

COTLOW FIELD RESEARCH FUND

Department of Anthropology

The George Washington University

Washington, DC 20052

2007 PROJECT DESCRIPTION FORM

Applicant: Nadia Rahman

Title of Project: Authoritative Knowledge and Local Women's
Knowledge: A Focus on the Reproductive Health Initiatives of ICDDR/B

The Lewis N. Cotlow Field Research Fund is a GW Anthropology Department fund, established in 1990 as a bequest by the explorer Lewis N. Cotlow to further field work and exploration. All undergraduate or graduate students at The George Washington University are eligible to apply, but preference is given to those in anthropology programs. Funds are to be used for travel, research assistance, and other expenses related to field research.

The deadline for application is 5 p.m. on the first Friday in March of the year for which support is requested. Applications must be submitted in hard copy; no electronic submissions will be accepted.

DESCRIPTION OF PROPOSED COTLOW FIELD RESEARCH PROJECT

I. Personal Information

Name: **Nadia Rahman**

Permanent Address:

Current Address:

Home Phone:

Other Phone:

E-mail

Degree Sought: **MA**

Field of Study: **Anthropology**

Expected Date of Graduation: **May 2008**

Faculty Advisor(s) for This Project: **Dr. Barbara Miller**

Does your proposed project involve the use of a "field language"? **Yes**

If so, state what it is, and note your degree of fluency in speaking or writing.

The field language I will be using is Bengali. As it is my family language, my verbal skills are high. My reading and writing competency are elementary, but they are not required for this project.

II. Brief Abstract of the Project

Title of Project: **Authoritative Knowledge and Local Women's Knowledge: A Focus on the Reproductive Health Initiatives of ICDDR/B**

Amount Requested: **\$1750**

In 100 words or less, clearly state the goals of the proposed research.

This project seeks to assess the role of Western biomedicine (WBM), as an authoritative system, in the context of reproductive health care in Bangladesh. In my position as an intern at the pre-eminent WBM health care institution in Bangladesh, ICDDR/B, I will conduct ethnographic research to explore the views of ICDDR/B staff, in Dhaka and in at least one rural location, regarding "best practices" concerning reproductive health and their views of rural women's reproductive health knowledge and practices. I will examine the interaction between ICDDR/B health-care providers and clients. I will assess the extent to which biomedical authoritative knowledge is being accepted and adapted into local practices. This project contributes to medical anthropology and the anthropology of reproductive practices and beliefs of women in Bangladesh.

III. Significance of the Project to Anthropology. What is the relationship of the proposed research to other anthropological research in this field and region? (250-500 word maximum)

This project builds on and will extend research in medical anthropology on authoritative knowledge and indigenous knowledge and in the cultural anthropology of women and reproductive health in Bangladesh.

Medical Anthropology: Authoritative Knowledge and Indigenous Knowledge

Worldwide, Western Biomedicine (WBM) claims and is accorded an almost unquestioned position as authoritative knowledge. Jordan writes, on the basis of fieldwork on the birthing processes in several cultures, that when multiple knowledge paradigms exist, one tends to be dominant (1997). A frequent result is the loss of authority and even denigration of local ways of knowing. She explains that birth processes demonstrate different ways of knowing, of which, some have more weight than others. Jordan focuses on the structure and presentation of authoritative knowledge in relation to high and low technology settings. In her view, the biomedical physicians' unquestioned authority and status is a type of performance, but also a ritualized deference paid to the high status of biomedical authoritative knowledge.

Worldwide, western biomedical knowledge is now the major power structure within the context of reproductive health discourses (Jordan 1993, Lock and Scheper-Hughes 1990). Sargent and Bascope examine the concept of authoritative knowledge in a comparison of birthing systems cross-culturally (1996). They explore the connection between the distribution of knowledge regarding childbirth, the value of biomedical ways of knowing about birth, the production of authoritative knowledge vis-à-vis interactions, and the relationship between social status and authoritative knowledge. Their research indicates that in collaborative and low-technology birthing processes, the midwife and other adult women share general knowledge regarding birth processes.

Pigg draws on her fieldwork in Nepal to analyze how development institutions use language to establish their role as holders of authoritative knowledge, thereby denigrating local knowledge systems (1997). She offers a case study in which a development institution's programs for training TBAs discounted local reproductive knowledge and practices. Instead of incorporating local people's knowledge about childbirth into the TBA training methods, the institution produced the notions of "appropriate" ideas and practices surrounding reproductive health.

