. We say if you don't use a condom, you may get *kharap osukh* (bad disease)¹⁵⁵, and your wife and family will be contaminated from you. Guys shout as they become furious 'I come here to enjoy. I have sex and I leave; I don't stay here for ages. I pay to enjoy, why I should use a condom?' – that's what they say. They want *shanti*.

Thus, two main issues emerge from these discussions: firstly, there has been a widespread and increasing acceptance of modern contraceptives, despite the long period of social taboos and religious extremism against birth control during the 1970s and 1980s. Secondly, two factors have largely influenced couples' contraceptive decisions across classes and generations. In cases where a husband does use contraception, such a

¹⁵³ Among the rest of the four women, three did not mention any cause for their husband's refusal of using any method and one woman (Rina, mentioned in the previous chapter) herself decided to have pills due to trust issue.

¹⁵⁴ On an average a client pays Tk 200 to a sex worker, whereas in case of sex with a condom clients pay Tk 100. However, there are some 'good hearted men' (according to Hena) who pay little extra if they are very pleased, or despite having sex with a condom do not deduct from the usual Tk 200 rate. GBP 1= Tk 128 (approximately).

¹⁵⁵ HIV/AIDS and STD.

decision was taken because the wife had side effects, or they believed that there was always the possibility of side effects from these female contraceptive methods. Where a wife (or a sex worker) does use contraceptives, such decisions were generally influenced by the husband's (or male client's, if a sex worker) rejection of using a condom (on account of 'fake' or loss of pleasure). Maloney et al. (1981:198) pointed in their much earlier study to the social belief that condoms were a barrier against pleasure. Likewise, it is clear from my research that it is a belief that provides the key reason for men opposing the use of a condom during sexual intercourse. Surprisingly, even though studies¹⁵⁶ as well as findings from key informants discussed earlier (in Chapter Three) consider religious belief to be a major hindrance to birth control (although religious influence has been allegedly reducing from the late 1980s onward), none of the in-depth interview respondents highlighted Islam as playing any role in their everyday decisions about contraception. Notwithstanding that they echo key informants in accepting that Islamic extremism with regard to birth control did exist but has diminished. Several of the poor women rather sarcastically commented that nowadays if a *huzur* came to tell them that contraception is anti-Islamic, he would be either beaten up by the poor people, or chased away.

Thus, the findings in this chapter call into question the large volume of family planning studies (including Amin et al., 2002; Bernhart and Mosleh Uddin, 1990; Kabeer, 2001: 63-64; Mahmud, 1988; Maloney et al., 1981; Rahman et al., 1992; Rashid, 2006a: 157) which fail to look beyond conventional pro-natalist values, illiteracy, son preference or Islamic extremism to explain couples' contraceptive behaviour.

Furthermore, despite the fear of side effects, people want to use modern contraceptives rather than rely on traditional methods, unlike as Akhter (2005) proposes (Chapter Three above). In addition, and similar to the poor women in Rozario's (1999:89-90) study, women from the different social classes and generations in my research, want access to 'reliable contraceptives' and 'authentic information'. This also points to the necessity of an exhaustive investigation of the monitoring system responsible for checking the quality of contraceptives provided in Bangladesh, which was not possible within the current scope of this research. However, I attempted to

¹⁵⁶ See for instance, Amin et al. (2002); Bernhart and Mosleh Uddin (1990); Kabeer (2001: 63-64) and Maloney et al. (1981: 249).

discuss with the family planning professionals¹⁵⁷ on different issues with regard to contraceptive side effects. In response, two of the family planning professionals mentioned that with regard to monitoring contraceptive quality: in addition to the regular drug administration system, contraceptives bought through various government channels are supervised by the MOHFW. But it seems that there is a blind trust of the international suppliers evident in the statement from one of the key professionals: ‘these are large international companies; they have a worldwide reputation, so they will try to save their name’. Inspections are carried out however, where through arbitrary sampling users are asked about their experience with a particular contraceptive. The key professional claims that there are occurrences where contraceptives are returned to the suppliers due to objections. What seems alarming from this conversation is there are chances that a bad quality contraceptive may reach users. This is how Depo-Provera caused women severe ramifications. Depo-Provera’s disputed existence in Bangladesh calls into question the reliability of the drug monitoring system. My conversation with one of the top level family planning professionals further points to the problematic aspects of the monitoring system. Our conversation was progressing smoothly until I asked her if she heard any concern from women regarding side effects of contraceptives. It seemed she was not expecting such questions, and so replied with disappointment:

I do not think [Pause]; it is not possible to have eye burning from a contraceptive. Actually, these are poor, illiterate women. If you go and ask them whether they have side effects, they will definitely say ‘yes’. They will think ‘O right! I had this pill or that permanent method, and that is why this is happening to me’. Then they will connect everything with it. Our medical science says if you ask someone if she has a problem from something s/he will say ‘Yes’.

On another occasion, with regard to limited health screening facilities in several community clinics (Upazila Health Complexes) she adds,

Actually we have just started; we need to develop our skills. Our activities have abruptly been closed by the previous ruling party. We have started all over again. Our party is doing everything. But it needs time.

Despite the fact that I had not asked specifically about side effects, but that fear of side effects had been a grave concern in the majority of the women I interviewed, who themselves brought it up during our conversations, such responses from a top level

¹⁵⁷ In this section due to the sensitivity of data, I anonymise the key professional unlike in Chapter Three.

authority demonstrates how flippantly these concerns are considered. Moreover, the way the previous ruling party was blamed for every failure, is a very typical characteristic of the political parties in Bangladesh, which makes accountability a rare thing at state level.

Contrary to the huge emphasis given to initiating and popularising family planning in Bangladesh (see Chapter Three above) the discussion with the family planning professionals makes evident that not much concern is given to ensuring safe access to contraceptives. This indicates that achieving the target of population control matters more than anything; whether it may be at the cost of health hazards to women's bodies.

Conclusion: 'Gender' in Living Sexuality

In this chapter I have explored cross-class and cross-generational accounts of women's diverse experiences of the gendering of sexuality and contraception. However, in an attempt to summarise these varied experiences in this conclusion, I also want to keep in mind not reducing the complexities of these experiences. On this note, White (1992: 37) seems particularly relevant:

Class can only be a simplifying construct which reduces rather than expresses the complexity of experience. It can never present drawstring categories into which empirical cases can simply be bundled.

But nevertheless, the influence of gender, class and age on matters related to sexualities and heteronormativity in particular are important and need to be subjected to critical investigation. Karim (2014:54) suggests that 'Gender, class and age are significant factors in creating hierarchies, discriminations and exclusionary spaces that are new but influential, especially in sexual politics'. Thus, my intention here is to open up the key focus of the chapter: to what extent gender, and its associated power relations, shape women's experiences of sexuality and contraception. Jackson (2006:107) provides a noteworthy insight in this regard:

...the empirical connections between them [gender and sexualities] require exploration and should be neither presupposed nor neglected. They are important in order to appreciate the ways in which sexual practices, desires and identities are everywhere embedded within non-sexual social relations ..., most, if not all, of which are gendered.

In my discussions with the women interviewed, there are two distinct areas where a man occupies a relatively more privileged position than a woman in Bangladesh, with regard to sexuality. Firstly, the socio-cultural boundaries to the exploration of sexual knowledge are relatively more open for boys than for girls. This finding is supported by existing sexuality scholarship in Bangladesh (Caldwell et al., 1998; Cash et al., 2001: 225-227; Karim, 2012: 30; Karim, 2014: 57; Khan et al., 2002: 239; Rashid and Michaud, 2000: 55; Rashid, 2000:28, 33). It is also evident in Koni's (m/y) and Humaira's (u/m) view that social restrictions do not apply to boys, rather, boys are thought to be naturally inclined to explore sexual knowledge. This socio-cultural situation is also evident in the interviews, as most of the older women (upper and middle class) did not have any idea about contraception, and many of the women across different social classes and generations lacked clear knowledge about sexual intercourse. For them it was a man as husband who was their first access to such knowledge. But having said that, the conversations outlined in this chapter also suggest that over time and with women's increased opportunity for education, and access to global culture via satellite TV channels, romantic novels, movies and other media, as well as socio-cultural transformations, there have been shifts in family values with regard to sexuality across different social classes. Consequently, the aforesaid gendered restrictions were different for women, based on their distinct class and generational identities, an aspect which existing sexuality scholarship has not addressed; i.e. sexuality studies that address the gendering of sexual awareness need to take into account the complexity, and heterogeneity of their interconnections.

Despite the experience of gendered sexualities, Koni and Humaira (who also happens to have academic knowledge of Gender Studies) are the only women to question the gendered double standards of the society. Other women (for example, Selina (u/o), Nasima (m/o), Doli (m/m), and Eti (p/y), to name a few) rather appreciate their husbands by referring to them as smart and educated, as they know everything about the practices and experiences of sexuality, and managed to make their wives sexually aware as well. Tamanna (m/m), whose husband was not disappointed at her sexual naïveté, unlike other men who become annoyed at their wife's 'ignorance', considers herself lucky. Moreover, Musarrat's (u/o) feeling of embarrassment about sex in the initial few days after her marriage and Parvin's (p/m) and Eti's (p/y) recollection of their first sexual experience may sound much like 'forced sex' i.e. rape from a

Westernised viewpoint; but these women retrospectively do not see it in this way. According to them, the discomfort arose as they did not have any idea about sexual intercourse, but they consider what happened to them sexually as an expression of their husband's love for them.¹⁵⁸ Women in Khan et al.'s (2002: 252) study similarly consider such practices as an indication of husband's love: '[...] though forced sex is bad, they take it as a sign of love from their husbands; to them it indicates that they cannot live without having sex with their wives'. The fact that the women in my research, who recall those memories with respect and gratitude towards their husbands for they were not displeased at their wives' sexual ignorance, therefore indicates that sexual practices and sexual experiences must be thought in terms of the specificity of a particular society in a particular cultural context. Phillips and Reay (2002) rightly stress, sexualities are culturally formed and subject to constant transformation and change. Despite the fact, the irony – as the responses from women indicate: on the one hand, Bangladeshi society expects a woman to know less about matters related to sex; on the other hand, the moment from when she is married it becomes one of her key wifely obligations to satisfy her husband sexually. Such sexual norms, also expressed in Khan et al. (2002:248-249) and in an Indonesian context in Sunindyo (2004:87-103), point to ambivalent social expectations towards women: on the one hand, sexual ignorance before marriage is a sign of a 'good woman'; on the other hand, ensuring husband's sexual satisfaction is considered an obligation to be a 'good wife'.

Accordingly, the right to sexual pleasure is the second area opened up by my research, where a man holds a privileged position compared to a woman. In most of the women's narratives sexual pleasure and satisfaction is identified as a 'manly' requirement. Women are expected to adjust to that and their own sexual pleasure is rarely mentioned. This is also noted in other studies¹⁵⁹, which conclude that in Bangladesh in the name of 'ideal' sexual behaviour a gendered standard has been set which approves uncontrolled sexual desire for a man, but posits that sex for a woman is essentially passive, marital and procreative. But the women's narratives in my research suggest that this gendered divide is not that rigid or clear cut, evident in the fact that

¹⁵⁸ Although these women retrospectively considered 'forced sex' as a symbol of their husband's love, anecdotal evidence suggests that there are women who find such experience traumatic, and even run away from marriages as a result.

¹⁵⁹ Caldwell et al. (1998), Cash et al. (2001:225-227), Karim (2014:57), Khan et al. (2002), Rashid and Michaud (2000:55), Rashid (2000:32), Rashid (2006b:73) and Sultana (2011b).

some of the interviewed women do possess some negotiating power with regard to sexual intercourse. For instance, Saima (u/m) referred to her newly married life when she too enjoyed pleasurable sex with her husband, Lucy (m/y) discusses sexual preferences with her husband which makes him happy,¹⁶⁰ Parvin (p/m) managed not to sleep (i.e. have sex) with her husband despite the fact that he wanted to and Rubi (p/o), Minu (p/o) and Hena (p/m) as sex workers exercise power¹⁶¹ in deciding on what kind of sex to have with their clients. In addition, many women from the middle-aged and younger generations (both upper and middle class) were able to persuade their husbands to use condoms despite the belief that ‘condoms are a barrier to men’s pleasure’ and Farha (u/y) argued with her husband about contraceptive methods. As examples challenging a discourse of ‘women-as-victim’¹⁶², they indicate that women are not entirely powerless in their sexual encounters. The power balance may shift depending on different situations and women’s multiple identities.

