

In memory of a loud, brilliant, hilarious lady



SARAH ANJUM BARI

It was a truth universally acknowledged that a single woman of good breeding must be in search of a life led in humble anonymity. And then there came a woman who turned these conventions on their

heads, by recording them, and making history out of the first few words of this paragraph.

Jane Austen wasn't a storyteller. She was a perfumer; a chronicler who bottled the nuances of Regency English society with such fun and finesse that their fragrance lingers in the air even in this part of the woods – in messy, humid Bangladesh – 200 years after her time. We keep going back for the subtle, sparkly gems scattered across her writing. The slightly raised eyebrow. The imperceptible snicker. The tongue-in-cheek observation of a Victorian maiden who notices the faux pas and hypocrisies of a delightfully self-important society.

Jane Austen is revered in the Western world for the romantic exoticism she provides in her portrayal of late 18th century England. Here, though, that same writing holds up a mirror, reflecting the idiosyncratic norms, pitfalls and victories that are basic elements of the Bengali society. Most of her stories start with a young woman who has a problem. That problem can only be solved by marriage. It's almost like the entire Jane Austen oeuvre resides in the mind of Mrs. Bennett, neighbour to the "poor nerves" that are as much a character as Lydia Bennett in *Pride and Prejudice*. In Mrs. Bennett's Austenland, all young women must be pretty, graceful, skilled in the matters of the household, and interesting in just the right amount to retain the attention of the young men of good breeding in want of a wife. This project of securing the perfect husband includes several crucial steps. The Boy and Girl must meet in a ball where, while they waltz in the centre of the room, the mothers and chaperones watch from the side lines, mentally collecting details that are to be cross-examined at great length once the event is over. The Boy and Girl must then decide, in



the span of a single dance plus (at max) a few family dinners and/or rides around town, whether they are passionately in love enough for the families to start exercising their bragging rights. Cue music for *Here Comes the Bride*. A misstep in any of these stages, leading to the eventual failure of the Marriage Project, can be cause for monumental mourning – as in the case of the initial broken pairings of Elizabeth and Mr. Collins, and Jane and Mr. Bingley in *Pride and Prejudice*, or Marianne and Willoughby in *Sense and Sensibility*. In *Persuasion*, Anne Elliott is convinced by her guardian Lady Russell to break her engagement to Captain Wentworth for reasons of social inequality, a decision that leaves both characters in misery until they are older and mature enough to rekindle their connection on their own. Substitute the balls with "dawai"s and the dancing for small talk and exchange of food, and the entire setting of an Austen novel becomes the life of every young girl of marriageable age in Bangladesh ("special

circumstances" notwithstanding).

This marriage-mania wasn't entirely superfluous, though. In the England of Austen's novels, women's rights were extremely limited, if at all present. Whatever property or income they inherited or earned would be absorbed by their husband, who could even stop them from seeing their own children. The only way for a woman to reclaim her property was through widowhood. The danger of these bindings was brought to the fore in the infamous case of Caroline Norton, who was stuck in a marriage with an unfaithful, violent man who beat her even in her pregnancy. When she tried to get a divorce, her husband George Norton "held her children hostage" and eventually stopped paying for child support after a trial that left Caroline's social standing in tatters. But through her writing and her fight for freedom, Caroline's case helped bring about the Child Custody Act of 1839 and the Matrimonial Act of 1857 – years after the time of Austen's heroines.

Such were the societal constraints of Jane's female characters that made it crucial for them to make the right choice in marriage. In this context, Mrs. Bennett's panic over her husband's property passing into the hands of a distant cousin, and her insistence of marrying her daughters off to eligible bachelors, seems a lot less superficial than at first glance.

Modern day Bangladesh, for all its faults, is free of such repression of women's rights, at least on paper. Letting eligible bachelors slip through our hands is not a matter of life and death anymore; neither can social isolation completely ruin our lives, should we choose to live our lives by our own whims. So when I read Jane Austen now, her witty mockery of social hypocrisy seems to be aimed not at Regency England, but the Bangladesh of today. The mirror in her writing I mentioned earlier, therefore, should do a little more than remind us of our own lives. It should push us to think about why we can relate to Jane Austen's world so easily.

Why our thoughts, our social expectations and interactions, and our very existence so perfectly matches with those of people who lived nearly 200 years ago. It's fun, sure. But isn't it a bit worrying?

