

The Status of Married Women into the Process of Household Decision Making: A Study in Khulna City

Sabrina Mostafiz*, and Hasan Jamil

Assistant Professor, Department of Sociology, Hajee Mohammad Danesh Science and Technology University, Dinajpur

**Corresponding Author*

Abstract: This study aims to determine the women's role in household decision making in relation to their gender status. This study also explores the links between women's status and their participation in household decision making process. This study revealed that 64.2 percent women are the housewives who are giving labour in household for free and hardly recognized. The findings of the study explicated that 41.6 percent women's title belongs to their father before their marriage while 61.7 percent women's title belongs to their husband after their marriage and 45 percent women got married based on the decision taken by their parents. The study found that over 38 percent of the women provided dowry at the time of their marriage and about 48 percent of the women's had to forcefully pay dowry. It was also found that half (50.8%) of the women faced forced sex with husband. This is the common scenario in our patriarchal society because the woman is not regarded here as a distinct entity. The patriarchal society regarded them as an entity who obeys their decision. In this study woman's decision about their maternal health care followed by 1st place in the rank order by obtained the mean value 3.80. This study concluded that marriageable age, marriage length, education, economic self sufficiency along with gender awareness, traditional socio-cultural practices, exposure to mass media and access to information can enhance women's status in household decision making. Through this, it is possible to achieve gender equality at all levels in the society of Bangladesh.

Key words: Women status, married women, household, decision-making, women's participation.

I. INTRODUCTION

The lives of all women in patriarchal social settings like Bangladesh are constrained by the norms, beliefs, customs and values through which societies differentiate between women and men (Kabeer, 2000). Some external factors like ideological, cultural and economic reasons underlie the symmetries and asymmetries in intra-household resource allocation (Moser, 1993). Women play a crucial role in the economic welfare of the family. Women perform different tasks depending on their socio-economic structure, number of people in the family, the nature of professions they are involved in and many other factors (Reddy and Reddy, 1987). Decisions made in home management ranges in importance from major once in a lifetime. For example, choice of a marriage partner is indeed an important decision and not to be taken lightly, but it is only in fairy tales that they live happily ever after (Knoll, 1973). In the upper income groups, the type of home and the duties of women may vary greatly in the conservative or traditional home and in the

modern home (Megha, 1990). The authoritarian character of the traditional joint family entails decision making powers concentrated, in the position of the eldest male members (Rao, 1982). In fact, women's marginalisation stems out from the household at the beginning of their infancy and afterwards, it is pervaded in the society by a variety of processes reflected in women's low self-esteem and powerlessness. Consequently, women's decision-making power in the household and their ability to participate in socio-political activities are reduced (Karl, 1995). Demographically women constitute almost a half of the total population in Bangladesh, of which majority live in rural areas. Their status has been ranked the lowest in the world on the basis of twenty indicators related to health, marriage, children, education, employment and social equality (NCBP, 2000). Hence, their level of participation in household decision making, one of the potential elements of women's empowerment, needs to be addressed through empirical research.

This study attempted to identify the level of women's participation in household decision-making and their determinants through which their status could be understood. It is hypothesized that women's status could be enriched through their active participation in making household decisions if access to resources like education, training and credit are rendered by social and legal institutions. Thus, the present study is under taken to highlight the areas where women lag behind in their decision making power. Therefore, in order to make women aware about their influence on society, nation and for attaining their respectable status within the family, the present study was undertaken.

II. METHOD AND MATERIALS

The study was based on survey design. Purposive sampling method was used to select 120 married women belonging to the age group over 18 years and who have at least a school going child through face-to-face interviews in 12 no. ward of Khulna City of Bangladesh. Data were collected through interview technique with a pre-tested interview schedule. Additionally, a subsample of 21 respondents was selected for focus group discussion (FGD) and 3 FGDs (each group contained 7 participants) were organized. The aim of organizing FGD was to gather in-depth and detailed information about the underling situation of the women's status in household decision making arena. However, considering the specific context of this study, a range of

measurement techniques has been used in a series of decision-making arenas. For this, a five-point likert scale has been used to measure women’s participation where 1 stands for ‘very low’ participation, 2 for ‘low’ participation, 3 for ‘medium’ participation, 4 for ‘high’ participation, and 5 for ‘very high’ participation. A participation index (PI) was estimated by adding the values of all the items to each woman. Thus, PI for women could vary from 1 to 5 in household decision-making process.