Nevertheless, Saima’s proposition about the need for a ‘compromised sexual life’ (discussed earlier in the chapter) or Nazu’s disparaging comment that married couples nowadays (indicating a younger generation) engage in sex at any time including daytime, point towards the disappointment for failing to live a culturally approved ‘ideal’ sex life. So, when it comes to maintain socio-cultural values and tradition, sexual norms take priority over a man’s sexual pleasure.

Consequently, there is an oppressive power that women encounter in everyday experience of sexuality, but is it only exercised by a man over a woman? What about cultural norms, and traditions that legitimise hegemonic sexuality, what about patriarchal ideologies that are even largely carried forward by women themselves? What about institutional patriarchy like the state itself and the profit-making interest of the capitalist market (local as well as global), in this case with regard to contraception? These questions and the discussions drawn above in this chapter signify that there is no single source of power that controls heterosexuality and regulates heteronormativity. Whatever it is – maybe it is oppressive gender relations, or culture, or norms or

¹⁶⁰ Talking about sex even with husband is considered shameful (Khan et al., 2002: 244).

¹⁶¹ Although, sex work may not sound so empowering to some, as there are numerous vulnerabilities associated with it, I want to argue that there is a need to acknowledge these different spaces where women can have their say during sexual encounters, and also where sex is not done as a marital obligation, or for procreation.

¹⁶² As for example Undie’s (2013:189) discussion, it is one of those development discourses that place all the Third World women in a homogenised victim category, considering them absolutely powerless in any form of sexual matters.

institutional patriarchy – they operate through a system of patriarchy where multiple sources of powers are at play. Accordingly, in the analysis of heterosexuality/normativity, other social, cultural and political dimensions need to be considered, in addition to binary power relations between men and women.

CHAPTER SEVEN: Conclusion

Although my own lived experience of a gendered sexual journey inspired this doctoral project, coming to the end of it, I am surprised and exhilarated with the fascinating and diverse insights emerging from the research. As I mentioned in Chapter Two the research is situated in a multidisciplinary field of studies, and in turn, it contributes to several areas of existing scholarship on gender and sexuality, family planning and population control as well as feminist media and cultural studies. Hence, in this Conclusion I highlight the empirical, theoretical and methodological contributions to scholarship as I reflect on some of what I see as the most significant issues and findings the research has thrown up. I then briefly discuss policy implications arising from the study and possible further research.

Research Findings and Contribution to Knowledge

In Chapter Two I critically reviewed the existing literature and argued that in the global field of media and cultural studies, there is a dearth of scholarly literature analysing contraceptive ads from a feminist perspective. Similarly there is hardly any literature that considers the challenges encountered in the production of contraceptive advertising or the audience reception and responses towards such ads. I further mentioned that the existing scholarship¹⁶³ on Bangladesh in the areas of gender, sexualities and contraception is largely restricted to providing a cross-class and cross-generational analysis. But in fact there is no study that has focused on the experiences of sexuality in the upper class in Bangladesh. Despite this, existing studies generalise and conclude that a highly gendered ‘sexually suppressed culture’ (Karim, 2012:40) exists in Bangladesh. In addition, feminist media studies¹⁶⁴ in Bangladesh have repeatedly questioned the gendered stereotypes re/produced by the media (including ads), but have likewise not considered audiences and their responses to such gendered depictions, or paid any attention to the context of production. With regard to contraception, as I outlined in Chapter Three, the vast body of existing literature has viewed contraception from a demographic viewpoint – meeting a target set by foreign-funded population control projects. The majority of these studies have been undertaken in the Matlab

¹⁶³ See for instance, Caldwell et al. (1998); Cash et al. (2001); Karim (2012; 2014); Khan et al. (2002); Rashid and Michaud (2000) and Rashid (2000; 2006a and 2006b).

¹⁶⁴ Ahmed (2002); Ahmed (2009); Begum (2008); Gayen (2002); Guhathakurota (2002); Nasreen (2002) and Parveen (2002).

Upazila and adopted a quantitative approach to enquire about the success and failure of different family planning methods. Therefore, further research on people's contraceptive behaviour, from a qualitative as well as a feminist point of view, in different localities other than Matlab, was essential. This latter aspect has been addressed in some literature¹⁶⁵ but with limitations. Although these studies, dating back to the mid-1990s or earlier, bring in the issue of contraceptive side effects, as well as offer a women's rights perspective, the focus is on poor women. Furthermore, they do not address the place of contraceptive advertising in contributing to 'views' about contraception.

Thus, inspired by personal lived experience, but also, to address the gaps in the available literatures the key query that I sought to answer from a feminist perspective through this doctoral thesis was: the ways in which a heteronormative and gendered sexual structure might characterise representations in contraceptive ads in Bangladesh, and how such representations are received and/or questioned by women with regard to their lived experience of gender, contraception and sexuality. I investigated this key question through three research sub-questions: firstly, in what context have these ads been produced, and how do different situations/power structures/socio-cultural settings influence certain forms of representations in the ads? Secondly, how are gender identity, gender relations, contraception and sexuality presented in ads for contraceptives and what changes have there been between 1971 and 2011? And finally, how do contraceptive ads feature in the ways women talk about their experiences of gender, contraception and sexuality; does this talk vary across class and generation; and does this talk seem to suggest that there have been significant changes for women since 1971?

Accordingly, I conducted 36 in-depth interviews with women from three social classes, three generations and from different rural as well as urban sites. In addition, I conducted thirteen key informant interviews with different advertising professionals, government and non-government family planning officials, health experts and feminist activists. Alongside these interviews, 166 contraceptive ads were collected and analysed, with decoding of visual and textual representations in relation to some selective but significant thematic areas derived from the in-depth interviews with

¹⁶⁵ See for instance, Akhter (1992; 2005); Khan et al. (2002); Maloney et al. (1981); Rashid (2001); Rozario (1999); Shehabuddin (2004) and Wang and Pillai (2001).

women. The aim here was to understand the construction of masculinity, femininity and (hetero)sexuality and shifts in representation between 1971 and 2011 in Bangladesh.

‘Representing’ a Dominant Masculinity, Femininity and Heteronormativity – Contraceptive Ads

Discussions with the key informants suggest that the contraception ads in Bangladesh gain meaning and significance within a complex set of dynamics. These include: socio-cultural discourses and religious sensitivity around contraception; state pressure to encourage families to control population through contraception ads; the long persisting account of contraceptive side effects; the pressure from international donor agencies for population control and promoting safe sex; sexual norms against display of sexual content vis-à-vis the reality of the existence of pre/extra marital sex, resulting in a changing audience demand to showcase sexual intimacy to a certain degree; public sentiments towards maintaining ‘social modesty’ and cultural values; and above all, the market interest to boost contraception sales. The question then arises as to how these diverse, shifting and contradicting realities are tackled in the contraceptive ads?

The advertising personnel answered that they try to tune into the sensibilities of their audiences. Pre-testing of TV ads and/or conducting survey research are some of the ways through which the agencies attempt to identify target group’s expectations. However, the emphasis is – as I cited Md. Bashir Ahmed (From SMC, Interview 2012) in Chapter Four – ‘We include what our population would like’. The decoding of the ads further reveals that advertisers utilise aspirations and a ‘selective reality’ as a marketing strategy to encourage consumption and use of contraceptives. Whereas these aspirations are considered ‘public demand’ and depicted as a ‘reality’ only achievable through adopting a contraception method, the ‘selective reality’ is presented as a potential threat to ‘happiness’, a consequence of the absence of contraceptives in everyday life. Happiness for women is constructed as staying young, healthy, and beautiful, and able to serve as a dutiful wife and a mother, by accepting a contraceptive method. In contrast for men, the ads construct a more aspirational path: being successful in a job and able to have a financially stable life. Whereas for women, contraception is portrayed as a marital obligation – one which will bring happiness in the family, men are asked to act wisely and be a successful future planner by supporting a wife’s

decision on contraception. These different aspirations highlight a patriarchal construction and a very particular ‘ideal femininity’ and ‘ideal masculinity’.

However, over the course of forty years (from 1971 to 2011) the ads have changed representationally (see Chapter Four). With regard to gender and sexuality there have been two changes only, initiated since the 1990s: one is the inclusion of employed women (in addition to housewives) in the branded pill ads; and the other is a dramatic increase in highlighting pleasurable sex in the branded condom ads. Despite being employed, a woman continues to be portrayed in relation to a family; home is her topmost priority, she is a dutiful wife, a caring mother and sexually submissive, if married. In contrast, women taking equal part in sexual romance with men in condom ads are largely portrayed without any marital boundary, which is likely to be understood in the Bangladesh context as ‘promiscuous’ sexual activity, especially since the ads highlight AIDS and STD to promote safe sex. In rare instances a photo carrying a couple’s wedding photograph appears at the end of an ad to indicate the couple’s marital identity, perhaps in an attempt to maintain the code of ‘normative sexuality’. Accordingly, the ads maintain a gendered divide in illustrating sexuality: for a woman sexual submissiveness is suggested as the ideal sexual behaviour, a woman enjoying sex therefore representationally seems to become outcast from the ‘ideal type’; but, a man is always described as the initiator of pleasurable sexual moments. Thus, it can be argued that the illustrations of masculinity, femininity, and the gendered dynamics of heteronormative sexuality did not remain static over time; they shifted, yet, continued to offer patriarchal delineations.

However, there have been some attempts in the ads at portraying ‘empowered women’. But such representations are still marked by more traditional patriarchal relations: a woman represented as in employment but this is discursively constructed as key to her concern for her child’s future, i.e. a family needs her ‘extra income’ rather than about her own financial independence or self-worth (Figure 19, Chapter Four). Besides, due to the use of English language, using images of Western White women and the application of metaphoric themes in most of these ads, they remain constrained in delivering a clear message to a large number of illiterate/less educated women.

Finally, with the intention of utilising a ‘selective reality’, the grave and long persisting concern about contraception side effects has largely been ignored in these ads. The ads (rather deceptively) promise contraception free of side effects. So the

question arises: how do women across different social classes and generations interpret these ads in relation to their own experiences? How do they respond to the dominant patriarchal illustrations of masculinity, femininity and heteronormative sexuality?

The ‘Lived’ Vs. the ‘Aspired’ – Women Interpreting Contraceptive Ads

One of the significant issues the research has revealed is that women are constrained in their access, consumption and understanding of contraceptive ads. With regard to audience response to contraceptive ads, two issues are pertinent: firstly, the act of watching contraception ads is not encouraged in Bangladesh, rather ‘ignoring’ such ads is a norm. Secondly, the act of interpreting these ads – discussing contraception with an outsider, in this case with me – is still largely considered an embarrassing act. Thus an investigation of the constrained responses on contraception ads in my research revealed: a paternalistic power presence curtails women’s opportunity to watch TV; with this, material limitations (lack of electricity, absence of a TV, extended workload and no leisure time for women) and religious restrictions¹⁶⁶ also essentially hamper the act of watching. Moreover, possible frustration arising from repeated encounters with the side effects of contraception also makes women unwilling to speak about the ads (for example, Rabeya (p/m) mentioned in Chapter Five). In addition, notions of ‘sexual privacy’ – on what to disclose and what not, together with socio-cultural and moral restrictions on public discussion of sexual issues, also limit the scope of viewing and/or discussing these ads. Thus, there are many restrictions posed on watching and discussing contraceptive ads.

Despite such constraints, however, the in-depth interviews with women across three social classes and generations revealed that women have a diverse range of valuable experience and knowledge about contraceptive ads and when discussing ads they also relate the various representations to aspects of their everyday lives. One such opinion, though from a small group of women, indicates that the ads reproduce certain expectations towards women which are patriarchal. Depictions of women as shy, solely responsible for birth control and bringing happiness to the family by her use of contraceptives, are some of the dominant depictions which these women identify as

¹⁶⁶ See for instance, Farha’s (u/y) and Sopna’s (u/o) experience discussed in Chapter Five.

gendered and an encouragement towards patriarchal expectations. They consider such depictions problematic as these lead to a tension for not fitting the category of an 'ideal wife' and/or a 'perfect mother' due to the multiple responsibilities they undertake in their everyday lives. Hence, these women question these patriarchal gender roles in real life and also in depictions in the contraceptive ads. The research findings suggest that such awareness emerged due to a consciousness of women's rights in some of these women, developed from receiving higher education including a gender studies degree, or from the various awareness raising activities throughout the country to reduce gender inequality. Again, some of them hold such perspectives due to different upbringing, or simply due to varied lived experiences. In contrast, the majority of the women interviewed accept such representations, for what seem to them as traditionally defined characteristics for an 'ideal Bengali woman', which they aspire to achieve in their real lives. Similarly, although pre/extra marital sex is an actuality, a majority of the women do not want to see a reflection of such realities in the condom ads; as the concern is such depictions may encourage 'immoral' sexual practices. Rather, these women are reluctant to allow any kind of sexual intimacy to be portrayed in these ads. In contrast, echoing the contemporary sexual realities, a small number of women consider that the contraceptive ads need to demonstrate pre/extra marital sexual relationships. Thus with regard to patriarchal gender roles and heteronormative sexuality, although some women want to see a reflection of the 'real' in these ads, many like to see the 'ideal', the 'traditional' – the aspired. Having said so, in relation to the side effects of contraceptives, women actually do want to see a reflection of the real, in these ads. I come back to this point shortly.