Women in Jane Austen's time weren't allowed a lot of leeway. Literary circles were so strongly male dominated that the first page Austen's first published book, *Sense and Sensibility*, didn't have her name. "Written by 'A Lady'", it said. These same restrictions caused other writers like the Bronte sisters and Mary Anne Evans (who we know as George Eliot) to take up pseudonyms throughout the 19th century.

Yet, Jane Austen's stories, in so many intricate ways, seem to challenge these limitations set on the lives of women of that era. Emma Woodhouse of *Emma* is a force to be reckoned with, commander of the household she lives in with her father, puppeteer of the social circle she spins and adjusts to her heart's content. Contrary to popular norm, Mr. Knightley moves into her house when they eventually get married. The Dashwood sisters of *Sense and Sensibility* highlight, through the contrast in their personalities, how one needn't be the perfect demure maiden to find love. And most interestingly Elizabeth Bennett, despite her fame as a strong female character, highlights the liberal bent in her oft-ridiculed mother through the innate sexism that she (Elizabeth) harbours. While Elizabeth and almost everyone else is scandalised that Lydia would deign to run away with a man she loves and then actually find happiness in that marriage, Mrs. Bennett is the only person who is excited for her daughter; the only person to "rail bitterly against the cruelty of settling an estate away from a family of five daughters, in favour of a man whom nobody cared anything about" (*Pride and Prejudice*).

It is these little things that make Jane Austen a hero. She noticed the flaws around her, the small and the big, and blew them up for the world to see with razor-sharp cheek and precision. All the while, held back by the limitations of her time while concocting stories that would resonate for decades to follow, she made sure everyone knew who she was – a lady.

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Some thoughts on health budget



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By all accounts, healthcare is a policy priority for Bangladesh but compared to other sectors, resource allocation in this sector is quite insufficient. The per capita health expenditure is also quite insufficient in the country, compared to other developing economies. For instance, the per capita health expenditure in Bangladesh stands at USD 32 while it is USD 61 in India, USD 111 in Vietnam, USD 39 in Nepal, USD 76 in Cambodia, and USD 720 in the Maldives.

Each national budget in Bangladesh usually comes with a renewed pledge to expand the coverage—as well as improve quality—of health services for the people. The proposed budgetary allocation for health and family welfare sector for the fiscal year 2017-18 is Tk 20,679 crore, which amounts to 5.2 percent of the total budget. This is much lower than the 15 percent budgetary allocation recommended by the World Health Organisation (WHO). And it doesn't indeed represent a healthy scenario for a country of over 160 million people.

However, there has been an increase in this year's allocation compared to last fiscal year's, but the increase rate is still quite low (almost half compared to the rate of increase in the allocated money between FY 2015-16 and FY 2016-17). The proposed public investment in health indicated little improvement over public spending trends in the last five fiscal years. A study of budget trends in Bangladesh shows that, on an average, 1.02 percent of proposed budgetary allocation usually remains as revised budget for this sector. Based upon the calculation of weighted mean, it can be predicted that from the proposed allocation of Tk 20,679 crore, approximately Tk 21007 crore may remain as revised budget for the health

and family welfare sector.

Experts say public expenditure in the country's health sector has been suffering mainly from two problems. On the one hand, expenditure in the sector is inadequate for achieving the objectives of the Sustainable Development Goals (SDG). On the other hand, there has been a consistently poor performance in utilising the funds and resources (ADP). Both these factors deserve a critical attention from the policymakers.

There's no denying that to ensure quality healthcare for all, public investment in the sector needs to be increased. Bangladesh lags behind other developing countries in accumulating public spending adequately to provide its citizens with necessary social services, while the allocations for social sectors, particularly health, have been on the decline in

recent years. The lower budgetary allocations for the health sector accelerate the out-of-pocket expenditure. The out-of-pocket (OOP) health expenditure in Bangladesh is 63 percent of the total health expenditure, which is much higher than that of the world average of 32 percent. According to National Health Account reports, every year the out-of-pocket health expenditure pushes four to five million people into poverty, while many of the poor fail to afford minimum healthcare. The poor are punished by the OOP expenditure and this discourages them from using health care services. Worryingly, as seen in many other developing countries, out-of-pocket expenditure has been increasing in Bangladesh. Reaching the target of universal health coverage would be extremely difficult unless this trend is reversed.

Along with the low budgetary allocations, the health sector in Bangladesh is facing a number of obstacles including widespread corruption, reduced foreign aid flow, lack of fiscal accountability, poor development planning and absorptive capacity, manpower shortage, etc. The sector's failure to ensure equitable allocation and disbursement of resources at the national and local levels is another major barrier to ensuring quality healthcare for the members of various socioeconomic groups in the country.

