

An Emic Towards Well-being

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Working Paper Number: 20

**BRAC-ICDDR,B Joint Research Project
Dhaka, Bangladesh**

1997

FOREWORD

Empirical evidence point to a causal relationship between the socioeconomic status of individuals and communities and their health. Indeed improvement in health is expected to follow socioeconomic development. Yet this hypothesis has rarely been tested; at least it has not undergone the scrutiny of scientific inquiry. Even less understood are the processes and mechanisms by which the changes are brought about.

The Rural Development Programme (RDP) of BRAC is a multisectoral integrated programme for poverty alleviation directed at women and the landless poor. It consists of mobilization of the poor, provision of non-formal education, skill training and income generation opportunities and credit facilities. The programme is the result of 20 years of experience through trial and error. However evaluation of its impact on human well-being including health has not been convincingly undertaken.

The Matlab field station of ICDDR,B is an area with a population of 200,000, half of whom are recipients of an intensive maternal and child health and family planning services. The entire population is part of the Center's demographic surveillance system where health and occasionally socioeconomic indicators have been collected prospectively since 1966.

A unique opportunity arose when BRAC decided to extent its field operations (RDP) to Matlab. ICDDR,B and BRAC joined hands to seize this golden occasion. A joint research project was designed to study the impact of BRAC's socioeconomic interventions on the well-being of the rural poor, especially of women and children, and to study the mechanism through which this impact is mediated.

In order to share the progress of the project and its early results, a working paper series has been initiated. This paper is an important addition in this endeavour. The project staff will appreciate critical comments from the readers.

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ACKNOWLEDGEMENTS

This study was done under the auspices of the BRAC-ICDDR,B joint research project, Matlab. The project is currently supported by the Aga Khan Foundation and the Ford Foundation. The BRAC and ICDDR,B are supported by countries and agencies which share their concern for health and development problems of developing countries. Current ICDDR,B and BRAC donors include: the aid agencies of the governments of Australia, Bangladesh, Belgium, Canada, China, Germany, Japan, the Netherlands, Norway, Republic of Korea, Saudi Arabia, Sweden, Switzerland, the United Kingdom and the United States; international organizations including Arab Gulf Fund, Asian Development Bank, European Union, International Atomic Energy Centre, the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA) and the World Health Organization; private foundations including Aga Khan Foundation, Child Health Foundation, Ford Foundation, Population Council, Rockefeller Foundation, NORAD, OXFAM, Pathfinder International, and the Sasakawa Foundation; and private organizations including American Express Bank, Bayer A.G., CARE, Family Health International, Helen Keller International, the John Hopkins University, Procter Gamble, RAND Corporation, SANDOZ, Swiss Red Cross, the University of California Davis, and others.

We are grateful to Dr. A.M.R. Chowdhury and Dr. S. M. Ahmed of RED, BRAC and Dr. Abbas Bhuiya of ICDDR,B for their advice in structuring the idea of the study. Our thanks are also to Hasan Shareef Ahmed for his editorial help. We would like to express our gratitude to Ms. Jahanara of Char Nilokhi village for her assistance in data collection. Finally, we would like to give our special thanks to the villagers of Char Nilokhi who participated in the study and spent their valuable time with us.

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EXECUTIVE SUMMARY

Introduction

Usually not much attention has been paid to people's perspective towards their own well-being. In fact it is rare to find national level studies on the realities about people's well-being. Further more, people's ideas about development processes usually are not considered in these studies (UNDP, 1996). But people are conscious about their own well-being and they have a transparent idea about their needs and priorities. The present study is a part of BRAC-ICDDR,B joint research project. The main objectives of the research project is to assess the effect of BRAC and ICDDR,B interventions on health status and human well-being and also to explore the pathways and causal mechanism through which these development efforts influence well-being (Chowdhury and Bhuiya, 1995). Since the impact of the development interventions on the well-being of individuals and families in rural Bangladesh is the primary concerned here, it is crucial to identify the people's idea of well-being.

Objectives

The purpose of the study was to explore indigenous ideas about well-being and to understand the processes through which a better condition could be achieved or hindered.