The Anthropology of Women and Reproductive Health in Bangladesh

Compared to the number of anthropological studies on women and reproductive health in India, those for Bangladesh are few. Rosario et al.'s fieldwork primarily examines the role and status of TBAs in villages of the Dhaka district (1998). TBAs are typically elderly women with no formal education or training. Blanchet's fieldwork in villages in Matlab Upazila, highlight key processes associated with rural childbirth patterns, rituals, and practices which fuse Islamic, Brahminical, and local Bengali beliefs (1984). Zeitlyn and Rowshan's fieldwork in the Dhaka district with ICDDR/B, examines the multiple and intersecting discourses on breast milk including medical, religious and popular ideas (1997). Each set of discourses, in different ways, points to female physiology as problematic. No reproductive health studies of Bangladesh in general exist, however, to compare with that of Jeffrey, Jeffrey and Lyons for rural northern

India (1989). The closest are those of Rosario et al. and Blanchet. Their work serves as a backdrop to approaching childbirth and related risks as perceived by women in rural Bangladesh.

In terms of women's "explanatory models" of illness, Ross et al. show that rural Bangladeshi women have clear conceptions of illness categories, with different strategies of treatment for various categories (2002). Their research indicates that concerns relating to reproductive tract infections, including those attributed to sexual transmission, and vaginal discharge are important to rural women. None of the available health facilities, however, are attuned to addressing rural women's explanatory models for such illnesses.

ICDDR/B's main rural research station in the sub-district of Matlab, in the central part of the country, has generated substantial quantitative data on various aspects of women's reproductive health, for example, on deaths from induced abortions (Fauveau and Blanchet 1989) and changing patterns of contraceptive use (Phillips et al. 1988). Ahmed et al. analyze cross-sectional data from surveys undertaken in 1995 and 1999 as part of the BRAC-ICDDR/B Joint Research Project in Matlab (2003). Their findings suggest a rise in self-treatment attributed to the economic impact of a major flood in 1998, and greater health "awareness" due to the increased numbers of community health workers in Matlab. Because these studies rely on mainly quantitative data, they do not explore women's beliefs and practices to any significant degree.

Wilce, informed by multi-sited fieldwork with ICDDR/B in rural and urban Bangladesh, argues that there is a fundamental link between authoritative knowledge and authoritative power within the context of doctor-patient interaction (1997). He examines the role of language and face to face interactions which occur within biomedical institutions by comparing rural and urban centers of ICDDR/B. He explains that the "weakness" of Bangladeshi patients, women in particular, is linguistically constructed by the society in general and biomedical practitioners in particular. Such micro-political interactions render the patient weak in terms of their knowledge and discourse. The hierarchical distribution of knowledge fosters unequal power relationships between biomedical practitioners, ethno-obstetrics (TBAs), and patients.

Authoritative knowledge on reproductive medical technologies and initiatives are not value-neutral in relation to cultural implications. While indigenous knowledge systems worldwide are gaining respect in areas such as the environment, agriculture, and botany (Sillitoe 1998), women's traditional reproductive knowledge is a neglected area at best and a denigrated area at worst.

IV. Methodology. What are the specific research questions you plan to ask? What data will you collect and how? How will you analyze the data? How do you plan to use these data to address and resolve your research questions? *Be specific.* (250-500 words maximum)

This project will explore the views of ICDDR/B staff in Dhaka, and in a rural field station, about women's reproductive knowledge and practices and will assess the extent that biomedical authoritative knowledge is being accepted and adapted into local practices.

Research Objectives:

- Has ICDDR/B incorporated the indigenous knowledge of rural women into their reproductive health programs?
- How do ICDDR/B staff in Dhaka perceive local reproductive knowledge and practices?

- Is there an explicit/implicit denigration of women's traditional reproductive knowledge by ICDDR/B biomedical practitioners within the context of discourse and face-to-face interaction?
- Is the biomedical authoritative knowledge of ICDDR/B being accepted and adapted by local women to the extent that they are abandoning their local knowledge and practices?

Archival Research

Prior to beginning my internship with ICDDR/B, I will contact some ICDDR/B reproductive health program coordinators via email and telephone in order to access background information on ICDDR/B's reproductive health programs, archival data, and working papers. I will also consult documents in the ICDDR/B library for additional background information.