A final insight that I want to offer with regard to women's responses towards various depictions in the contraceptive ads is: the responses varied not only due to women's divergent social classes and generations, but also depending on women's varied lived experiences of contraception, upbringing, influence of Westernised education and an awareness of gender equality. As I pointed out in Chapter Five, there were clear distinctions in women's responses across different classes and generations with regard to two particular issues: firstly, women from the poor class spoke less about the representations in the ads compared to the other classes, as they had fewer opportunities to view ads and limited literacy impeded their full understanding of ads.

Secondly, on the representation of pre/extra marital sex in the condom ads, it is mostly the younger, upper class women who uphold relatively a 'progressive' view of sexuality. Again due to differences of upbringing, even within the same social class and same generation, women had dissimilar experiences of contraceptive ads. For instance, Farha and Bondhon were from the upper class and belonged to the same younger generation. However, whereas Farha's upbringing in a religiously 'conservative' family restricted her watching of TV and the contraceptive ads until a certain age, there was no such restriction for Bondhon. Rather, Bondhon was never discouraged from asking questions about contraceptive ads even in her childhood.

Nonetheless, one of the interesting aspects to emerge during the discussions about the ads was that when representation of sexual practices in the ads was raised, women expressed their opinions mainly in relation to how such depictions of sexuality had or might have impact on the larger society and Bengali traditions. They found it more difficult to refer to their own sexual experiences. Which is why, this research further examined how women experience heterosexuality in their everyday lives.

Experiencing 'Gendered Heterosexuality' in Bangladesh

The class-based narratives in my research revealed that heterosexuality in Bangladesh operates through a deeply rooted system of institutionalised patriarchy, where the dominant traditional belief is that sexual exploration as well as sexual pleasure is a masculine trait. But if sexuality is deeply gendered, as is also suggested in the existing sexuality scholarship¹⁶⁷ on Bangladesh, my research further suggests two other important aspects. Firstly, a cross-class and cross-generational analysis of women's narratives reveals that this gendering varies based on upbringing as well as class. For instance, most women from the older generation (upper and middle class) did not receive any sexual knowledge before marriage, so that it was their husband who was their first access to such knowledge, whereas the middle-aged and younger generation from both classes, to various degrees, had gained information before marriage. For the two younger generations of women there was increased opportunity for education, including access to global culture via satellite TV channels, romantic novels, movies and other media including the internet. This points to a socio-cultural transformation

¹⁶⁷ See for instance, Caldwell et al. (1998); Cash et al. (2001: 225-227); Huq (2014); Karim (2012: 30; 2014: 57); Khan et al. (2002: 239); Rashid and Michaud (2000: 55); Rashid (2000:28; 2006b) and Rashid et al. (2011).

with woman more informed about sexuality than previous generations. Moreover, three out of four women from the upper class younger generation in fact received proper sex education. In contrast, for the poor women, their upbringing and surroundings were the main factors – their sexual awareness did not vary across generations, but was based on the rural as opposed to urban localities where they grew up. These considerations, contributing to more nuanced accounts of gendering of heterosexuality, have not hitherto been addressed in the existing sexuality scholarship on Bangladesh.

Secondly, the degree to which a woman might embody male dominance within a heterosexual relationship can be different based on multiple determinants (outlined in detail in Chapter Six) which shape their everyday lives. These multiple determinants are: the Bengali tradition of sexual morality which applies to both a man and a woman; notions of trust between married couples; the materiality of the contraceptives (the side effects of female contraceptives, the allergies to latex and the ‘pleasure barrier’ of condoms); an affective realm of fear, shyness and shame around sexuality and contraception; and a social vulnerability and wider insecurity for the women: hence the preferred situation for a woman is to sustain her conjugal relationship at any cost rather than live alone¹⁶⁸. There are also local religious beliefs that sanction male supremacy. Such beliefs do play a role; as evident in several responses from women who referred to religiosity to discipline the young generation, especially young girls, against ‘sexual immorality’. All these factors influence everyday heterosexual relationships and some even open up spaces to allow women to negotiate and to have agency in sexual practices. For instance, whereas in the older generation (from the upper and middle class) sex was considered an extension of marital obligation towards a husband, in the middle-aged and younger generation, at least, there are some examples where women believe that sex is for the enjoyment of both the partners (see Chapter Six). Saima’s (u/m) reference to her newly married life when she too enjoyed sex with her husband, Lucy (m/y) and her husband discuss their sexual preferences with each other to make it pleasurable, or Rubi (p/o), Minu (p/o) and Hena (p/m) who can choose and decide the kind of sex that they want to have with their clients are some of the examples of such an attitude. Moreover, many women from the middle-aged and younger generations (upper and middle class) successfully persuaded their husbands to use condoms despite the

¹⁶⁸ Obviously there are anomalies, for instance, Saida (m/m), Eti (p/y) and Parvin (p/m) rather chose divorce than to put up with husband’s oppression.

socio-cultural belief that ‘condoms are a barrier to men’s pleasure’. Although such persuasion often became possible due to the possibility of side effects with female contraceptive methods, nonetheless, these examples are indicative of the fact that women are not entirely powerless in their sexual encounters in everyday lives. These examples, call for the need to move away from a simple articulation of gender and heteronormativity in terms of a polarised power relation between a man and a woman, but also to add these multiple other determinants that influence everyday heterosexual practices. These findings further make the case for any analysis of heterosexuality/normativity to explore how the social, cultural and political intersects with binary gender power relations to produce variations in women’s understandings and practices.

In addition to the major findings of this research as outlined above, there are two other surprising findings that emerged from my discussions with women. One of them is the influence of religious doctrine and the other is the side effects of contraceptives.

Islam and Contraception Practices

Religion, Islam in particular, has long been pointed out as being in a conflicting relationship with contraception, in the family planning studies¹⁶⁹ in Bangladesh. Similarly, many of the key informant respondents for this research mentioned religion as a major barrier during the 1970s and early 1980s to establishing population control programmes in Bangladesh, and advertising family planning on TV (see Chapter Three). During this period many family planning workers were even chased away by people, influenced by the *huzurs* and local religious leaders. However, all the key informants further asserted that such religious dogmatism had diminished, due to the poor economic conditions of people (unable to afford bringing up more children), and on account of several awareness raising activities. Moreover, to my great surprise, none of the women interviewed, consider that their religious beliefs, Islam in particular, have played any role in their decisions about contraceptives (see Chapter Six). Although, they do think that Islamic extremism against population control programmes existed in the past. Such responses by the women as well as the key informants, call into question

¹⁶⁹ See for instance, Amin et al. (2002); Bernhart and Mosleh Uddin (1990); Kabeer (2001: 63-64); Mahmud (1988); Maloney et al. (1981); Rahman et al. (1992) and Rashid (2006a: 157).

whether, as the family planning studies suggest, the tension between Islam and birth control is still a key issue in contemporary Bangladesh.

Side effects of Contraceptives

When I initiated this doctoral project to explore women's lived experiences of gender, contraception and sexuality and their representations in contraceptive ads, my assumption was that the women would base their responses only on their experiences of gender relations and sexuality. From my own experience of living in Bangladesh I knew, through hearsay that birth control pills contribute to weight gain and infertility, if taken for a long time. However, I was completely unaware that the side effects of contraceptives have long been documented and that side effects still exist. Further they also influence people's decisions about contraception and sexual behaviour.

For instance, many women from the upper and middle class (older generation) experienced side effects, namely nausea, weight gain, dizziness and weakness from birth control pills (see Chapter Five). Moreover, in the absence of clear information in ads or elsewhere about side effects or how different methods of contraception work, most women from the upper and middle class (the two younger generations) believe that all female contraceptive methods have side effects to some degree or another. They consequently jointly decided, with their husbands, not to use any female methods. Humaira (u/m), confused by the ambiguous representations about side effects in contraceptive ads, long even before her marriage, decided not to use contraceptives herself, but rather to encourage her husband to use condoms. Likewise, fear of side effects persuaded other husbands to use condoms (see Chapter Six). This meant, significantly, that most husbands from these two generations started shouldering birth control responsibilities. Though exceptions did exist, where husbands refused to use condoms believing that they create a 'pleasure barrier'. In these cases women either changed the brand/type of contraception method they were using, or shifted to a traditional method (for example, Farha (u/y) in Chapter Six).

It was, however, women from the poor class who suffered most from side effects: ten of the twelve women I interviewed had encountered some kinds of side effects ranging from vision problems and nausea to excessive bleeding or loss of

menstruation. Such side effects are also acknowledged in the secondary literature¹⁷⁰. But what my research also importantly reveals is that contraceptive side effects weigh heaviest on the poor women because unlike in the middle and upper classes, men from the poor class are reluctant to shoulder responsibility or use contraceptive: they consider birth control as a woman's domain. Therefore, left to manage contraception on their own, the poor women are bound to choose from the available contraceptives, despite the possibility of side effects. Consequently, what Rozario (1999:88-92) and Shehabuddin (2004: 5) consider as the agency of poor women – actively choosing contraceptives on their own, might not be quite the 'independent' act it seems. As my conversations revealed, for poor women it has always been taken for granted that birth control is their sole responsibility. From a Westernised reproductive rights perspective¹⁷¹ a woman's right to birth control and her choice of an appropriate method seem to symbolise her empowerment (certainly in the West). But in the context of chronic side effects which hamper physical, mental and other wellbeing, carrying sole responsibility for contraception may instead prove *disempowering* for women.

Therefore, by taking a feminist qualitative approach to investigate women's lived experience of contraception across three social classes and generations, my thesis offers this new insight and complements the existing feminist literature on birth control (Akhter, 1992; 2005; Rashid, 2001; Rozario, 1999; Shehabuddin, 2004). These studies suggest only the dilemma for poor women of continuing to use modern contraceptives (despite the possibility of side effects) as there are no alternatives (Rashid, 2001; Rozario, 1999; Shehabuddin, 2004), or stopping the use of modern contraceptives and adopting the more unreliable coitus interruption or *azal* (Akhter, 1992; 2005). In contrast, my research highlights that in this situation, the majority of the women across three classes and generations would prefer that contraception is managed by men taking on equal responsibility.

Finally, as this research, drawing on Du Gay et al.'s (1997:3) concept of the 'circuit of culture' has studied the moments of the 'circuit' – 'representation', 'identity', 'production', 'consumption' and 'regulation', with regard to contraception advertising, now I will highlight how these different moments to some extent also shape or determine each other.

¹⁷⁰ See for instance, Akhter (2005); Arends-Kuenning (2002); Maloney et al. (1981) and Rashid (2001).

¹⁷¹ See for instance, Davis (1990); Petchesky (1998); Young (1989: 101-102) and Wang and Pillai (2001).

The 'Circuit of Culture'

In light of the empirical findings discussed above, it can be argued that the gendering of sexuality and contraception in Bangladesh operates through a tradition of patriarchy, where the traditional norms and values are patriarchal, which idealise a dominant form of patriarchal masculinity, femininity and gendered heteronormative practices. Although, in reality there have been shifts that are beginning to change patriarchal relations and/or problematize such gendered identities, however, the aspiration to maintain such traditions still exist to a greater extent. I cannot agree more with Spivak (2014)¹⁷² here, who argues with regard to patriarchal practices in a village in the West Bengal of India, 'You have to work to rearrange people's desires. What they want has to change. What they do will follow'. Contraceptive ads replicate these dominant patriarchal aspirations as 'public demand', in order to promote family planning and different contraceptive brands. Consequently, like any other commercial in Bangladesh (discussed in Chapter Two), ads for contraceptives utilise dominant patriarchal cultural values and patriarchal traditions expressed as dominant practices. These gendered representations again influence individuals – to perform and maintain gendered heterosexual practices; thus, the ads actually contribute to reproduce patriarchal identities and relations, as well as gendered heteronormativity.