III. RESULTS AND DISCUSSION

The socioeconomic profile of the women are furnished in Table 1, which show that the majority (33.3%) of the respondents belongs to 26 and 33 age group and only 9.2 percent respondents belong to 50 and 57 age group.

Table 1: Socio-economic profile of the respondents

Categories	Frequency	Percent	Categories	Frequency	Percent
Age Group (in Years)			Educational Status		
18-25	8	6.7	Illiterate	12	10.0
26-33	40	33.3	Primary	22	18.3
34-41	38	31.7	SSC	25	20.8
42-49	23	19.2	HSC	26	21.7
50-57	11	9.2	BA/BSS	22	18.3
			MA/MSS	13	10.8
Age at Marriage			Occupational Status		
14-16	23	19.2	Housewife	77	64.2
17-19	42	35.0	Service holder	21	17.5
20-22	27	22.5	Businessman	9	7.5
23-25	12	10.0	Day labour	4	3.3
26-28	16	13.3	Others	9	7.5
Length of Marriage (in Years)			Religion Status		
5-11	37	30.8	Muslim	79	65.8
12-18	37	30.8	Hindu	22	18.3
19-25	22	18.3	Christian	19	15.8
26-32	14	11.7			
33-39	10	8.3			

Source: Field survey, 2021

The study found about 54 percent of the respondents got married at the age between 14 and 19, which indicates the high rate of early marriage and violates the Bangladeshi law regarding woman marriage age. 30.8% of the respondents were found to be of ages between 5-11 and 12-18 years length of marriage while the trivial number (8.3%) of the respondents belong to 33-39 years length of marriage. Regarding educational attainment, the poor number (10%) of the respondents were found illiterate, followed by 18.3 percent primary level of education. The significant number (21.7%) of the respondents acquired higher secondary (HSC) and 29.1 percent respondents acquired graduate and

postgraduate level of education. The fact is, women's ability to make household decisions is enhanced while they are working. Nay, Occupational status is also another significant factor in this study as it indicates the status of women’s mobility and empowerment. The data showed that significant numbers (64.2%) of the respondents were housewife, followed by 17.5 percent service holder, followed by 7.5 percent traders (*i.e., petty cloth traders, beauty parlour, tailoring, cooking tutorials, glass painting and show-pieces tutorial*), the minor number (3.3%) of the respondents were day labour and 7.55 percent respondents belong to other occupational groups those who worked outside home. It was found that the large numbers (65.8%) of the respondents were Muslim, followed by 18.3 percent Hindu and finally little portion (15.8%) of the respondents were Christian.

Table 2: Consent of women in household decision making

Variables with categories	Percent	Variables with categories	Percent
Payment of Dowry		Participation in Social Events	
Yes	38.3	Yes	66.7
No	61.7	No	33.3
Problem at Marriage		Celebration of Family Events	
Yes	38.3	Yes	89.2
No	61.7	No	10.8
Husband Forced Sex		Leisure Time Spending	
Yes	50.8	Yes	75.0
No	49.2	No	25.0
Use of Birth control Method		Right to Spend Women’s Earning without Consulting with Husband	
Yes	75.0	Yes	58.3
No	25.0	No	41.7
General Health Care Decisions		Equal Sharing of Money between Husband and Wife	
Yes	76.7	Yes	53.3
No	23.3	No	46.7
Maternal Health Care Decisions		Considering Men who Listen to Women are weak	
Yes	78.3	Yes	10.8
No	21.7	No	89.2

The Table 2 showed that just over 38 percent of the respondents provided dowry at the time of their marriage. Parveen (2004) found that at least 92% had paid dowry during their marriage or underwent violence due to dowry after marriage either by their laws. On the other hand, significant number (61.7%) of the respondents did not provide dowry at the time of their marriage. The major portion (62%) of the respondents stated that they did not face any problems at the time of their marriage among total respondents of this study. Regarding husband’s force sex the significant number (50.8%) of the respondents faced their husband’s forced sex. This is the common scenario in our patriarchal society because the woman is not regarded here as a distinct entity.

The patriarchal society regarded them as an entity who obeys their decision.