Participant Observation at ICDDR/B in Dhaka and Field Station(s)

In order to explore these objectives, I will conduct participant observation as an intern with ICDDR/B in Dhaka and in one rural field station. I will be a participant observer while interning with ICDDR/B, to the extent that my internship coordinator feels appropriate. I hope to become a familiar and friendly face for ICDDR/B staff and women clients, so that they are comfortable sharing information around/with me.

I also plan to conduct participant observation at ICDDR/B field station. I want to compare the social structure of field stations to the headquarters in Dhaka. What differences are apparent in the local (field-station) staff in relation to the Dhaka staff? Is the local ICDDR/B staff more accepting of local reproductive health knowledge and practices than the staff in Dhaka?

Interviews with ICDDR/B Reproductive Health Care Providers in Dhaka and Field Station(s)

With the informed consent of my internship coordinator and prospective participants, I will conduct both guided and informal interviews with ICDDR/B staff in Dhaka and the field station. I will pose the following questions:

- Where were you born?
- Where did you grow up?
- Where did you receive your training?
- How long have you worked with ICDDR/B?
- What is your current position with ICDDR/B? How long have you been in that position?
Do you like your current position?
- What type of clients do you work with (poor women, illiterate women, young/old women)?
- Do you prefer to work in a city, town or villages?
- What type of reproductive health-care needs do your clients come for?
- What reproductive health problems do you think are the most important? The least important?
- Have you heard of medical anthropology? If so what do you know about it?

Interviews with ICDDR/B Reproductive Health Clients in Dhaka and Field Station(s)

With the informed consent of my internship coordinator and prospective participants, I will conduct guided and informal interviews with ICDDR/B clients in Dhaka and the field station. The questions I plan to ask are:

- Where were you born?
- How long have you been married?
- What is your age? [16-20 years] [21-25 years] [26-30 years] [31-35 years] [36-40 years]
- What is your literacy/schooling level? Do you have children?
- Do you have boys and girls? And what are the ages of each?
- Where was each child born (e.g. clinic/home)?
- Please describe the birth of each child? Where did it take place? Who was present?
- Other comments?
- Why do you use ICDDR/B reproductive health programs?
- Do you like the ICDDR/B health programs?
- How do the health-care providers treat you?

All the above mentioned interviews will take place where it is most convenient, appropriate, and comfortable for the prospective participants and for me.

IV. Methodology (Continued).

V. Ethics. Describe (in 150-200 words) how you will ensure that your research project is conducted with attention to the ethical guidelines of the discipline of anthropology (and your project's particular field within the discipline) and the guidelines of GW's Institutional Review Board (if your project involves living human beings). For the former, consult the Web site of the American Anthropological Association and its section on research ethics (<http://www.aaanet.org>). For the latter, review GW's IRB guidelines (<http://www.gwumc.edu/research/human.htm>).

Having reviewed the American Anthropology Association Code of Ethics, I understand the ethical guidelines that will direct my research. In order to meet the standards of informed consent, I will fully describe my research to participants, informing them of my purposes and of my commitment to the preservation of their anonymity in any resulting publication or presentation of my work. I will preserve their anonymity through the assignment of code names to each participant. I will keep my research notes in a secure place. I am also aware of my responsibility to make my research accessible to the appropriate parties which, in this case, would be the ICDDR/B.

According to the George Washington University Institutional Review Board criteria for conducting human research, this project fits in the "excluded" category as it is a case study involving no risk to participants and involves complete de-identification of participants.

VI. Product. What kinds of results do you expect to come from the proposed research? (E.g., publishable article, presentation at a professional meeting, film, museum exhibit, etc.).

I will present my research and analysis at the Cotlow Research Conference in spring of 2008. I will also attempt to produce a publishable article, and will make my findings available to research participants at the ICDDR/B.

VII. Schedule. State clearly your timetable of specific research activities.

Weeks 1-2:

Travel to Dhaka, Bangladesh. Begin internship and participant observation with ICDDR/B. Gather archival data on ICDDR/B's reproductive health programs.

Weeks 3-4:

Continue observations of ICDDR/B staff interactions with women clients. Conduct guided and informal interview sessions with staff and clients. Plan research trip to rural field station.

Weeks 5-6

Continue participant observations and interviews with Dhaka-based staff and clients. Go to a field station for 2-3 days to gather qualitative data on the local reproductive health programs through guided and informal interviews with local staff and women clients.

Week 7-8

Finish all interviews and participant observation at ICDDR/B. Complete any duties needed for ICDDR/B internship.