Thus it can be argued that everyday experiences of gender, sexuality and contraception and their representations 'overlap and intertwine' (Du Gay et al., 1997:4) in numerous complex ways and function through a patriarchal circuit of culture. Therefore, singling out media, and ads in particular, to be solely responsible for producing stereotyped gender representations in Bangladesh, as argued in a range of feminist literature¹⁷³ on media is misdirected. Changing media representations can hardly deliver 'progressive' views, as long as people's sense of self and their aspirations, women's as well as men's, continue to stay gendered in particular ways. As this research indicates advertising tries to tune in to where its audience/consumers are at, in order that they will respond positively to the ads (and buy/use contraceptives). Not to do that is to risk a turning away from the ads and from contraceptive use. Following

¹⁷² Interview with Spivak (2014) by Nazish Brohi. Available at <http://www.dawn.com/news/1152482/herald-exclusive-in-conversation-with-gayatri-spivak>, [Accessed on 24 December, 2014].

¹⁷³ See for instance, Ahmed (2002); Ahmed (2009); Begum (2008); Gayen (2002); Guhathakurota (2002); Nasreen (2002) and Parveen (2002).

Du Gay et al. (1997:3-4) this research has thus foregrounded the need for transformation in each of the ‘moments’ of cultural work – representation, identity, production, consumption and regulation – if gendered sexual practices and understandings in Bangladesh are to be reduced, if not completely eliminated.

This thesis further foregrounds the policy implications in relation to contraception, which I turn to shortly. But before that, I would like to highlight the methodological contributions that this thesis has made to advertising and sexuality research.

Researching Intimate Issues, Methodological Contributions

Contributing to existing sexuality scholarship¹⁷⁴ on Bangladesh, this doctoral research not only explored women’s experiences of gender, sexuality, contraception and the contraceptive ads, but also, in a way not always evident in these studies, is transparent about the challenges encountered during the various stages of data generation and is self-reflective about the approaches adopted. These points offer significant lessons for future research.

The first lesson that I learnt through my conversations with women about their sexual experience is that in an interview, a woman in Bangladesh is unlikely to be able to immediately reflect on her intimate experiences of sexuality and contraception. Moreover, finding a suitable time and space to create an encouraging environment for this to take place, was a challenge (see Chapter One). Showing women the ten sample contraceptive ads and talking about them first alleviated the situation, so too discussing family planning and then moving on to sexual matters perhaps gave women enough time to gradually feel confident and comfortable enough to reflect on more intimate matters. These observations suggest that prior arrangement of icebreakers is necessary in conducting intimate research interviews. Also, any interview as such may require more than one sitting with a particular interviewee. In addition as I mentioned earlier in Chapter One, interviews with Koni (m/y), Lucy (m/y) and Rina (p/m) taught me a valuable lesson: opening up a bit about a researcher’s personal intimate experience can ensure greater participation of the respondents. I followed this up in the later interviews

¹⁷⁴ Caldwell et al. (1998); Hoek (2010); Huq (2008); Huq (2014); Kabeer (1991); Khan et al. (2002); Karim (2012; 2014); Rashid and Michaud (2000); Rashid (2000; 2006b) and Rashid et al. (2011).

when required, which I believe strongly influenced women to share their experience of heterosexuality and contraception with me.

Furthermore, with regard to women's responses towards contraceptive ads, the research highlights the need in audience research to pay the same attention to 'absence' and silence as to 'presence' and active reflection. The absence of responses on contraception ads from some respondents in my research was no less important than the reflections offered by others. Further investigation of why some were unable to respond to the ads revealed a particular paternalistic dynamic in the family, materialistic limitations and/or religious restrictions that controlled women's watching of TV. In addition, women's frustrations from their repeated encounters with contraceptive side effects together with an awareness of the sexual moral guarding against public discussion of sexual issues limited the scope of discussions. But these many restrictions only emerged by asking further questions. The methodological lesson for audience research, particularly in relation to intimate issues, is then that the research needs to place equal emphasis on both the 'untold' and the 'told'.

Finally, the complexities that I experienced with social class reflect the fact that one may belong to a particular social class based on one's economic status, social capital or self-identified class category, but one's sexual values and experience should not be presumed based on the existing ideas about that particular class. For instance, Farha (u/y) despite belonging to upper class upholds the values of sexual morality that more coincide with women from the middle class (see Chapter Five), or the evidence that most women from the older generation had similar heterosexual experiences whether they were upper class or middle class (see Chapter Six). Such examples make manifest that ticking the same class box may not essentially mean having similar kinds of sexual experiences, and a sexuality researcher needs to keep an open mind to acknowledge such distinctions in any class-based sexuality research.

Policy Suggestions

In light of the key findings of this thesis, I propose four policy implementations which go well beyond advertising.

Firstly, as a response to the demand of women from the different social classes and generations, and considering the longstanding evidence of side effects from

contraceptives, a rigorous regulation and strict monitoring of the quality of contraceptives imported/donated in Bangladesh is required.

Secondly, there is a need in the state's policies for population control not only to ensure access to reliable contraceptives but also for the provision of full and accurate information about the range of contraceptive methods. In particular, there needs to be a better way to communicate with people who have little or no literacy.

Thirdly, as more and more men are stepping forward to take contraceptive responsibility in heterosexual relationships, the ads for contraception need to be updated, as appropriate, to include this change. If done sensitively, the ads would be tuning in to new sensibilities. Moreover, taking into account the issue of ensuring safe sex but also people's sensitivity in relation to sexual conventions, there needs to be a balance between the state sponsored and commercially produced ads to deliver messages about birth control and safe sex.

Finally, paying proper attention to the common demand from audiences, it is important that the contraceptive ads start including information about how to use a particular contraceptive method, clarify any possible side effects and include instructions on how to overcome these side effects. At the same time advertising may need to walk a careful tightrope in this regard, so as not to downplay the state's aim of population control.

Implications for Future Research

Before finally concluding, I would like to outline three particular areas where this thesis raises further issues to be addressed in future research.

Firstly, although religious belief was less relevant in shaping women's contraceptive practices than I had assumed, in several instances women's narratives did suggest that their experiences of gender and sexuality are bound in to institutional discourses of religion. However, as this was not the focus of the thesis I did not offer full insight in this area. Yet such discussions did arise in the flow of conversation, women, for example, referring to Islam to back up 'conservative' views about sexuality. Clearly there were tensions and contradictions with regard to religious discourses on contraception and gendered sexuality more widely. This points to the need for further in-depth investigation into the ways religion might shape (or not) sexual and gender relations. Such a study might again adopt a cross-class and cross-generational

perspective, but include not only those adopting the Islamic faith but other religions and non-believers.

Secondly, this thesis of 'intimate issues' also suggests some avenues for further research, not least in supplementing women's experiences and their narratives, by a parallel study on men across different social classes and generations. No such study has hitherto been carried out in Bangladesh.

Finally, in relation to reflecting on visualisation of sexual intimacy, women in my research often talked in a generalised way about sexual conventions, instead of reflecting on personal experience. Sometimes they referred to an idealised 'then' comparing it to 'now', to indicate what sexuality was supposed to be 'ideally', and how it is 'now'. It was not clear whether this was because they thought that as an 'ideal Bengali woman' or a good Muslim woman it was what they *should* say or because it was what they thought *I* was expecting to hear. Similarly, at times, when referring to sexual pleasure, some women told stories of other people. Again, this seemed to be a means to avoid talking about their own pleasures (or otherwise). Although my research does not delve into their reasons, it does suggest that further research on the kinds of narratives women tell would be worthwhile. In a context where socio-cultural and moral restrictions are imposed on public discussion of sexual issues, if women are asked to reflect on their intimate experience of sexuality and sexual pleasure, what kinds of narratives do they tell? How does one narrative differ from the other based on women's multiple identities and diverse lived experiences? I intend to explore these questions in future research on sexualities.

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Appendix I – Checklist: Issues Considered in Analysing Contraceptive Ads

1. Who are the actors in the advertisements: Human Being (men, women, and children)? Objects? The company who advertises? Invisible Actor? What are they doing (in terms of action)?
2. What are the relationships among the characters in an advertisement: married/friends? Is the relationship visible? What are the symbols used to indicate a relationship?
3. How are they described: noun? Adjective? Adverb? Verb? Or predicates?
4. Who is presented as inside/outside home, and in what action are they portrayed?
5. Do these advertisements specifically mention the physical mobility of the characters? Is there any differences based on gender identity?
6. What kind of emphasis is given to highlight a text or part of text?
7. What is the message given: Objective? Factual? Emotional? Lecturing/Preaching? Fairy tales?
8. Who describes the product quality (Male/female/invisible male/female voice)?
9. Is there any jingle? Is it a male or female voice? What message does the jingle offer?
10. How have messages of birth control been delivered to audience?
11. Whether and how is parenting portrayed in these advertisements?
12. From whose perspective is the message provided? The reader? The viewer? The owner of the advertisement?
13. What are the narrative strategies? How are the viewers addressed?
14. To what extent have traditional gender roles been used to narrate a product quality?
15. What response is asked from the audience: Emotional reaction? Moral judgment? Rational reflection? Therapeutic actions? Or anything else?
16. Do the advertisements talk about the purpose of using contraceptives? What do they say?
17. Whether and to what extent do the advertisements mention 'ideal' feminine and masculine attitudes?
18. Who is portrayed as sexually desirable? How is eroticism and sexiness exposed?
19. Do the advertisements specifically mention anything about sexual pleasure and for whom do they mention it?

20. What kind of information is provided in these ads about the side effects of contraceptives?
21. Has it been predominantly pills, or were there certain moments when condom ads were dominant?
22. What are the main themes over the years? How have these themes grouped over the years? Is there any kind of periodization?
23. Are there any major changes over the years and decades, in some of the key themes?

Appendix II: Contraceptive Ads – Brief Information

In this Appendix I include brief information about each of the 166 contraceptive ads consulted for this thesis. In doing so, I separated the state sponsored family planning ads from the commercially produced branded ads for significant reasons (discussed in Chapter Four). I further gave them a code reflecting whether it is a state, or a commercially sponsored ad. For instance, in the case of the family planning ads those appearing in newspapers are referred to chronologically as F1, F2, F3 etcetera (F is the initial letter for family planning), and those aired on TV are mentioned as TF1, TF2 etcetera (T being the initial letter for TV). Similarly, for the commercially produced contraceptive ads those from the daily newspapers are indicated chronologically with a number: 1, 2, 3 etcetera, and those broadcast on TV are indicated with TC1, TC2 etcetera (T stands for TV and C for commercially produced). By ‘chronologically’ I mean the ads are arranged in order of the date of their first appearance in a daily newspaper or on a TV channel.