Given the current state of affairs in the sector, there are three major issues that need to be addressed: structural inequality emanating from socioeconomic differentials, lack of universal coverage in the provision of social services, and social inequality due to citizens' lack of access to social services.

It's important to recognise that Bangladesh has achieved commendable progress in health and socioeconomic development over the last few decades. These achievements are results of our overall development plan. In recent years, the country has made progress in basic health indicators; for example, infant and maternal mortality rates have declined, immunisation coverage has increased, a number of epidemic diseases have been eradicated, and overall morbidity has declined. Life expectancy at birth for both males and females has gone up since the 1980s. Most importantly, gender gap in life expectancy at birth—so prevalent since

the independence of the country—has completely disappeared in recent years.

Despite these achievements, Bangladesh faces diverse challenges in ensuring universal access to basic healthcare and providing services of acceptable quality like improvement in nutritional status (particularly of mothers and children); prevention and control of major communicable and non-communicable diseases; supply and distribution of essential drugs and vaccines; survival and healthy development of children; the health and well-being of women; reducing financial burden on households due to increasing healthcare costs (especially out-of-pocket health expenditure) and the adoption and maintenance of healthy lifestyles.

Health is one of the basic needs of people. A healthy nation means a healthy workforce that can add fuel to the economic progress of a country like Bangladesh. Therefore, the government should increase cash and resource allocations in the health sector. Importantly, quality healthcare for all citizens cannot be ensured unless the rural-urban disparity in disbursement of resources is not eradicated. The government needs to revisit and revise all health-related policies and programmes to make them more inclusive and in line with the people's expectations. The sooner it happens, the better for all of us.