VIII. Budget. Provide a detailed budget for the proposed activities. Among the expenses you may need to include are transportation, room and board, and research supplies. The Cotlow Fund cannot be used to pay tuition or academic fees or to purchase equipment such as cameras or laptops. *Awards range from a few hundred dollars to around \$1500.*

Food and housing in Dhaka will be taken care of by family members in Dhaka	
Round trip air travel to Dhaka:	\$1500
Local transportation from Dhaka to rural field stations:	100
Food and housing per diem at field sites:	50
Tapes and other supplies:	<u>100</u>
Total:	\$1750

IX. Staff. If others are to participate in the project as investigators or assistants, please give their names and qualifications.
N/A

X. Outside Support. List any other sources of funding for the project, with amounts and restrictions (if any).
N/A

XI. References cited and select bibliography (one page maximum).

Ahmed, Syed M., Alayne M. Adams, Mustaque Chowdhury, and Abbas Bhuiya. 2003.
Changing Health Seeking Behavior in Matlab, Bangladesh: Do Development Interventions Matter? *Health Policy and Planning*. 18(3):306-315.

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Dhaka: University Press Limited.

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Deaths from Injured and Induced Abortion among Rural Bangladeshi Women. *Social Science and Medicine* 29(9):21-27.

Jeffrey, Patricia, Roger Jeffrey and Andrew Lyon. 1989
Labour Pains and Labour Power: Women and Childbearing in India. Atlantic Highlands, NJ: Zed Books.

- Jordan, Brigitte. 1993. *Birth in Four Cultures: A Cross-Cultural Investigation of Childbirth in Yucatan, Holland, Sweden, and the United States*. 4th ed. Prospects Heights, IL: Waveland Press.
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- Lock, Margaret and Nancy Scheper-Hughes. 1990. *A Critical-Interpretive Approach in Medical Anthropology: Rituals and Routines of Discipline and Dissent*. In *Medical Anthropology: A Handbook of Theory and Method*. T. Johnson and C. Sargent, eds. pp. 143-165. London: Tavistock Publications.
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- Sargent Carolyn and Grace Bascope. 1996. *Ways of Knowing about Birth in Three Cultures*. *Medical Anthropology Quarterly* 10(2):213-236.
- Sargent Carolyn and Nancy Stark. 1989. *Childbirth Education and Childbirth Models: Parental Perspectives on Control, Anesthesia, and Technological Intervention in the Birth Process*. *Medical Anthropology Quarterly* 3(1):36-51.
- Sillitoe, P., Alan Bicker, and Johan Pottier. Eds. 2002. *Participating in Development: Approaches to Indigenous Knowledge*. New York: Routledge.

Sillitoe, Paul. 1998. The Development of Indigenous Knowledge: A New Applied Anthropology. *Current Anthropology* 39(3):223-252.

Wilce, James L. 1997. Discourses, Power, and Diagnosis of Weakness: Encountering Practitioners in Bangladesh. *Medical Anthropology Quarterly* 11(3):352-374.

Zeitlyn, Sushila and Rabeya Rowshan. 1997. Privileged Knowledge and Mothers' "Perceptions": The Case of Breastfeeding and Insufficient Milk in Bangladesh. *Medical Anthropology Quarterly* 11(1):56-68.

XII. Transcript. A copy of your academic transcript (official or unofficial) must be submitted with this form.

Transcript attached

XIII. Permits. Various permits may be necessary to conduct the proposed research (e.g., research visas, research permits, antiquities permits, Historical Preservation Committee approvals, health forms, research on human subjects forms). Anyone planning to conduct research with humans -- even if through an impersonal survey form or using data about humans collected by someone else -- must fill out and submit a set of forms about the "protection of human subjects" before undertaking the research. In most cases, if you have been thoughtful about ethical aspects of your research, and you convey this clearly on the forms, the Committee will speedily approve your project.

The forms are available on the Web: <http://www.gwumc.edu/research/human/htm>. Unless you are doing biomedical research, you should use the forms labeled "non-medical." If you have questions, there is a phone number on the Web to call, but please do so only after carefully reading the instructions, trying your best to proceed according to the guidelines, and seeking advice from anthropology professors.

If you have the requisite paperwork, attach copies to this application; if you do not yet have it, summarize the steps you have taken to obtain it. If no permits or committee approvals are necessary, state that below.

N/A