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
01	Image F1	Family Planning	The Daily Ittefaq	–	7 April, 1973	3 (in the Supplement)	Discussed in Chapter Four.	Resource Centre, University of Dhaka (DU)
02	Image F2	Family Planning	The Daily Ittefaq	–	28 April, 1973	4	This image includes parents, their two children and detailed information about where to go to learn about different family planning methods. A headline at the top in bold suggests that the aim for family planning is to bring affluence to a family.	Resource Centre (DU)

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
03	Image F3	Family Planning	The Daily Ittefaq	–	11 August, 1973	4 (in the Supplement)	Discussed in Chapter Four.	Resource Centre (DU)
04	Image F4	Family Planning	The Daily Ittefaq	–	8 March, 1974	3	This image includes a sketched image of a couple ¹⁷⁵ and their child. A headline at the top asks, 'Have you adopted a family planning method?'. The ad includes detailed information about different family planning methods.	Resource Centre (DU)
05	Image F5	Family Planning	The Daily Ittefaq	–	26 March, 1974	9	A mother of two children is asked to adopt family planning to keep her family healthy and affluent.	Resource Centre (DU)
06	Image F6	Family Planning	The Daily Ittefaq	–	9 October, 1977	5	Discussed in Chapter Four.	Resource Centre (DU)
07	Image F7	Ligation (Female Sterilisation)	The Daily Ittefaq	–	7 July, 1982	8	Discussed in Chapter Four.	Resource Centre (DU)
08	Image F8	Copper - T	The Daily Ittefaq	–	5 June, 1986	3	Discussed in Chapter Four.	Resource Centre (DU)
09	Image F9	Family Planning	The Daily Ittefaq	–	7 January, 1990	7	This includes a sketched image of a mother and a baby in her lap; both smiling. A copy addresses the viewers with 'you' and advises them, 'Adopt a family planning method and keep your family size restricted to two	Resource Centre (DU)

¹⁷⁵ In this Appendix my use of the term 'couple' refers to a heterosexual couple.

							children’.	
Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
10	Image F10	IUD and Injection	The Daily Ittefaq	–	12 February, 1990	10	Discussed in Chapter Four.	Resource Centre (DU)
11	Image F11	Family Planning	The Daily Ittefaq	–	21 February, 1990	3	This has the same sketched image as in Image F9, but has a different copy which suggests, ‘Adopt a family planning method, and encourage others to have one’.	Resource Centre (DU)
12	Image F12	Condom	The Daily Ittefaq	–	5 November, 1990	7	Discussed in Chapter Four.	Resource Centre (DU)
13	Image F13	Family Planning	The Daily Prothom Alo	–	21 February, 2007	10	This image displays a circle. At the centre of the circle there is a long shot of a couple and their daughter. A bold heading circling them states, ‘Not more than two, one child is better’.	Prothom Alo Press Archive
14	Image F14	Family Planning	The Daily Prothom Alo	–	17 March, 2009	22	This displays the same circle as in Image F13, but the centre of the circle there is a mother with her baby girl. A headline in the same style as Image F13 reads, ‘Not more than two, one child is better’.	Resource Centre (DU)
15	Image F15	Copper – T	The Daily Ittefaq	–	16 March, 2010	20	A woman holding a bunch of keys is directly looking at the viewers and smiling. A heading adjacent to her face suggests that the key to happiness is not far away.	Resource Centre (DU)

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
16	Image F16	Implant	The Daily Janakantha	–	16 March, 2010	10	A woman directly looks at the audience with a smiling face. A headline next to her face suggests: Have the <i>implant</i> and stay safe.	Resource Centre (DU)
17	Image F17	Oral Pill	The Daily Janakantha	–	13 December, 2010	20	A woman holding a pill packet looks at the viewers with a smiling face. A headline at the top depicts, 'The oral pill is a safe family planning method for women'.	Resource Centre (DU)
18	Image F18	Condom	The Daily Janakantha	–	14 December, 2010	20	Discussed in Chapter Four.	Resource Centre (DU)
19	Image F19	NSV (Male Sterilisation)	The Daily Janakantha	–	6 June, 2011	20	Discussed in Chapter Four.	Resource Centre (DU)
20	Image F20	Implant	The Daily Janakantha	–	7 June, 2011	20	A woman is looking at the viewers and smiling. A headline at the top depicts, 'The <i>implant</i> is a long term temporary contraception method for women. Have the <i>implant</i> and stay safe'.	Resource Centre (DU)
21	Image F21	Ligation	The Daily Janakantha	–	8 June, 2011	20	Discussed in Chapter Four.	Resource Centre (DU)
22	Image F22	Copper - T	The Daily Janakantha	–	9 June, 2011	20	Discussed in Chapter Four.	Resource Centre (DU)

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
23	Ad TF1	Family Planning	–	BTV	1985	–	A poor fisherman – a father of eight children is called foolish by a fellow fisherman, to believe that family planning is unsafe. He tells him family planning is the only way to reduce his hardship.	Bitopi Advertising Ltd.
24	Ad TF2	Family Planning	–	BTV	1991	–	Discussed in Chapter Four.	Bitopi Advertising Ltd.
25	Ad TF3	Family Planning	–	BTV	1994	–	A village leader directly tells the audience that he was a fool not to start planning his family. He asks the viewers to act wisely by adopting a family planning method.	SMC
26	Ad TF4	Oral Pill	–	BTV	1997	–	Discussed in Chapter Four.	Bitopi Advertising Ltd.
27	Ad TF5	Family Planning	–	BTV	1997	–	A rural tradesman gets advice to start family planning as it will be good for his wife's health; who then will be able to help him in his work, and contribute to the family income.	Bitopi Advertising Ltd.
28	Ad TF6	Oral Pill	–	BTV	2000	–	A village farmer says that he was a fool to think that family planning is unsafe. Informed by a local school teacher about condoms and pills, he then discusses them with his wife, who agrees to take the pills.	Bitopi Advertising Ltd.
29	Ad TF7	Family Planning	–	BTV	2000	–	A worried poor father of three children gets family planning advice from an educated man. His wife appreciates that he has found the right solution to reduce their financial suffering and agrees to start a contraceptive method.	SMC

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
30	Ad TF8	Oral Pill	–	BTV	2001	–	Discussed in Chapter Four.	SMC
31	Ad TF9	Family Planning.	–	BTV	2002	–	A father of a child goes to Upazila Health Complex. The health officer in charge tells him about different family planning methods, and asks him to discuss them with his wife to decide on a method.	SMC
32	Ad TF10	Condom	–	BTV	2003	–	A soon to be married man, embarrassed about seeking information about family planning, goes to a salesman in a pharmacy. He appreciates that the man came to him and suggests him to use condoms.	SMC
33	Image 1	Lyndiol Pill	The Daily Ittefaq	–	30 December, 1973	11	A woman with a cheerful face is being advised to think before getting pregnant again. As there is a trustworthy birth control pill – <i>Lyndiol</i> .	Resource Centre (DU)
34	Image 2	Lyndiol Pill	The Daily Ittefaq	–	3 April, 1974	7	<i>Lyndiol</i> is depicted as a trustworthy pill. The newlywed couples, who want to keep their family happy and financially stable, are advised to take <i>Lyndiol</i> .	Resource Centre (DU)
35	Image 3	Maya Pill	The Daily Ittefaq	–	11 January, 1976	1	A woman looking down is advised to take <i>Maya</i> to prevent tensions from an unwanted pregnancy, and to keep her family small to be able to take good care of her children.	Resource Centre (DU)
36	Image 4	Ovostat Pill	The Daily Ittefaq	–	24 January, 1976	4	A white, possibly Western woman whispers to a traditionally dressed Bengali woman. A copy suggests: <i>Ovostat</i> is the safest and globally accepted pill which leads to women's emancipation across the whole world.	Resource Centre (DU)

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
37	Image 5	Ovostat Pill	The Daily Ittefaq	–	7 January, 1977	5	Love in conjugal life is expressed through a husband placing a rose in his wife's hair. A copy pointing to such love states, 'Ovostat gives you a youthful gorgeous body and ensures that your husband will have stronger feelings for you'.	Resource Centre (DU)
38	Image 6	Raja Condom	The Daily Ittefaq	–	8 February, 1977	3	A married couple is presented with smiling faces. The headline at the top asks, 'Why are they so happy?' A copy suggests – due to <i>Raja</i> , as it allows them to enjoy their intimate moments.	Resource Centre (DU)
39	Image 7	Maya Pill	The Daily Ittefaq	–	22 July, 1978	1	Discussed in Chapter Four.	Resource Centre (DU)
40	Image 8	Ovostat Pill	The Daily Ittefaq	–	5 January, 1979	8	Discussed in Chapter Four.	Resource Centre (DU)
41	Image 9	Raja Condom	The Daily Ittefaq	–	6 January, 1979	3	Discussed in Chapter Four.	Resource Centre (DU)
42	Image 10	Joy Pill	The Daily Ittefaq	–	12 January, 1979	8	Married couples who want to make their conjugal life joyful are asked to rely on <i>Joy</i> .	Resource Centre (DU)
43	Image 11	Maya Pill	The Daily Ittefaq	–	27 January, 1979	3	The ad suggests that <i>Maya</i> is needed for good health and a happy married life. Half of the ad includes information about how to take the <i>Maya</i> pill.	Resource Centre (DU)

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
44	Image 12	Raja Condom	The Daily Ittefaq	–	10 January, 1980	3	A couple with two children are enjoying happy family moments. A copy further explains – <i>Raja</i> is crucial for a bright future, and a happy, prosperous family.	Resource Centre (DU)
45	Image 13	Maya Pill	The Daily Ittefaq	–	29 January, 1980	3	A marriage function is framed. The bride is advised to take <i>Maya</i> to continue the pleasure of married life and to prevent the anxiety of an unwanted pregnancy.	Resource Centre (DU)
46	Image 14	Restovar Pill	The Daily Ittefaq	–	23 November, 1980	8	The ad recommends <i>Restovar</i> for a tension free life and to sustain the pleasure and youth of life.	Resource Centre (DU)
47	Image 15	Ovacon Pill	The Daily Ittefaq	–	10 January, 1981	3	Discussed in Chapter Four.	Resource Centre (DU)
48	Image 16	Joy Pill	The Daily Ittefaq	–	6 January, 1982	3	A woman is smiling, embracing a tree, looking far away. A heading in bold says, ' <i>Joy</i> promises a happy life'.	Resource Centre (DU)
49	Image 17	Joy Pill	The Daily Ittefaq	–	22 February, 1982	1	A woman is smiling and looking into the distance. A heading in bold says, ' <i>Joy</i> promises a happy life'.	Resource Centre (DU)
50	Image 18	Joy Pill	The Daily Ittefaq	–	8 January, 1983	4	A couple is enjoying a good time outside home. He is delightfully looking at her; she is smiling and looking at the viewer. A caption in bold says, ' <i>Joy</i> promises a happy life'.	Resource Centre (DU)

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
51	Image 19	Maya Pill	The Daily Ittefaq	–	4 April, 1983	5	The ad claims that <i>Maya</i> is the safest birth control pill; it ensures motherly affection, a planned family and a safe future.	Resource Centre (DU)
52	Image 20	Ovacon Pill	The Daily Ittefaq	–	20 December, 1983	3	The ad suggests that <i>Ovacon</i> is for a free and lively conjugal life. It protects users from the risk of unwanted pregnancy and secures a safe future.	Resource Centre (DU)
53	Image 21	Raja Condom	The Daily Ittefaq	–	11 January, 1984	3	The visual includes a couple having a nice tea time in a courtyard, with their daughter riding a tricycle. A copy suggests that <i>Raja</i> ensures a happy married life and a prosperous future.	Resource Centre (DU)
54	Image 22	Panther Condom	The Daily Ittefaq	–	30 March, 1984	3	Alongside a married couple, a black panther stays almost at the centre of the image and looks directly at the audience. A heading at the top states, 'For a joyful and stable family, he depends on <i>Panther</i> '.	Resource Centre (DU)
55	Image 23	Marvelon Pill	The Daily Ittefaq	–	6 December, 1985	4	Flowers in the background, and a female (non-Asian) with a contended face establishes eye contact with the viewers. A caption in English suggests that the pill is nature friendly.	Resource Centre (DU)
56	Image 24	Raja Condom	The Daily Ittefaq	–	5 June, 1986	3	Husbands are asked to use <i>Raja</i> for their wife's good health (frequent pregnancy damages her health) and to secure a financially stable family.	Resource Centre (DU)
57	Image 25	Maya Pill	The Daily Ittefaq	–	25 February, 1987	3	Women are asked to take <i>Maya</i> to make life happier. <i>Maya</i> prevents pregnancy. So a woman can spend more time with family members, can stay beautiful and win her husband's love.	Resource Centre (DU)

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
58	Image 26	Raja Condom	The Daily Ittefaq	–	15 February, 1988	3	The image contains a portrait of a couple with their daughter, all are smiling. A copy confirms: <i>Raja</i> is the choice of a responsible man who plans for his child's future and happiness in the family.	Resource Centre (DU)
59	Image 27A	Ovacon Pill	The Daily Ittefaq	–	21 April, 1990	7	The ad suggests <i>Ovacon</i> is for an independent woman, who wants to live a successful life by planning everything on time.	Resource Centre (DU)
60	Image 27B	Ovacon Pill	The Daily Ittefaq	–	22 August, 1990	7	Discussed in Chapter Four.	Resource Centre (DU)
61	Image 28A	Maya Pill	The Daily Ittefaq	–	19 October, 1990	12	Women are encouraged to use <i>Maya</i> as it ensures their husband's love and happiness in the family.	Resource Centre (DU)
62	Image 28B	Panther Condom	The Daily Ittefaq	–	29 October, 1990	7	A couple look at each other with a smiling face, holding their son in the middle, who is smiling as well at the audience. A copy suggests that <i>Panther</i> can ensure a worry free, pleasurable and safe life.	Resource Centre (DU)
63	Image 29A	Raja Condom	The Daily Ittefaq	–	23 February, 1991	3	A copy in bold suggests – <i>Raja</i> is the first choice of a conscious man.	Resource Centre (DU)
64	Image 29B	Raja Condom	The Daily Ittefaq	–	27 February, 1991	7	The image presents a man dressed up and a large building behind him (as if indicating his successful professional position in that office). A heading confirms – <i>Raja</i> is the key to success.	Resource Centre (DU)