Methodology

The study design was qualitative and it focused on the issue through a rapid appraisal. Being a part of the BRAC-ICDDR,B joint research project the study was done purposively in the village of Char Nilokhi in Matlab Thana. The study population consisted of males and females and dealt with BRAC and non BRAC (TG, NTG) households separately. To select the informants in the study area, simple random and convenient sampling techniques were used. Different qualitative methods were used for data collection i.e. social mapping, well-being ranking, free listing, importance rating, group discussion, key informant interview and case studies.

Findings

The study revealed that the villagers had developed different indicators to express the condition of well-being. By using these indicators as determinants of better living they classified the households in their village. Gender difference in the perception of well-being was explicit in the study. While listing the indicators, the study women pointed out money, fixed income, land and children at the top of their list. On the other hand the men mentioned money, livestock, peaceful life and well-built house as primary indicators of well-being. However, in prioritizing the indicators, both men and women identified money, fixed income, three meals a day, children and their education, small family, health, access to medical service and peaceful life as essential indicators of well-being.

The villagers also developed a set of linkages among different indicators, which explained their notion about the processes of the condition of well-being. According to the study women the process began with the health condition of the earning person (husband/adult male) in the family. Small family was another issue from which women developed the linkage as well. On the other hand the study men emphasized self education; the underlying reason was, an educated person could seek out different ways of income through his intelligence.

The villagers identified different interrelated problems in explaining the underlying reasons of the deteriorating condition of a household. In their opinion, sick husband or absence of a male adult, large

family, unemployment, no access to credit, etc. were responsible for all obstacles to achieve a better life. They also pointed out ways of overcoming these barriers. For example: increased involvement in income generating activities, joint contribution of husband and wife to household earnings, smaller family, emphasis on children's education, BRAC VO membership, etc.

Conclusion

Since the study reflects the realities about how people articulate their well-being, the findings can be used in measuring the effect of interventions on well-being. It will also help to explain the processes through which development interventions may influence people's lives.

INTRODUCTION

In recent years a wider concept of well-being or deprivation has been emerged. In addition to poverty it now includes health status, illiteracy, several types of vulnerability, powerlessness and absence of choice (Lipton 1996). In fact fluctuation and vulnerability are now seen as a key factor in the process of impoverishment (Banden and Milward 1995). This multifarious concept has several origins. It has intellectual roots come from critiques to orthodox economic approaches, that have long been preoccupied with the methodological complexities around measurement, arguably to the exclusion of the understanding the cause of poverty (Chambers 1994). The other empirical roots have emerged from the experience of different development projects. It has become clear that people's view and priorities are very different from those of planners and policy makers (Jodha 1988).

In the development debate, the issue of human well-being is becoming increasingly complex and issues such as violence, dependence, autonomy and the attitudes of health care personnel are entering the mainstream discussion of poverty. Again, current development indices attempt to capture not only income but also the range of quality of life (literacy, health status, access to services of various kinds, etc.). This is because increased average income does not necessarily result in increased well-being (Banden and Milward 1995). Gender aspect is also providing new insights into the concept of well-being. A study in Ghana shows that men and women advanced different criteria for analyzing their own well-being (Lloyd and Gage-Brandon's 1993). Furthermore, entitlements based approaches enable us to differentiate between men's and women's experiences and processes of impoverishment (Kabeer, 1992).

In present days the popularity of participatory approaches (Chambers 1995) has been increased, through these innovative field methods outsiders can learn the realities of people's perception of need. These focus on relations between the internal and the external (emic and etic) both in terms of relationships between the outsiders and 'participants' and in trying to distill the reality of people's experience from a socially constructed false consciousness that colours the articulation of their well-being (Lipton 1996).

