Tribute to a Quiet Warrior

On International Women's Day, we remember a brilliant academic, Simeen Mahmud, who devoted her life to researching women's work and labour force participation in Bangladesh

LOPITA HUQ

WARRIORS for women's rights come in all shapes and sizes—some take to the streets, some write poetry, some fight court cases. Another kind of warrior gleans evidence and strives to uncover women's contribution to society and economy. Of them, Simeen Mahmud was one of a kind for the passion and insight with which she researched women's empowerment, and in particular, women's work and labour force participation in Bangladesh.

In Bangladesh, much of what women do is not valued or not counted as work. Simeen Mahmud meticulously studied the nature, importance and value of women's work. She tried to uncover factors that impede women's labour force participation and inform policies that can enable women's work and empowerment. She was a prolific writer with innumerable journal publications and book chapters on diverse gender-focused development issues. Here I focus on her research on women's work and labour force participation.

Trained initially in statistics at Dhaka University and then in medical demography at the London School of Hygiene and Tropical Medicine, Simeen Mahmud began her work in 1974 at the Bangladesh Institute of Development Studies (BIDS) on demographic estimation and transition under poverty. Even in her earliest days, the intersection between women's status, work and fertility was central to her work. In one of her first international journal publications, she refuted the prevalent hypothesis that high fertility rate in Bangladesh stems from the preference of poor households for larger families because of increasing social and economic returns to scale to family size. Using data from a 1977 survey, she showed that in Bangladesh the relationship is inverse; she identified extreme poverty and exploitation of women in Bangladesh as possible reasons. Her further research demonstrated that a latent desire for smaller families existed among poor families even before contraceptives were widely available. She identified declining fertility as a crucial enabler of women's increased labour force participation, which has the potential to improve gender equality and women's agency.

Over the decades, when fertility rates plummeted with steady but incremental growth in women's labour force participation, Simeen Mahmud focused on the nature of women's economic activity in Bangladesh: what do women do and why do they do those kinds of work? She identified that a combination of strong cultural norms defines women's work and economic activities and argued, with evidence, that the religious strictures of *purdah* exclude women from important sources of wage employment. She asserted that women's long hours of work and substantial contribution to household income are not recognised because it is indistinguishable from their domestic duties. She revealed women's vital role as agricultural workers which had so far been masked as domestic chores.

However, she questioned the tendency to blame *purdah* alone for the low participation of women in the labour market. She realised that using *purdah* as the sole explanatory factor diverts attention from the other determinants of household decisions regarding labour and resource use—economic and social institutions within which gender-based discrimination is deeply embedded. Discrimination in roles and access to resources based on gender means that without investments in women's education and skills, they are destined to be relegated to low-skilled, low-paying jobs or no jobs. Women's education and skill development, thus, should be a priority policy.

Simeen Mahmud was concerned about the undervaluation of women's work. She believed that non-recognition of women's work not only leads to discounting their economic activities but also contributes to women's lower status in society. Through extensive fieldwork, she observed all the work women do throughout the day—income generation, unpaid work towards family income, expenditure saving, household chores, and care work. Yet, women are not considered to do any work. She wanted to challenge this invisibility of women's endless work. She did so by showing that female labour force participation rate changes with expansion in the definition of "work" in official statistics. She demonstrated that women's labour force participation rate of 4-16 percent in eight districts of Bangladesh increases by three- to 16-fold if women's home-based economic activities are added to the definition and would be 55-82 percent if women's expenditure-saving activities are accounted for. She argued that a widely-held perception of what constitutes "work" by both men and women contributes to the

Simeen Mahmud

underreporting of women's economic activities and the perpetuation of women's low status in society.

When the garments sector propelled the influx of women as factory workers, her research found new dimensions. It clearly indicated that while the garment industry exploited young women and took a toll on their health, it provided the first-ever opportunity to vastly expand the realm of women's engagement in the formal sector. She showed that their remittance acted as an income redistribution mechanism from the city to rural areas where poverty is concentrated. Her research revealed that due to the garments sector, the number of women who perceive themselves as self-reliant beings with economic agency and visible contribution to their household increased at an unprecedented scale, as opposed to their historically defined identity as economic dependents.

But she also raised important questions about how to mobilise garment workers around labour rights issues, and their working and living conditions; she even produced a documentary on the real lives of three sisters working as garment workers, to raise awareness about this issue to a wider audience. She always maintained that garment workers cleared the path for the rest of the women in our society to walk the streets.

Her research on the pathways to women's empowerment led her to conclude that while work in various forms empowers women and enhances their well-being to varying degrees, it is formal work that is truly transformative—giving women agency and autonomy. But then, why is their participation rate in the formal sector so small and, in fact, declining, whereas their participation in unpaid family work is increasing? Why are they persistently concentrated in a few low-skilled, low-paying jobs? Why does research show that women with some education (e.g. HSC) are least likely to be employed compared to women with no education and women with higher education?