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
65	Image 30A	Maya Pill	The Daily Ittefaq	–	19 March, 1991	4	A housewife tells the audience – since she has followed her husband's advice and started taking <i>Maya</i> she became worry free; she can now serve her husband, mother-in-law and her only son with greater joy.	Resource Centre (DU)
66	Image 30B	Panther Condom	The Daily Ittefaq	–	10 November, 1991	10	A <i>Panther</i> pack shot and a copy in bold suggest – <i>Panther</i> is the trustworthy condom for a reliable man.	Resource Centre (DU)
67	Image 31A	Panther Condom	The Daily Ittefaq	–	4 May, 1991	7	Discussed in Chapter Four.	Resource Centre (DU)
68	Image 31B	Maya	The Daily Ittefaq	–	25 May, 1991	9	A <i>Maya</i> pack shot and a copy in bold suggests – <i>Maya</i> is a safe and effective birth control pill.	Resource Centre (DU)
69	Image 32A	Raja Condom	The Daily Ittefaq	–	11 May, 1992	20	Different men from different occupations (teacher, farmer, fisherman, mechanic, and pharmacist) suggest that <i>Raja</i> is the best choice.	Resource Centre (DU)
70	Image 32B	Sensation Condom	The Daily Inqilab	–	11 March, 1993	3	Discussed in Chapter Four.	Resource Centre (DU)
71	Image 33	Norquest Pill	The Daily Inqilab	–	20 March, 1993	3	Happy family moment – a woman with her husband and daughter. The top headline states – <i>Norquest</i> is for safety, joy and confidence.	Resource Centre (DU)

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
72	Image 34	Nordette 28 Pill	The Daily Ittefaq	–	6 April, 1998	4	A female doctor directly looks at the viewers and says <i>Nordette 28</i> is for the modern women.	Resource Centre (DU)
73	Image 35	Panther Condom	The Daily Ittefaq	–	28 May, 1998	20	A couple facing to each other are smiling and holding a flower together. A <i>Panther</i> pack in juxtaposition says <i>Panther</i> ensures protection against HIV/AIDS. The top headline says <i>Panther</i> is the trustworthy condom for a reliable man.	Resource Centre (DU)
74	Image 36	Sensation Dotted Condom	The Daily Ittefaq	–	22 November, 1998	12	Discussed in Chapter Four.	Resource Centre (DU)
75	Image 37	Femicon Pill	The Daily Janakantha	–	7 February, 2000	7	<i>Femicon</i> promises to bring a stress free life.	Resource Centre (DU)
76	Image 39	Nordette 28 Pill	The Daily Janakantha	–	27 February, 2000	7	The advertisement frames a woman at her office, at home with daughter and her husband and enjoying time out with them. A copy further states that <i>Nordette 28</i> fulfils the dream of a happy and successful life.	Resource Centre (DU)
77	Image 40	Panther Condom	The Daily Janakantha	–	11 March, 2000	5	A married couple is captured in a romantic moment – sitting closely holding hands at night on the rooftop of their home. A tagline in bold utters, ' <i>Panther</i> condom – in the bond of love'.	Resource Centre (DU)
78	Image 42	Panther Condom	The Daily Ittefaq	–	21 October, 2000	16	Almost identical to Image 40. The same married couple is displayed outside a home in the day time, standing closely together. A tagline in bold says, ' <i>Panther</i> condom – in the	Resource Centre (DU)

							bond of love'.	
Serial No.	Code of Ad	Advertised for	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
79	Image 43	Passion Condom	The Daily Ittefaq	–	6 November, 2000	16	The condom packet and a copy in bold suggest: <i>Passion</i> condom ensures pleasurable protection.	Resource Centre (DU)
80	Image 45	Minicon Pill	The Daily Prothom Alo	–	11 January, 2001	12	Breastfeeding mothers are encouraged to have the <i>Minicon</i> pill.	Prothom Alo Press Archive
81	Image 46	Sensation Dotted Condom	The Daily Prothom Alo	–	25 July, 2001	16	A couple is portrayed in an intimate moment, as if they are going to kiss each other. A copy in English asks the audience to make each moment special with <i>Sensation Dotted</i> .	Prothom Alo Press Archive
82	Image 47	Minicon Pill	The Daily Prothom Alo	–	11 March, 2002	3	A female doctor recommends <i>Minicon</i> to breastfeeding mothers (starting from six weeks after childbirth), and suggests it does not affect the quality of breast milk.	Prothom Alo Press Archive
83	Image 48	Sensation Dotted Condom	The Daily Ittefaq	–	16 September, 2002	12	Almost identical to Image 46, except, this one appeared in black and white and there is a promotional offer of a free key ring with this <i>Sensation Dotted</i> .	Resource Centre (DU)
84	Image 49	Raja Condom	The Daily Ittefaq	–	10 October, 2002	3	Depicts a rural extended family, all sitting in a courtyard and smiling. A poetic statement goes on next to the family frame: I cherish a little dream in my heart; only love shall stay in my courtyard. A copy further declares that <i>Raja</i> is the source of all happiness.	Resource Centre (DU)

85	Image 50	Panther Condom	The Daily Prothom Alo	–	2 February, 2003	15	A newly married couple is shown in a romantic posture from a close shot. They are enjoying time outside home. A <i>Panther</i> pack in juxtaposition and a copy suggest – let them have more stress free days like these.	Resource Centre (DU)
Serial No.	Code of Ad	Advertised for	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
86	Image 51	Soma-Ject Depo-Provera	The Daily Janakantha	–	10 March, 2003	8	Informative Image. Informs where and how to access <i>Soma-Ject</i> . It claims to be an effective and safe method.	Resource Centre (DU)
87	Image 52	Nordette 28 Pill	The Daily Prothom Alo	–	20 March, 2003	1	A couple is looking directly at the viewers and a copy reads: <i>Nordette 28</i> is for that outstanding wife who is caring, loving and responsible, and never compromises on the question of quality.	Resource Centre (DU)
88	Image 53	Panther Condom	The Daily Ittefaq	–	11 April, 2004	11	The same couple as Image 50 is portrayed from a close-up shot. They are smiling and facing each other. A copy reads, 'Awaiting the right moment...'	Resource Centre (DU)
89	Image 54	Raja Condom	The Daily Prothom Alo	–	4 June, 2004	3	A <i>Raja</i> pack shot and a copy in bold suggest – <i>Raja</i> is the most reliable condom, and the best in quality as well.	Resource Centre (DU)
90	Image 55	Panther Condom	The Daily Prothom Alo	–	3 February, 2005	1	A <i>Panther</i> pack shot from close-up and a giant golden coloured panther is displayed in the background. A copy reads that <i>Panther</i> protects from HIV/AIDS and unexpected pregnancy.	Resource Centre (DU)
91	Image 56	Love Nest Condom	The Daily Prothom Alo	–	14 March, 2005	3	Discussed in Chapter Four.	Prothom Alo Press Archive

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
92	Image 57	Sensation Condom	The Daily Janakantha	–	9 May, 2005	1	A night time portrayed with dim light, a blown out candle, a pair of golden earrings, a golden ring and a golden chain, as if someone has just taken them off. Two <i>Sensation</i> pack shots are included in juxtaposition and a message reads, 'Choose your moments...'. A young couple dressed in Western clothing is having fun. The headline at the top states in English, 'a new togetherness full of fun'. The meaning of fun moves to an intense sexual inference with the copy accompanying the brand names ' <i>U & ME Anatomic</i> [...]' Uniquely shaped for a tighter grip' and ' <i>U & ME Long Love</i> [...]' Benzocaine coated to prolong lovemaking'.	Resource Centre (DU)
93	Image 58	U & Me Condom	The Daily Prothom Alo	–	4 July, 2005	16		Prothom Alo Press Archive
94	Image 59	U & Me Condom	The Daily Prothom Alo	–	11 July, 2005	3	Discussed in Chapter Four.	Resource Centre (DU)
95	Image 60	Minicon Pill	The Daily Prothom Alo	–	4 August, 2005	3	The ad greets all the mothers during 'Breastfeed week' (1-7 August). It further includes a message stating the good qualities of breastfeeding and a <i>Minicon</i> packet in the corner.	Resource Centre (DU)
96	Image 61	Sensation Condom	The Daily Prothom Alo	–	7 February, 2006	5	It displays three <i>Sensation</i> pack shots to advertise three different types of <i>Sensation</i> (<i>Classic</i> , <i>Vanilla</i> and <i>Strawberry</i>), and a headline at the top asks in English 'Who are you tonight?'.	Resource Centre (DU)

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
97	Image 64	Nordette 28, Femicon and Minicon Pill	The Daily Prothom Alo	–	8 March, 2006	3	SMC greets all women on International Women's Day, and asks them to enjoy freedom with these three types of pills.	Resource Centre (DU)
98	Image 65	Nordette 28 Pill	The Daily Janakantha	–	13 April, 2006	3	As a man teaches a woman how to drive a car, a <i>Nordette 28</i> pack shot stays at the centre of the ad and a headline at the top suggests – <i>Nordette 28</i> is for an up-to-date woman.	Resource Centre (DU)
99	Image 66	Ovostat Gold Pill	The Daily Prothom Alo	–	21 May, 2006	3	A woman looks directly at the audience and a copy explains, 'the low dose pill <i>Ovostat Gold</i> keeps a woman stress free'.	Resource Centre (DU)
100	Image 67	Hero Condom	The Daily Janakantha	–	28 July, 2006	1	The audience is asked to stay prepared with <i>Hero</i> to take part in the 'risks' of life, as <i>Hero</i> provides protection against pregnancy, HIV/AIDS and other sexual diseases.	Resource Centre (DU)
101	Image 68	Minicon Pill	The Daily Janakantha	–	1 August, 2006	16	<i>Minicon</i> greets mothers during breastfeed week, and encourages them to take <i>Minicon</i> .	Resource Centre (DU)
102	Image 69	U & Me Condom	The Daily Prothom Alo	–	21 August, 2006	3	Discussed in Chapter Four.	Resource Centre (DU)
103	Image 70	Femicon Pill	The Daily Janakantha	–	21 January, 2007	3	A woman looks at the audience with a smiling face and a copy suggests: low dose pill <i>Femicon</i> takes away all anxieties.	Resource Centre (DU)

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
104	Image 71	Sensation Mint Condom	The Daily Prothom Alo	–	5 February, 2007	3	The image displays a flower vase with some mint leaves in it, and a <i>Sensation Mint</i> packet next to the vase. A heading describes, ' <i>Sensation</i> with mint fragrance'.	Prothom Alo Press Archive
105	Image 72	Minicon Pill	The Daily Ittefaq	–	23 March, 2007	10	Just uses the brand name <i>Minicon</i> and says it is a progestin-only birth control pill.	Resource Centre (DU)
106	Image 73	Panther Condom	The Daily Ittefaq	–	8 April, 2007	10	Displays a sketch of a golden coloured panther, accompanied by the brand name <i>Panther</i> .	Resource Centre (DU)
107	Image 74	Nordette 28 Pill	The Daily Ittefaq	–	19 April, 2007	10	Just uses the brand name <i>Nordette 28</i> and says it is a low dose birth control pill.	Resource Centre (DU)
108	Image 75	Sensation Classic Condom	The Daily Janakantha	–	6 May, 2007	1	A heading at the top of the ad in English says, 'Love changes everything'. The audience is asked to use <i>Sensation Classic</i> to make love.	Resource Centre (DU)
109	Image 76	Panther Dotted Condom	The Daily Prothom Alo	–	19 August, 2007	3	A <i>Panther Dotted</i> packet, containing the images of a roaring panther and a bare upper back of a muscular man, is utilised to indicate – ' <i>Panther Dotted</i> is for a real man'.	Resource Centre (DU)
110	Image 77	Nordette 28 and Femicon Pill	The Daily Prothom Alo	–	23 July, 2008	1 (in the Supplement)	The brand names <i>Nordette 28</i> and <i>Femicon</i> are placed next to each other in the same image and women are encouraged to take these pills.	Resource Centre (DU)