This view of development is very crucial for developing countries like Bangladesh. In literature Bangladesh is described as a 'test case for development' because of its complex socioeconomic and cultural problems, coupled with severe resource constraints (Chowdhury and Bhuiya 1995). Numerous non-governmental and private organizations are engaged in development activities in addition to the public sector. Of these BRAC is distinguished for its multisectoral development work. In 1992 BRAC extended its comprehensive Rural Development Programme (RDP) to the 100 villages of Matlab Thana where ICDDR,B has already been involved in demographic surveillance and health interventions research since the early 1960s. Both institutions identified a unique chance to determine through a natural experiment, impact of socioeconomic development on improving health status and well-being. In 1992 Matlab joint research project initiated between BRAC and ICDDR,B, B. The specific objective of the project is to determine the impact of BRAC's rural development programme on changes in health status and well-being by using seven different sets of indicators. For the purpose of this research, human well-being is broadly defined in terms of decreased morbidity, mortality and fertility; improved nutrition, income and livelihood security; better environmental conditions and women's lives (Ahmed, 1994).

Background

A major aim of the BRAC-ICDDR,B joint research project is to understand the pathways through which the BRAC development efforts produce an impact (positive or negative) on the well-being of individuals and families in rural Bangladesh. Since 'well-being' is a key factor in the Matlab study, and to assess the independent and iterative effects of BRAC and ICDDR,B programme on health status and well-being (Chowdhury and Bhuiya, 1995) of the study population, it is necessary to get an overview about their idea of well-being. It will not only clarify their outlook but also give an insight into the pathways and processes of programme. With this interest the study had been formulated.

Objectives

There were two broad objectives of the study:

- To explore indigenous ideas about well-being.
- To understand the pathways and processes through which a better condition could be achieved or hindered.

The specific objectives of the study were:

- To elicit the definition of well-being.
- To solicit several indicators of well-being.
- To understand the linkage between the identified dimensions/indicators.
- To identify the villagers' preferences in prioritizing these indicators.
- To identify the barriers and constraints in achieving better living.
- To recognize ways of overcoming these barriers in villager's view.

Rational of the study

In the literature the concept 'well-being' is addressed from different dimensions. For the purpose of the Matlab study on well-being a conceptual framework has been developed from a vast literature review. As the prime goal of the study project is to consider the programme impact on human well-being and the pathways, it is important to understand how people themselves define and measure 'well-being' to their world outlook. Their perspective may or may not be compatible with the conceptual framework of the study project. Yet it important to explore for several explanations of different studies in Matlab project. The study tried to contribute in this respect.

METHODOLOGY

Study design

This exploratory study tried to gain insight in to the problem by investigating people's view and their interpretation about the nature of the problem and the solution. The study design was qualitative and focused on the core problem through a rapid appraisal.

Study area

Being a part of the BRAC-ICDDR,B joint research project, the study was conducted purposively in a village of Matlab Thana. The village, Char Nilokhi was selected depending on the following criteria:

- A village with existing BRAC-RDP activities with or without ICDDR,B intervention.
- A place that was near the base station of the research project. This helped in rapport building because the villagers were already familiar with the research activities in their locality.

Study population and sampling

The study population consisted of both males and females from the selected village. It dealt with BRAC and non BRAC (TG, NTG) households separately. The informants were selected using simple random and convenient sampling techniques.

Fifty men and women (25+25) were selected for the free listing exercise and twenty men and women (10+10) were selected for the rating and ranking exercise through random sampling. Convenient sampling technique was used to select respondents for social mapping, well-being ranking and group discussion. Men and women were considered separately and the number of the participants was selected on the basis of availability of the villagers. Five key informants were also interviewed for the study. Besides twelve households were included for case study who are considered by the villagers to be living in the 'well-being' condition (2), worse condition (5), and improving condition (5) in the study area. The villagers identified these households at the time of social mapping.

Data collection

Data collection took place during mid August to mid October 1996 from the different categories of sample respondents as specified above. Secondary sources such as quantitative baseline survey report on Matlab, survey data on socioeconomic development, health and well-being done in Matlab were also used for cross checking reliability of compiled data.

The different qualitative methods used for data collection were:

Free listing: Free listing technique was used to collect the indicators of well-being from the study population. Fifty men and women were interviewed individually for this.

Importance rating: Twenty men and women did this exercise individually. For this exercise twenty three most commonly cited indicators were selected from the free list data. Here the respondents were asked to rate the indicators in order of importance. They were then asked to explain the reasons behind.

Social mapping: Social mapping was done by the participants to identify the households to be included in the case study and also to get a general idea about the village. During social mapping, information on

family size, education, land ownership and household occupation for every household was written down in a small card. Each card represented a household in the village separately. This information also used in cross-checking the data obtained from the well-being ranking.