Power to decision making within household, reproductive choice, and use of contraceptives are some of the key indicators of how a woman is treated in a family. It also indicates the level of gender equity exists within a family. It was found that the majority (75%) of the respondents used birth control method (Dadi et al., 2020). It was also revealed that the majority (76.7%) of the respondents took their general health care decisions and on the other hand, regarding maternal health care decisions, the significant number (78.3%) took decision about their own maternal health care.

In recent times “gender equality” and “women’s empowerment” have been two of the most pervasive themes in development. The empowerment and autonomy of women and the improvement of their political, social, economic and health status is high and important end in itself. The full participation and partnership of both women and men are required in productive and reproductive life. It is essential for the achievement of sustainable development (Mahtab, 2007). In this study regarding participation in social event it was found that the significant number (66.7%) of the respondents participated in social events. This study also revealed regarding family events celebration in various occasions and it was found that a large number (89.2%) of the respondents could take decisions their family events celebrations.

Spending leisure time is essential for women’s mental and physical development. Data shown in *Table 2* indicated that a substantial proportion of the respondents (75 %) spend their leisure time and those women who did not get leisure time, face many problems which was found in their case study of life. The data also explored that large number (58.3%) of the respondents spend their earning without consulting with their husband. The finding of White (1992) can be mentioned in this context. He found women being unable to exercise management and celebrate rights over their assets owned ligellay because their male counterparts have the traditional controll over them. Moreover, the women also consider themselves their men’s household assets. But nowadays both men and women involve workforce and earn money and contribute equally in family expense. *Table 2* illustrated that over 53 percent of the respondents share equal money in their family budget. In Bangladesh, it is traditionally consider that the men who listen to women are weak but in this study it was found that the significant number (89.2%) of the respondents stated that who listen to women are not weak.

Table 3: Dimension of socio-cultural aspect of household decision making

Variables with category	Percent	Variables with category	Percent
Title Belongs Before Marriage		Decision of Use Birth Control Method	
Father	41.6	Husband	35.2
Own created	17.5	Myself	9.9
Others	1.7	Both	54.9

Not applicable	39.2		
Title Belongs After Marriage		Children’s Educational Decision	
Father	9.2	Husband	21.7
Own created	16.6	Myself	19.2
Husband	61.7	Both	58.3
Not applicable	12.5	Others	.8
Types of Marriage		Reason for not Providing Decisions about General Health Care (N=28)	
Arrange	69.2	Your Husband takes all the Decisions	46.4
Love	25.0	Your Father and Mother in law take all the decision	25.0
Forced	5.8	Your Decision do not get Priority	21.5
Selection of Spouse		Your culture does not support this	7.1
Father	17.5	Reason for not Providing Decisions about Maternal Health Care (N=26)	
Mother	4.2	Your Husband takes all the Decisions	65.4
Parents	45.0	Your Father and Mother in law take all the decision	15.4
Myself	25.0	Your Decision do not get Priority	11.5
Relatives	8.3	Your culture does not support this	7.7
Nature of Dowry (N=46)		Decision Maker in Social Event Participation (N=80)	
By force	47.8	Husband	42.5
Voluntary	52.2	Own	13.8
Types of Problems at the Time of Marriage (N=46)		Both	32.5
Dowry	34.8	With other family member	11.2
Poor complexion	13.0	Reasons for not getting priority in Family Event Celebrate	
Decision making problem	52.2	Husband maintains the event	38.5
Decision about Sexual Contract		Your decision do not get priority	30.8
Husband	44.2	Your are not allowed to give decisions	30.8
Myself	1.7	Ways of Spending Leisure Time (N=90) *	
Both	54.2	Reading	27.8
Child Taking Decision		Television/Radio	68.9
Husband	33.3	Gossiping	47.8
Myself	10.0	Roaming	26.7
Both	52.5	Others	24.4
Mother in law	.8		
Others	3.3		

The table 3 revealed that the respondents' title with their name somehow is attached before and after their marriage, while the significant number (41.6%) of the respondents' title was attached with their father's names before marriage. On the other hand, this situation is totally somewhat different where it was found that just over 9 percent respondents' title was attached with their father's names after marriage. In this study it was found that the very significant numbers (61.7%) of the respondents' title attachment belong to their husband's name after their marriage. Before marriage, it was found that just over 39 percent of the respondents mentioned that title was not applicable for their names. However, the most significant factor was that after marriage title-less-ness was reduced, while over 12 percent mentioned that title was not applicable for their name. So, it is clearly evident that the women's identity by their names is really under crisis because majority of the respondents' title is attached before marriage by their father and after marriage by their husband.