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			Daily Newspaper	TV Channel				
111	Image 78A	Sensation Chocolate Scented Condom	The Daily Jugantor	–	14 February, 2009	4	Discussed in Chapter Four.	Resource Centre (DU)
112	Image 78B	Sensation Chocolate Scented Condom	The Daily Jugantor	–	14 February, 2009	20	Discussed in Chapter Four.	Resource Centre (DU)
113	Image 79	Femicon, Nordette 28, Soma-Ject	The Daily Prothom Alo	–	8 March, 2009	3	Appearing on International Women's Day the ad suggests women to get rid of reproductive oppression by taking these pills or a <i>Soma-Ject</i> – a Depo-Provera.	Resource Centre (DU)
114	Image 80	U & ME Condom	The Daily Prothom Alo	–	27 September, 2009	3	A couple is captured in an intimate embrace, both smiling. The <i>U & ME</i> brand gives a command in English 'go play'.	Resource Centre (DU)
115	Image 81	Desolon Pill	The Daily Prothom Alo	–	20 November, 2009	1	A couple and their daughter are framed, all looking straight at the audience and smiling. A copy underneath states that <i>Desolon</i> is a complete feminine pill. Its low dose does not cause obesity.	Resource Centre (DU)
116	Image 82	Emcon Emergency Oral Pill	The Daily Prothom Alo	–	4 December, 2009	1	Discussed in Chapter Four.	Resource Centre (DU)
117	Image 83	I-Pill Emergency Oral Pill	The Daily Prothom Alo	–	18 May, 2010	15	Discussed in Chapter Four.	Resource Centre (DU)

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
118	Image 84	Sensation Condom	The Daily Prothom Alo	–	13 February, 2011	5	A couple is framed in an intimate moment, a <i>Sensation</i> packet is placed next to them and a heading declares ‘tonight is for us to be together’.	Resource Centre (DU)
119	Image 85	Minicon Pill	The Daily Prothom Alo	–	15 March, 2011	5	Mothers who breastfeed are encouraged to take the <i>Minicon</i> pill as it does not affect the quality of breast milk.	Resource Centre (DU)
120	Image 86	Emcon Emergency Oral Pill	The Daily Prothom Alo	–	22 April, 2011	24	Discussed in Chapter Four.	Resource Centre (DU)
121	Ad TC1	Maya Pill	–	BTV	1975	–	Everyday life of a happy couple and their daughter is portrayed in their extended family. A jingle by a female explains that <i>Maya</i> had made it possible for her to take care of everyone and to make it a wonderful family.	Bitopi Advertising Ltd.
122	Ad TC2	Raja Condom	–	BTV	1976	–	Two children and their parents are portrayed. As they perform their everyday activities a male voiceover declares that the delightful moments of their lives are a reward from the <i>Raja</i> condom.	Bitopi Advertising Ltd.
123	Ad TC3	Maya Pill	–	BTV	1977	–	A magnificent jingle sung by a female tells a story about a newlywed couple and their romantic moments. The jingle explains that <i>Maya</i> brought them a delightful life and ensured savings for their future children.	Bitopi Advertising Ltd.
124	Ad TC4	Raja Condom	–	BTV	1978	–	This ad tells a story about Romiz and Shahed. Shahed can take his family out on holidays, but Romiz struggles even to make ends meet for his family. A male voiceover explains that the key to financial stability in	Bitopi Advertising Ltd.

							Shahed's family has been the <i>Raja</i> condom. Romiz, who has four children, is therefore advised to use <i>Raja</i> .	
Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
125	Ad TC5	Panther Condom	–	BTV	1983	–	Men from different occupations are portrayed as enjoying happy moments in their small, well-off families. All of them directly look at the audience to say that the <i>Panther</i> condom has brought such happiness and prosperity to their families.	Bitopi Advertising Ltd.
126	Ad TC6	Raja Condom	–	BTV	1986	–	A rural school teacher is introduced to the audience as a responsible person. To secure his child's future and wife's health he uses <i>Raja</i> . By using <i>Raja</i> regularly he has given his family a beautiful life.	Bitopi Advertising Ltd.
127	Ad TC7	Maya Pill	–	BTV	1987	–	A woman is depicted in her joyful everyday life: doing chores, taking care of her only son, her husband and herself. At the end she reveals to the viewers that <i>Maya</i> has brought happiness into her life. Her husband further adds that a doctor suggested that <i>Maya</i> suits women very well.	SMC
128	Ad TC8	Raja Condom	–	BTV	1987	–	A farmer, a shopkeeper, a factory worker and a teacher, all stress that they use <i>Raja</i> to keep their family small and happy.	Bitopi Advertising Ltd.
129	Ad TC9	Ovacon Pill	–	BTV	1990	–	This ad encourages the newlywed women to try out <i>Ovacon</i> to extend feelings of happiness and to continue living a planned life.	Bitopi Advertising Ltd.

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
130	Ad TC10	Ovacon Pill	–	BTV	1990	–	Discussed in Chapter Four.	SMC
131	Ad TC11	Ovacon Pill	–	BTV	1990	–	This ad shows flowers and nature and suggests that <i>Ovacon</i> is a low dose pill that naturally suits a woman's body.	SMC
132	Ad TC12	Raja Condom	–	BTV	1990	–	A rich family is shown in their everyday life: the husband enjoying time out with his wife and their only son, playing snooker with friends, enjoying horse racing etcetera. A male voiceover suggests that <i>Raja</i> is the key to such boundless joy in their lives.	Bitopi Advertising Ltd.
133	Ad TC13	Norquest Pill	–	BTV	1991	–	Three friends meet on a birthday party. One of them is worried about side effects from pills and gets advice from the other to try <i>Norquest</i> as her husband consulted with a doctor who recommended <i>Norquest</i> .	SMC
134	Ad TC14	Raja Condom	–	BTV	1991	–	An urban factory worker goes to his village during vacation. Whilst buying gifts for his children and wife, he does not forget to buy <i>Raja</i> . The viewers are encouraged to behave responsibly like him by planning their family's future with <i>Raja</i> .	Bitopi Advertising Ltd.
135	Ad TC15	Norquest Pill	–	BTV	1992	–	A female doctor, a school teacher and an officer are shown at work. A male voiceover narrates that they are responsible service providers, loving wives and affectionate mothers. He adds that <i>Norquest</i> has made it possible for them to excel in every role.	SMC

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
136	Ad TC16	Ovostat Pill	–	BTV	1992	–	Discussed in Chapter Four.	SMC
137	Ad TC17	Femicon Pill	–	ATN Bangla	2000	–	Informed by a neighbouring woman, a woman asks her husband to get her <i>Femicon</i> . The husband asks a salesman in a pharmacy about <i>Femicon</i> , who confirms that <i>Femicon</i> is a low dose pill, so it suits women really well.	SMC
138	Ad TC18	Femicon Pill	–	Channel i	2000	–	A woman discusses with her sister-in-law about feeling nauseated and dizzy. She whispers to her about something, and then comments that this must have been a side effect of the oral pill she took. She advises her to try <i>Femicon</i> instead, which is a low dose pill.	SMC
139	Ad TC19	Femicon Pill	–	BTV	2001	–	Shows a <i>Femicon</i> packet and a male voiceover says <i>Femicon</i> is a new addition in the SMC family. A jingle sung by a female suggests <i>Femicon</i> brings a stress free life.	SMC
140	Ad TC20	Ovacon Pill	–	BTV	2001	–	A happy couple with their only daughter is advised to continue taking <i>Ovacon</i> in order to stay cheerful. A male voiceover further states that <i>Ovacon</i> is a real low dose pill.	Media Source
141	Ad TC21	Panther Condom	–	ATN Bangla	2001	–	A newlywed couple enjoys romantic moments. A jingle sung by a male joins these moments and tells the viewers that these cheerful moments became more colourful for the couple with the presence of <i>Panther</i> in their lives.	Media Source

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
142	Ad TC22	Sensation Dotted Condom	–	n _{tv}	2001	–	Discussed in Chapter Four.	Media Source
143	Ad TC23	Minicon Pill	–	Channel i	2001	–	A mother of a newborn baby is told that even though she breastfeeds her baby, she needs to start using contraceptives from six weeks after the child's birth. <i>Minicon</i> is for breastfeeding mothers like her.	Media Source
144	Ad TC24	Raja Condom	–	Channel i	2002	–	A salesperson buys a big fish for his family and some crystal-bangles for his wife. A melodious jingle sung by a male tells the viewers that such love, affluence and happiness became possible to achieve due to planning his family with <i>Raja</i> .	Media Source
145	Ad TC25	Minicon Pill	–	ATN Bangla	2002	–	A mother of a newborn baby gets worried that she might be pregnant again. She goes to visit a doctor with her husband. A female doctor confirms that she is not pregnant but recommends <i>Minicon</i> for her.	Media Source
146	Ad TC26	Panther Condom	–	Channel i	2003	–	Discussed in Chapter Four.	Media Source
147	Ad TC27	Nordette 28 Pill	–	ATN Bangla	2003	–	Discussed in Chapter Four.	Media Source
148	Ad TC28	Panther Condom	–	n _{tv}	2005	–	Three panthers are captured as they come out from a dark forest. A male voiceover declares that <i>Panther</i> is giving a promotional offer that includes three extra condoms in its	Media Source

							packets of nine condoms.	
Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
149	Ad TC29	Femicon Pill	–	Channel i	2005	–	A beautiful jingle sung by a female focuses on a woman's mundane activities. She is always smiling in taking care of her only daughter, husband and in-laws. She still manages to have some free time of her own when she reads cooking recipes in a magazine. As the camera zooms in to bring her close to the audience, she looks directly to the audience. She states that <i>Femicon</i> brought her such joyful moments and made her everyday life stress free.	SMC
150	Ad TC30	Panther Condom	–	Channel i	2005	–	A <i>Panther</i> pack shot arrives and a male voice explains that <i>Panther</i> is offering three extra condoms in its packets of nine.	SMC
151	Ad TC31	Hero Condom	–	ATN Bangla	2006	–	A young man takes some cord and puts on gloves to set out to visit a hill. He reaches it to find a young woman – almost falling from the cliff, shouting out for help. He uses the cord and pulls her up. He tells the viewers that life is all about risks and excitements. But one needs to stay prepared to ensure one's safety first. A male voice loudly confirms: Yes Brother! That is why there is the <i>Hero</i> condom to ensure your safety. As long as you have <i>Hero</i> , there is no risk.	Media Source

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
152	Ad TC32	Nordette 28 Pill	–	R _{tv}	2006	–	Discussed in Chapter One.	Media Source
153	Ad TC33	Ovostat Gold Pill	–	n _{tv}	2006	–	This ad is themed around the everyday life of an employed woman: working in an office, taking care of her daughter and chores. As she goes to bed with her husband, she thanks <i>Ovostat Gold</i> for setting her free from unwanted pregnancy.	Media Source
154	Ad TC34	Raja Condom	–	ATN Bangla	2007	–	A <i>Raja</i> condom is displayed and a male voice says, 'Use <i>Raja</i> and stay risk free'.	SMC
155	Ad TC35	Sensation: Classic, Mint and Strawberry Condoms	–	ATN Bangla	2007	–	A <i>Sensation</i> packet is shown and a female voice speaking in a sensual tone asks in English: Who are you tonight? <i>Sensation Classic</i> , or <i>Mint</i> , what about <i>Strawberry</i> ?	SMC
156	Ad TC36	Sensation Mint Condom	–	n _{tv}	2007	–	A <i>Sensation Mint</i> packet is displayed, and a female voice utters in English: ' <i>Sensation Mint</i> with mint fragrance'.	Media Source
157	Ad TC37	Sensation: Strawberry and Vanilla Condoms	–	n _{tv}	2007	–	A couple enjoying intimate moments is asked to feel the warmth of deep love with <i>Sensation</i> .	Media Source

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
158	Ad TC38	Desolon Pill	–	Channel i	2007	–	A husband arranges a surprise marriage anniversary party for his wife to prove his love for her. The wife becomes surprised, and a female voice says, ' <i>Desolon</i> keeps everything as before. The <i>Desolon</i> pill does not cause obesity'.	Media Source
159	Ad TC39	Sensation Condom	–	Ekushe ETV	2008	–	Discussed in Chapter One.	SMC
160	Ad TC40	Hero Condom	–	Channel i	2009	–	This ad portrays 'risky travel' to symbolise 'risky sexual behaviour'. A man jumps to catch a running boat and falls. Then a male voice warns: Do not take risk. Ensure your security first [...] <i>Hero</i> – protects you from unplanned pregnancy and severe sexually transmitted diseases including HIV/AIDS. As long as you have Hero, there is no risk. Hero!.	SMC
161	Ad TC41	Hero Condom	–	Channel i	2009	–	This one has the same theme as Ad TC40, but here a man jumps to catch a running train. The same message about <i>Hero</i> preventing unplanned pregnancy and severe sexually transmitted diseases is echoed by a male voiceover.	SMC
162	Ad TC42	Panther Dotted Condom	–	ATN Bangla	2009	–	Discussed in Chapter One.	SMC
163	Ad TC43	U & ME Condom	–	Channel i	2009	–	Discussed in Chapter Four.	SMC

Serial No.	Code of Ad	Advertised For	Appeared in		Date/Year of Appearance	Page No.	Brief Description of the Ad	Source of Archive
			Daily Newspaper	TV Channel				
164	Ad TC44	XBEI Condom	–	ATN Bangla	2010	–	A couple looks at each other, a flower vase falls and breaks apart. A male voiceover says in English, 'XBEI luxury green condom. Highly lubricated, extra sensation, more response. XBEI!'.	Media Source
165	Ad TC45	Four Seasons Luxury Condom	–	Channel i	2010	–	This ad displays <i>Four Seasons</i> condom packets that carry sensual intimate pictures of couples, and a male voice says, 'Four Seasons, after taking over the Australian market it has now come to Bangladesh'.	Media Source
166	Ad TC46	Femipill	–	Channel i	2010	–	Discussed in Chapter Four.	SMC

Appendix III: Letters

Letter to Access Archives



[Insert Date]

Dear Sir/Madam,

Warm Greetings! This is Umme Busra a Commonwealth doctoral researcher in the University of Sussex, UK.