Simeen Mahmud identified two systemic changes that would enable women to thrive in the formal sector but not become overburdened with dual responsibilities at work and at home.

First, gender segregation of occupations should change. She could see that Bangladesh cannot take advantage of the "demographic dividend", if we cannot make use of the skills of our female labour force for productive purposes; their full participation in the formal labour market will help us grow and reduce poverty at a faster rate. But she believed that the gender-segregated labour market had not shifted sufficiently to create acceptable and reasonably rewarding employment for women.

Second, along with shifts in the labour market, household division of labour must change. In other words, women's role as primary caregiver must change. Her research using time-use data to record men's and women's activities throughout the day clearly revealed that even where productive work is more evenly distributed between men and women, care work is primarily women's responsibility, resulting in a greater workload for women compared to men. If this norm persists, women will remain stuck with limited low-skilled, low-paying, often part-time job opportunities; she was concerned that this would also compromise care work which is indispensable for well-being, particularly at a time when care deficit is growing.

She started delving deeper into the norms that shape the choices and constraints affecting women's labour force participation, but unfortunately, the work remained undone. Simeen Mahmud passed away on March 19, 2018. At the time of her death, she was lead researcher and coordinator of the Centre for Gender and Social Transformation which she co-founded at the BRAC Institute of Governance and Development, BRAC University.

Research was her passion. And recognising, understanding and valuing Bangladeshi women and their work was more than her vocation; it was her labour of love. Her work cannot be contained as the work of a statistician or a demographer. Her research spanned across the disciplines of economics, anthropology and sociology with ramifications in the discourse of development, empowerment, governance and public policy. She worked only in two Bangladeshi institutions—BIDS and BIGD. But her work influenced academics, researchers and students across the globe. In recognition of her outstanding contribution, a number of universities and research organisations worldwide officially paid tribute to her on her passing, an honour rare for any academic researcher in the world.

Lopita Huq is a Fellow of BRAC Institute of Governance and Development (BIGD), BRAC University.

HEALTHCARE IN BANGLADESH

Women to lead the way

DIVLEEN JEJI

BACK in the late 1980s and early 1990s, the government of Bangladesh was proactively focusing on improving the healthcare scenario of the country. A series of awareness advertisements were aired on national television, focused on educating women about nutrition, vaccination, pregnancy and neonatology.

The strategy seems to have worked well. Since the 1990s, polio has been virtually extinct, child mortality rate has decreased by more than 200 percent, neonatal mortality rate has decreased by approximately 71 percent, and so on.

Other factors also contributed to these positive numbers. But there was one common approach in each initiative. Each and almost every initiative was targeted towards women. Historically, the women of this delta have been the source of care for the family and in charge of the household. They have decided on how the children will be raised, what the family will eat, and how the family healthcare will be managed.

Women have also played a key role in bringing about changes in communities. Not only through the female front-line health workers deployed to reach every household but also through those women who were empowered to take control of their own health and reproduction. Female health workers, recruited to deliver door-to-door family planning services, are behind a rapid fall in fertility from seven births per woman in 1971 to 2.3 in 2010. Contraceptive use also rose from 10 percent in 1970 to around 62 percent to the present day, contributing to the speed and magnitude of improvements in mortality rates.

Medical colleges for women are now operating all over the country. This will result in a significant increase in female doctors and nurses.

Whether it is as professional healthcare advocates or as home managers, women are important providers, as much as they are recipients, of healthcare in their homes and wider communities. According to a report by the Lancet Commission on Women and Health, globally women contribute around USD 3 trillion in healthcare annually. Women play a vital role in the global healthcare workforce as nurses, midwives, community health workers and doctors. In some countries, 90 percent of nurses are women.

There is also contribution of women which usually goes unpaid and unnoticed. This includes contributions made by women giving care in the home. It is estimated that women's unpaid contributions equate to 2.35 percent of global GDP, with a large variation around this depending on assumptions made about wage rates and other factors. An ageing population, living longer but experiencing chronic diseases, means a larger demand for care, much of which is traditionally provided by women. This is more relevant for Bangladesh because the average life expectancy has risen significantly in our country over the past 30 years.

However, gender inequity is prevalent in healthcare too. And the predicament is vastly visible in the rural front. Gender roles and differences influence health status—how society values women (girls) and men (boys) differently and the accepted norms of male and female behaviour influence health problems and outcomes. For example, preference for a male child can influence allocation of scarce household resources, including food and money, for healthcare.