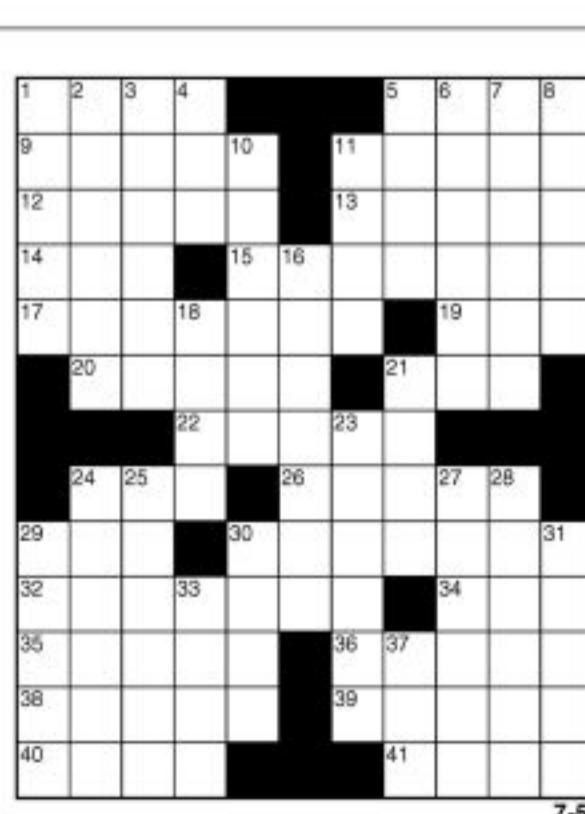
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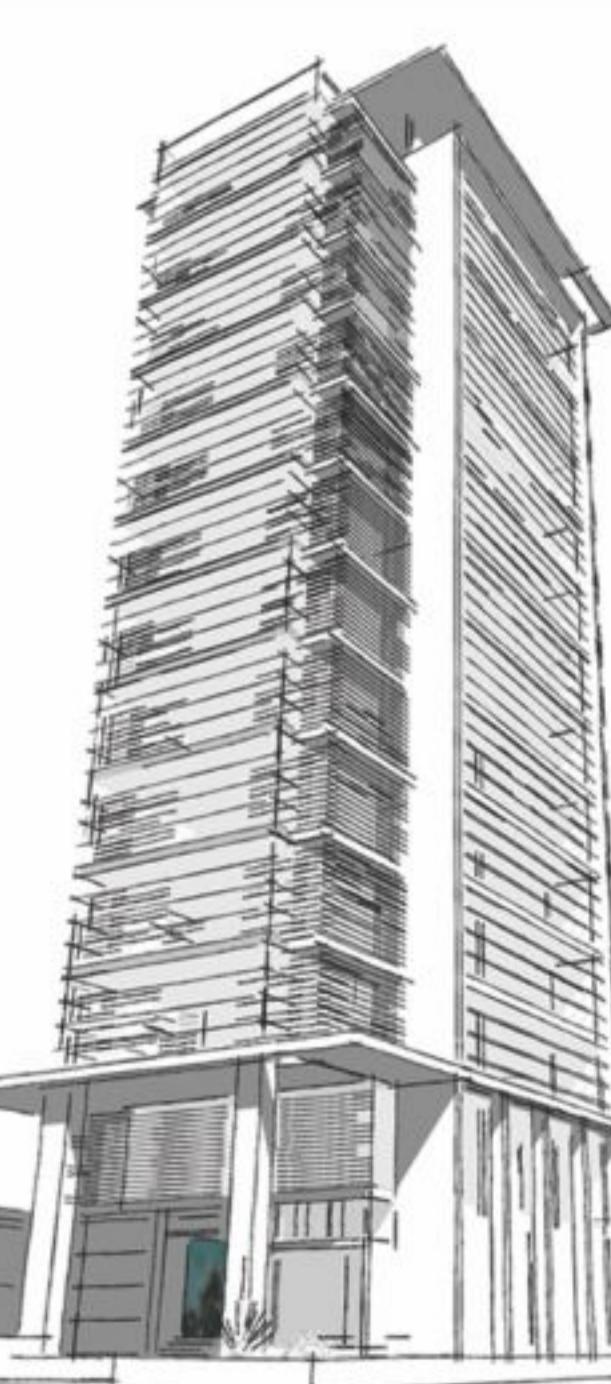
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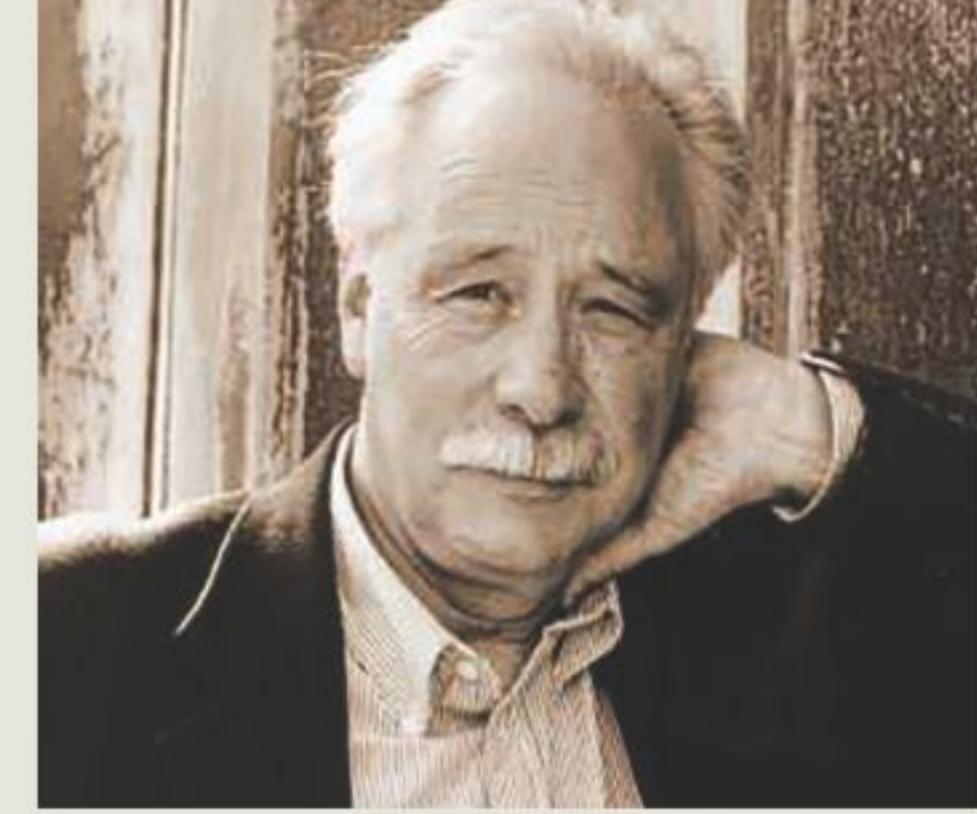
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WG SEBALD

German writer and academic

Places seem to me to have some kind of memory, in that they activate memory in those who look at them.