As part of my research, I need to collect and analyse the contraceptive advertisements broadcast in print and electronic media in Bangladesh between 1971 and 2011.

I need your permission and kind cooperation in collecting these advertisements from your TV channel office/ Newspaper archive (as appropriate). Once I have collected the advertisements from you, these will be analysed and included in my doctoral thesis; which is going to be completed within three years from now. In addition, the research findings will be presented at academic conferences, and may be published as a book. I consider it to be a great opportunity to share and talk about our advertisements with many international scholars around the world.

Hence, I am looking forward to your necessary cooperation. If you have any queries feel free to contact me or my doctoral supervisor Professor Sally Munt (s.r.munt@sussex.ac.uk).

With thanks
Umme Busra Fateha Sultana
Doctoral Researcher
University of Sussex, England.
Email: us32@sussex.ac.uk
Cell: +8801819479322 (Bangladesh)
+447440612865 (UK)

Letter to Key Informants



Dear Sir/Madam,

[Insert Date]

Warm Greetings! This is Umme Busra a Commonwealth doctoral researcher at the University of Sussex, UK.

As part of my research, I intend to interview some key professionals who are interested in talking about contraception and their advertisements in Bangladesh. My research intends to explore the ways contraceptive advertisements are portrayed in Bangladesh. The interviews will help me to understand the making and broadcasting of the advertisements, as well as different situations that influence the meaning and representation in them.

If you want to have a look at the questions in advance, I can send these to you. Once I have collected sufficient information, this will be analysed with my other research findings and included in my doctoral thesis; which is going to be completed within three years from now. In addition, the research findings will be presented at academic conferences, and may be published as a book. Your names and other identifiable information will be changed to protect your privacy; unless you express interest to be identifiable.

As you may be aware of, the analysis of advertisements remains incomplete without looking at the context in which they are produced. Hence, your participation will provide a valuable insight to this research.

Should you have any queries feel free to contact me or my doctoral supervisor Professor Sally R. Munt (s.r.munt@sussex.ac.uk).

With thanks
 Umme Busra Fateha Sultana
 Doctoral Researcher
 University of Sussex, England.
 Email: us32@sussex.ac.uk
 Cell: +8801819479322 (Bangladesh)
 +447440612865 (UK)

Letter to Women (to take part in in-depth interview)

[Insert Date]

Dear Sir/Madam,

Warm Greetings! This is Umme Busra a Commonwealth doctoral researcher at the University of Sussex, UK.

As part of my PhD research, I intend to talk to some women. I shall ask you about your perceptions regarding contraceptive advertisements.

I will be happy to know what you understand and think when you watch these advertisements. If you want to have a look at the questions in advance, I can send these to you. Your experience will provide a valuable insight to this research.

The information I get from you will be analysed and included in my doctoral project; which is going to be completed within three years from now. In addition, the research findings will be presented at academic conferences, and may be published as a book. Your names and other identifiable information will be changed to protect your privacy. If you have any queries feel free to contact me or my doctoral supervisor Professor Sally R. Munt (s.r.munt@sussex.ac.uk).

With thanks
 Umme Busra Fateha Sultana
 Doctoral Researcher
 University of Sussex, England.
 Email: us32@sussex.ac.uk
 Cell: +8801819479322 (Bangladesh)
 +447440612865 (UK)

Appendix IV: Consent Form



Project Title: Exploring the Construction of Contraceptive Advertisements in Bangladesh

I agree to take part in the above mentioned University of Sussex research project. I have had the project explained to me and I have read and understood the letter for participation in this project, which I may keep for my records. I understand that agreeing to take part means that I am willing to:

- Be interviewed by the researcher
- Allow the interview to be audio taped (Cross this point out, if you do not wish your interview to be recorded)
- Make myself available for a further interview, if requested

I understand that:

- Pseudonyms will be used to prevent my identity from being made public. However, if I prefer to be identifiable I can request to use my original name and professional identity in the thesis.
- I will be given a transcript of data concerning me for my approval before being included in the write up of the research.

I understand that my participation is voluntary, that I can choose not to participate in part or all of the project, and that I can withdraw at any stage of the project without being penalised or disadvantaged in any way.

I consent to the processing of my personal information for the purposes of this research study. I understand that such information will be treated as strictly confidential and handled in accordance with the Data Protection Act 1998 (UK).

I understand and agree that the information provided can be used in further research projects which have research governance approval as long as the names and contact information is removed and having ensured the same confidentiality of data.

Name:

Signature:

Date:

Appendix V: Interview Guide

In-depth Interview

First I will start by introducing the project to the respondent. Then I will ask her if she has any questions. I will ask her if I can record our conversations. Then I will explain the consent form to her and get her signature on it. If she is illiterate and cannot sign, I will record her verbal consent in the recorder.

Interview Topics

1. Where were you born? Where did you grow up?
2. Tell me something about your childhood?
3. Did you play with boys, or only with girls?
4. When and how did you first come to know about contraceptives?
5. When did you first watch an advertisement for contraceptives?
6. Did you understand what the ad was about?
7. What do you remember about this advertisement?
8. If you watched it on TV who else was there? What happened, can you describe?
9. How often did you watch contraceptive advertisements on TV?
10. Have you noticed any changes in the content of contraceptive advertisements between 1971 and 2011?
11. Between male and female methods of contraceptives, which one do you think is being advertised more? Do you find any differences between the advertisements?
12. What are the other media where you viewed ads for contraceptives?
13. To what extent did these advertisements help you to decide about your own contraception method? Do you want to share any experience regarding this?
14. What are the factors you took into consideration when deciding your contraceptive method?
15. Who gets you the contraceptives? How do you know where to get those?

16. Let us see some contraceptive advertisements together. What do you think about these advertisements? What are the men and women doing here?
17. What information/knowledge do you get from these advertisements?
18. Are these helpful? In what way?
19. What are these advertisements suggesting?
20. How is a man's/woman's everyday life illustrated in the advertisements? What is your own experience in relation to that?
21. How is marriage depicted in contraceptive advertisements? What do you think about it?
22. How did you come to know about physical relationship?
23. To what extent is marriage important to having a sexual relationship? Tell me something about the social expectation towards it and how that is practiced.
24. Tell me something about the experience of using condoms. What message do you get regarding this from the media advertisements?
25. How do you find the relationship between contraceptive use and religious belief?
26. Have you encountered any side effects from the contraceptives you used? If yes, what did you do then? To what extent do you get to know about these reactions from media advertisements?
27. Do you want to suggest any changes that should be incorporated in the contraceptives advertisements?
28. Anything you want to add/would have liked me to ask about?

Fact Sheet for In-depth Interview

Please tell me more about yourself. Put a tick mark or answer (as appropriate). If you find uncomfortable to answer any question, feel free to skip that.

1. What is your ethnicity?
2. What is your nationality?
3. I would describe myself as
 - a. Upper class
 - b. Middle class
 - c. Working class
 - d. Poor
 - e. Classless
4. Have you been abroad in the past five years? What was the purpose of the visit?
5. Do you have any personal vehicle?
6. The model/brand of my vehicle is
7. The cost of my vehicle is
8. What is your occupation?
9. What is your parents' occupation?

Mother Father
10. What is your age range?

☐ Below 35
 ☐ Between 35 and 49
 ☐ 50 plus
 ☐ I was born in
12. My religion is.....

☐ I have no religion

13. I am

☐ married ☐ single ☐ unmarried ☐ divorced ☐ widowed

14. I live in

☐ a city ☐ a village

15. Do you read newspapers

☐ every day ☐ every week ☐ every month
☐ occasionally ☐ never

16. Do you watch TV

☐ every day ☐ every week ☐ every month
☐ occasionally ☐ never

17. Do you listen to radio

☐ every day ☐ every week ☐ every month
☐ occasionally ☐ never

18. Do you use contraceptives?

☐ yes ☐ no ☐ Other comments

19. What name do you prefer to be called in this study?

Thank you for your participation

Guiding Questions for Key Informants

First I will start by introducing the project to the respondent. Then I will ask if s/he has any questions. I will ask if I can record our conversations. Then I will explain the consent form and get the respondent sign it.

Discussion Topics for Advertising Personnel

1. What are the issues you consider when making contraceptive advertisements in Bangladesh?
2. What are the procedures involved in making the advertisements?
3. Do you produce advertisements on all sorts of contraceptive products in Bangladesh? Would you like to share your experience with me?
4. Is there any instruction from the Government of Bangladesh in making/broadcasting contraceptive advertisements?
5. How are the cultural values maintained in the advertisements?
6. What religious values are taken into consideration when producing and broadcasting the advertisements?
7. How is audience demand/perception taken care of in making the advertisements?
8. Have you conducted any research on women's perspectives towards the contraceptive advertisements? Would you like to share your experience with me?
9. What was the situation in the 1970s when these advertisements first came out?
10. Have there been any particular changes in the content of the contraceptive advertisements between 1971 and 2011?
11. How are the concepts of family planning and birth control utilised in the advertisements?
12. Since when have the concept of safe sex been incorporated in the advertisements? What was the reason?
13. What is the present situation of broadcasting the advertisements?
14. Have you heard about women experiencing side effects from different contraceptives in Bangladesh?

15. How is the issue of side effects from contraceptives presented in these advertisements?
16. Anything you want to add/would have liked me to ask about?

Discussion Topics for Family Planning Officials and Health Experts

1. In which organisation do you work to provide family planning services?
2. When did your organisation start working? What kinds of family planning services does your organisation provide?
3. What is the financial situation of your organisation? Where does your organisation get its funding from?
4. Would you like to share with me your experience of working for family planning?
5. What was the situation in the 1970s when you and your organisation started working? Has there been any shift in people's perceptions about family planning since you started working? What are the changes?
6. Have you heard about people experiencing side effects from contraceptives? What have you or your organisation done to address this problem?
7. How do you find the relationship between contraceptive use and religious belief? Was religious belief a hindrance to providing family planning services to your clients? Was there any other barrier to reaching your clients?
8. Have you watched any advertisement for contraception? Do you think the advertisements are changing with time?
9. From your working experience, can you tell me to what extent men are encouraged to adopt a contraceptive method? Are these attitudes changing?
10. Anything you want to add/would have liked me to ask about?

Discussion Topics for Feminist Activists

1. For how long have you been working on feminist issues?
2. Would you like to share with me your experience of working?

3. What was the situation in the 1970s when you and your organisation started working? Has there been any shift in people's perceptions about family planning since you started working? What are the changes?
4. How do you find the relationship between contraceptive use and religious belief?
5. How would you relate feminism with contraception in the context of Bangladesh?
6. Do you think modern contraceptives can empower women in Bangladesh? If no, why do you think so?
7. From your experience, would you like to share with me – what kinds of side effects from contraceptives have you heard or observed women experiencing? What have you or your organisation done to address this issue?
8. Have you watched any advertisement for contraception? Do you think the advertisements are changing with time?
9. From your experience, can you tell me to what extent men are encouraged to adopt a contraceptive method? Are these attitudes changing?
10. You mentioned that women are not provided with adequate information about contraceptives. What can be done to change this situation? Do you think that advertisements for contraceptives can play a role here?
11. Anything you want to add/would have liked me to ask about?

Thank you for your participation