In Bangladesh marriage is the best option for a woman; it is the better if the earlier. Women are viewed as dependent on men, 'incomplete, useless even, if she is not married' (The Daily Star, 1999). The reality is, comparatively the girls with beauty are married earlier, and in Hindu religion girls who are not married in due time are believed to bring bad luck. Girls' puberty begins more or less at 13 years, while boys get to be eligible after several years of adolescence and young adulthood. Table 3 revealed that the majority (69.2%) of the respondents got married in arrangement procedure. Among the total respondents one fourth (25%) of the women were followed by love-marriage and the small portion (5.8%) marriage were forced marriage. So, marriage arrangement and its decision have an influential role in women identity and their participation in household decision making. In this study it was also revealed that over 17 percent respondents mentioned that their spouse were selected by father, while near about half (45%) of the respondents' spouse were selected by their parents and one fourth (25%) of the respondents' spouse selected by themselves. The data showed that just over 38 percent of the respondents provided dowry at the time of their marriage. A study by Parveen (2004) showed that a big proportion of the women (92%) had paid dowry during marriage or had continuous dowry pressure after marriage either for themselves or in case of elder women for their daughters. It was revealed in the study that the just over (52.2%) of the respondents provided dowry voluntarily at the time of marriage whereas about 35 percent of the respondents faced dowry related

problems and the significant number (52.2%) of the respondents faced decision making related problems at the time of their marriage. Decision making power is considered as one of the basic indicator of gender equity in which both male and female play equal role. And especially in household dynamics, gender equity depends on the decision making power of wife in the household activities as well as the reproductive health perspectives. "The subordination of women in Bangladesh is a consequence of the existing

patriarchal social system which determines power relations within households and the bargaining power of household members through the organization of the family, kinship and marriage, inheritance patterns, gender segregation and associated ideologies" (Khair, 1998; Kabeer, 2005; Naved, 2000). Table 3 explained that just over 44 percent of the respondents mentioned that only their husband took their sexual contact. The respondents also stated that sometimes they were not interested to perform sexual contract for various reasons but they had to fulfill their husband's desire for sexual contact. In this study the significant number (54.2%) of the respondents announced their both decision was undertaken at the time of sexual contact. Again, FGDs identified that, several factors came forward about reproductive decision making in Bangladesh. Beside the influence of the extended family, both men and women subscribe to the prevalence of gender ideology of male authority in matters of family size and composition. The men's views were more influential than women's views in making family related decisions. It was found in the table 3 that just over 33 percent of the respondents mentioned that their husbands gave the decisions of child taking while the larger part (52.5%) stated that they both husband and wife took their decisions about their child taking decisions. *It was too found that the decision making of using contraceptive method by husbands were just over 35 percent of total respondents and the greater part (54.9%) mentioned that they both husband and wife took the decisions to use birth control method.*

Regarding children's education the study found that the significant number (58.3%) explored that they both husband and wife took the decision. The study found that a greater part (46.4%) of the respondent's husband took decisions of all aspects, 25% mentioned their laws took decisions on behalf of them, over 21% claimed their decisions are denied and do not get priority. Only 7% considered cultural barriers as the constraints to get their decisions accepted while decisions regarding maternal health care are taken by their husbands as responded by (65.4%). Over 15% have been found to say that their father and mother in law took all the decision where over 11% stated that their decision are not prioritized and about 8% declared that their culture does not support this. In recent times "gender equality" and "women's empowerment" have been the two of the most pervasive themes in development, therefore the participation and partnership of both women and men are preconditions in a meaningful reproductive life which is an essential catalyst for achieving the sustainable development (Mahtab, 2007). Women participation in various social events, the study found that a huge number (42.5%) of the respondents explained that their husband name who get decision of their participation in social events. However, in terms of the denied and devalued decision in family event celebration, more than one third (38.5%) said that their husband maintained the events, about 31% responded that their decisions did not get priority and about 31% said that they were not allowed to take decisions. Regarding the ways of spending leisure time where it was found that about 28

percent of the respondents mentioned that they spend their leisure time by reading. Most of the respondents (68.9%) spend their leisure time by watching TV or listening radio, about 48 percent stated that they spend their leisure time by gossiping. The negligible number (26.7%) mentioned that

they spend their leisure time by roaming and just over 24 percent spends their leisure time by other ways.