Gender norms affect health-seeking behaviours and the use of healthcare services. Women and men often have different attitudes towards medical care (including preventative care), and women may not be able to access healthcare if the services are not seen as culturally appropriate. Furthermore, women may not have the resources to pay for healthcare services and, in some cases, require the permission of a male relative.

The arrival of digital services in the healthcare sector may affect how women are exposed to quality healthcare or how they choose to lead it. As of January 2019, approximately 92 million people in Bangladesh are exposed to the internet. Even though there is no information available on the female population reaping the benefits of the internet, an assumption of even 30 percent covers a lot of ground. Women can easily login to international sites such as WebMd, Medscape or local platforms like Tonic, and access quality healthcare immediately. The opportunities are now vaster and easier to access.

Active participation of women in the healthcare sector is also optimistic. Medical colleges for women are now operating all over the country. This will result in a significant increase in female doctors and nurses. The social taboos lingering around female healthcare somehow have a silver lining to it. Government and non-government organisations are employing female healthcare professionals throughout the country to reach out to women and girls on the receiving end of healthcare facilities.

When women thrive, all of society benefits, and succeeding generations are given a better start in life. The number of working women increased to 18.6 million in 2016-17 from 16.2 million in 2010. Bangladesh secured the 47th position among 144 countries in 2017 as per the Global Gender Gap Report. Therefore, it would not be futile to expect female dominance in the healthcare sector. We can only expect positive outcomes from that.

Dr Divleen Jeji is Head of Healthcare and Digital Channels, Telenor Health.
Email: divleen@telenorhealth.com

ON THIS DAY IN HISTORY

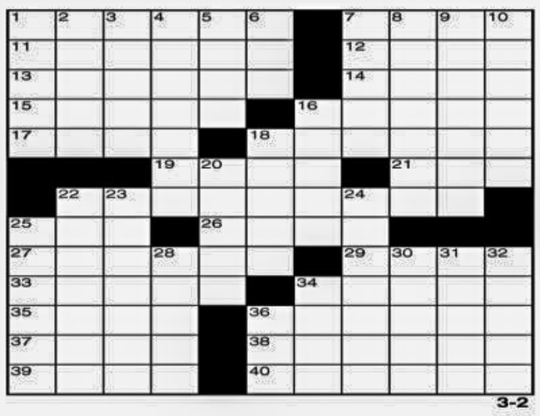
MARCH 8, 1910
RAYMONDE DE LAROCHE BECOMES THE FIRST WOMAN WITH A PILOT'S LICENCE

The French aviatrix was also the first woman to fly solo. She died at the age of 36 when her experimental plane crashed at Le Crotoy airfield in northern France.

CROSSWORD BY THOMAS JOSEPH

ACROSS
1 Like the Skyline Drive
7 Towel embroidery
11 Sporty Chevy
12 Stepped down
13 Early primate
14 Impose, as taxes
15 Showed over
16 Flatten
17 "The -- the limit"
18 Sea rover
19 Bullfight beast
21 Danson of "The Good Place"
22 Travel bag
25 Pickly buy
26 Church area
27 Lines up neatly
29 Blanchett of "Ocean's 8"
33 Pillow covers
34 Cruise ship
35 Singer Seeger
36 Game piece
37 "-- go bragh"
38 Humbled
39 Flyers of myth
40 Take out

DOWN
1 Battle souvenirs
2 Playwright Karel
3 Abrasive powder
4 Yoga greeting
5 Persia, today
6 Take in
7 More robust
8 Lift
9 Rosie, for one
10 Did salon work
16 Pride members
18 Gets ready, briefly
20 Approves
22 Medal recipient
23 Unpredictable
24 It has a point
25 Reddish quartz
28 Church replies
30 Biscotti flavor
31 Principle
32 Eat away
34 Ear part
36 Pop



3-2

YESTERDAY'S **ANSWER**

L	O	C	A	L	■	V	I	C	A	R
A	R	O	M	A	■	E	M	O	T	E
C	A	M	P	Y	■	G	A	M	E	D
I	C	E	■	O	F	A	■	E	A	R
E	L	I	■	V	A	N	■	U	S	A
R	E	N	T	E	R	■	K	N	E	W
■	■	T	A	R	R	I	E	D	■	■
D	R	O	P	■	I	N	G	E	S	T
R	E	F	■	P	E	A	■	R	O	W
U	F	O	■	O	R	C	■	F	O	E
M	U	C	H	O	■	A	L	I	N	E
U	S	U	A	L	■	S	I	R	E	N
P	E	S	T	S	■	T	I	E	R	S

Write for us. Send us your opinion pieces to dsopinion@gmail.com.

BEETLE BAILEY by Mort Walker

BABY BLUES by Kirkman & Scott