Table 4 represents that the women household decisions differ in various sectors on the basis of various aspects like-education, asset ownership, occupational status etc.

Table 4: Extent of women’s participation in Household Decision-Making *

Aspects of decision-making	Level of participation (%)					Mean of items	Rank order
	Very low	Low	Medium	High	Very high		
Own Maternal Health Care (N=94)	0.0	5.3	28.7	45.8	20.2	3.80	1
Children’s Education Priority	1.7	10.8	25.0	37.5	25.0	3.73	2
Family Event Celebration (N=107)	.9	8.4	38.3	36.4	15.9	3.57	3
Own General Health Care (N=92)	0.0	15.3	39.1	29.3	16.3	3.46	4
Social Event Participation (N=80)	2.5	11.3	51.3	16.3	18.8	3.38	5

*Mean value of items ranging from 1 to 5

In this study women’s decision about maternal health care obtained the 1st place in the rank of the extent of women’s participation in household decision making arena, of which mean value was 3.80. The second position was obtained by women’s priority to take decisions about their children’s education of which mean value was 3.73. The women’s priority in the celebration of family events which mean value was 3.57 and got the 3rd position in rank order. The 4th position was hold by the women’s general health care and got mean value 3.46. The women’s Participation in social events took the 5th position of the rank order which attaining 3.38 mean value. Therefore, it is evident that the decision making aspects of household level which got the higher position in the rank is considered the smallest aspect of decision making in household level. On the other hand, in the decision making aspect which possessed lower position in the rank order like social event participation and own general health care decision which are considered the vital arena of household decision making, where the women were in the lower position. This depicts a gloomy status in large level of household decision making of women. These findings

concurred with a study by Murshid and Yasmeen (2004) who revealed that women’s participation in formulation of decisions was limited to small purchases, buying of food, household consumption items, health care and children’s schooling. The respondents also took part in decisions regarding big purchases (e.g. household furniture and roofing materials), own pre-natal and post-natal care and celebrating or participating social events to varying degrees.

The Chi-square analysis presented in Table 5 shows that age, marriageable age, marriage length, formal education, occupational status are positively correlated with women’s PI. Moreover, in order to assess the justification of the findings from survey method, the focus group discussion (FGD) was also conducted. It was found that apart from the above mentioned factors, there were also gender awareness, mobility (i.e. travel or visit), economic self sufficiency, traditional socio-cultural practices (i.e. early marriage, dowry, domestic violence), exposure to mass media (i.e. radio and television) and access to information could enrich women’s status which is generally observed through their active participation in household decision making arena.

Table 5: Factors influencing women’s status in household decision-making (n = 120)

Independent Variable	Dependent Variable	Test Conducted	Calculated Value	Critical Value	Asymptotic Significance	Expected Outcomes
Age	Own maternal health care decision	Pearson’s Chi-square	22.111*	21.026	.036	+
	Children education decision	Pearson’s Chi-square	21.821*	21.026	.040	+
	Family event celebration decision	Pearson’s Chi-square	18.845**	13.277	.001	+
	Own general health care decision	Pearson’s Chi-square	19.041	21.026	.088	-
	Participation in social event	Pearson’s Chi-square	28.060*	26.296	.031	+
Age at Marriage	Own maternal health care decision	Pearson’s Chi-square	25.655*	21.026	.012	+
	Children education decision	Pearson’s Chi-square	24.730	26.296	.075	-
	Family event celebration	Pearson’s Chi-square	36.258**	32.000	.003	+
	Own general health care decision	Pearson’s Chi-square	16.223	21.026	.181	-
	Participation in social event	Pearson’s Chi-square	8.198	9.488	.085	-

Length of Marriage	Own maternal health care decision	Pearson's Chi-square	17.342	21.026	.137	-
	Children education decision	Pearson's Chi-square	30.132*	26.296	.017	+
	Family event celebration	Pearson's Chi-square	11.977*	9.488	.018	+
	Own general health care decision	Pearson's Chi-square	28.962**	26.217	.004	+
	Participation in social event	Pearson's Chi-square	30.040*	26.296	.018	+
Education	Own maternal health care decision	Pearson's Chi-square	27.191*	24.996	.027	+
	Children education decision	Pearson's Chi-square	23.075	24.996	.083	-
	Family event celebration	Pearson's Chi-square	38.274**	37.566	.008	+
	Own general health care decision	Pearson's Chi-square	16.977	24.996	.320	-
	Participation in social event	Pearson's Chi-square	23.583	31.410	.261	-
	Age at Marriage	Pearson's Chi-square	56.673**	37.566	.000	+
	Payment of dowry	Pearson's Chi-square	21.236**	15.086	.001	+
Occupational Status	Husband force sex	Pearson's Chi-square	11.122*	11.071	.049	+
	Own maternal health care decision	Pearson's Chi-square	16.758 ^a	21.026	.159	-
	Children education decision	Pearson's Chi-square	27.805*	26.296	.033	+
	Family event celebration	Pearson's Chi-square	50.284**	32.000	.000	+
	Own general health care decision	Pearson's Chi-square	22.097*	21.026	.036	+
Participation in social event	Pearson's Chi-square	57.120**	32.000	.000	+	

*Correlations are significant at 5% level, ** Correlations are significant at 1% level

Age level is one of the vital factors in this study because the women's identity varies in different age group due to their movement home to laws's house, from home to work place, inside home and outside home. The factor of time for marriage is an imperative factor regarding women's empowerment, liberty, equality and equal participation in broad scene. (Khatun, 2002) showed early marriage is one of the prominent factors for low educational attainment and lower participation in economic activities. And this is just because it restricts their physical mobility after marriage. From FGDs it was found that, early marriage women often have little knowledge about the responsibilities of being a wife and no information about sex and childbirth. Due to the number of reasons, including tradition, religion, economics and on sexual and reproductive health grounds women are forced to marry early. Moreover, length of conjugal life influences the household decision making process. In our society, a newly married women gets less priority to participate in household decision making process but this scenario is changing due to the extensive practice to make nuclear family. Several studies bear the testimony of women's educational level influences birth control and childbearing decisions (Erci, 2003; Hindin, 2000; Murthi et al., 1995). Hadi (2001) observed that education and mass media influenced women positively in taking reproductive decisions. The tendency of women's enhanced power in household decision-making as a consequence of education is confirmed by the result of Begum et al. (2000). Occupational status helps women's empowerment as it gives them power to make decisions within the household and in the wider community as well. (Kamal, et al., 1992), postulated that if women were given spaces for gainful work outside, they would be seen

contributing to the household more visibly, and concurrently reducing their economic dependence on their husbands. From FGDs, it was found that in terms of personal expenses, women opined that since they had an independent source of income, they no longer needed to rely solely on their husbands whenever they wanted to purchase a new saree (women's dress) or other personal items, for example. Women's monetary contributions to their households are especially important in crisis periods like illness, loss of crops, and so on. As mentioned by Yunus, 1991 in fact "money going through a woman in a household brings more benefits to the household than money entering the household through a man".

IV. CONCLUSIONS

Although half of the population of Bangladesh is women, their position in social and cultural rung is low in addition they are the most disadvantaged group and facing adverse conditions and discrimination both culturally and economically.

Multiple factors are affecting women's ability to participate in decision-making process at household that includes: the type of decision and their background. In this connection, Sustainable Development Goals (SDGs) aims to promote gender equality under SDG10, empowerment of women under SDG5, upgrading financial resources, changing socio-cultural outlook so that women get equal benefit and empowerment. Although several intervention programmes exist, to improve women's household position, their situation still appears bleak.

In a gender biased society like Bangladesh, a comprehensive strategy can ensure women's access to economic resources will lead women to be more autonomous in decision making. Their involvement with education and decent employment would lessen their dependency on family especially on spouse that would also confirm equality between both gender. In household, husband-wife relationship is central to women's autonomy in decision making, and improved communication between them will sustain support. However, smooth running of the family is a key, and it is very important that equal status and power is given to all the basic constituents of the family including women so they can rear up their children in a better way and can solve house-hold problems. Moreover, women's identity should enhance their education and employment and a more comprehensive strategy must be sought that could raise women's gender consciousness, and enable them to access community resources.

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