Well-being ranking: Here households in the village were classified according to the notion of well-being of the villagers. Men and women did this exercise separately based on their ideas of well-being.

Group discussion: To define well-being, its indicators, barriers to achieving it and solutions, etc. group discussions were held separately with three groups (BRAC women, TG women and men group) by using a checklist.

Key informant interview: The key informants were interviewed informally and during the in-depth interview they were probed about the well-being perception of the villagers. This information used to crosscheck the previously received information.

Case study: Twelve case studies were done to identify the pathways and processes of well-being.

Triangulation was done by cross checking data collected from different sources (i.e. male, female) and through different techniques (i.e. group discussion, key informant interview).

Limitation

‘Well-being’ seemed a very vague concept to the villagers and it was difficult to conduct the study with such abstract idea. Nonetheless, frequent discussions helped the researchers to provide an idea of the research theme to the villagers. This finally helped to obtain reasonably accurate data. Since the study was done through rapid appraisal techniques, the information may be to a certain extent superficial and it was not possible to obtain in-depth information. However, the study tried to attain an abstraction about the perception of the rural people regarding their own ‘well-being’.

THE SETTING

The study was conducted in the village Char Nilokkhi of Baradia Union, 7 km south-west of Matlab Sadar. The village consists of 123 households with a population of 749. All the villagers were Muslim. There are several kin groups in Char Nilokkhi such as Prodhana, Master, Sarder, Sareng, Mollah, etc. (Figure 1 in annex). Some of them were rich and powerful, some poor, and some involved with BRAC VOs.

Most of the households of Char Nilokkhi were involved in farming. Others were day labourers, businessmen or service holders; but most of them were directly or indirectly involved in agriculture. A concise table on the village profile describing family size, land holding, types of income, and food security is provided in the annex (Table 1).

The homestead land and the roads are raised artificially and deep trenches and ponds have been excavated beside them. These raised homestead land look like islands during the rainy season, starting from *Baishak-Joistho* to *Ashwin- Kartik*. The local people then move by boat or by foot across the inundated land in knee-deep water. In some places, temporary bamboo or banana plant bridges have been made. The soil is mostly sandy and loam and is replenished every year by rich alluvium. The main agricultural product in the village is rice but the villagers also produce wheat, potato, chilly, onion and garlic in different seasons.

There is a mosque in the village, which was established by the villagers. The small children go to the village Govt. primary school for their primary education but for higher education they go to the High school of a neighbouring village.

FINDINGS AND ANALYSIS

Concept of well-being

The villagers had developed different criteria for expressing their well-being. Although there were slight differences based on gender and class, a consistency was nonetheless observed from which a common pattern emerged. In general, the villagers defined well-being as a condition where one passes life peacefully with family members, relatives and neighbours in economic solvency and good health. Indeed, they mentioned that if there was ill feelings among family members, relatives and neighbours, a person could not live well. However, from their point of view, economic solvency was very much crucial in this respect. As one villager said *'we can not expect peace in the family if we do not assure food and clothing for our family members and money is foremost for ensuring good food and good clothing. Again, if we have money, definitely we will have a good hold in society, which leads to good relations with neighbours and relatives.'*

According to their general notion of well-being the villagers classified the households of the village into different categories. This provided an idea into their perception of 'well-being'. Interestingly, categorization differed according to the gender of the villagers.

Where as the men classified the households into four categories, the women categorized it into five. The five categories are provided below. Of these four were common for both men and women. Only the women mentioned the fifth category. Table 2 in the annex provides a detailed view about the categories along with the village profile.

Category 1/ *sob cheye bhalo chole*

1. Education of the household head (S.S.C to graduation).
2. Land (320 decimals to 480 decimals).
3. Fixed income/Government service.
4. Sons involved in jobs.
5. Have more cash in the house.
6. Children have access to higher education.
7. Have big pond.
8. Well-built house with tin roof and many rooms.
9. Livestock.
10. Surplus food after the year's consumption.
11. Ability to afford nutritious food.
12. They do not have to do their own agricultural work or any hard labour; other people (day labourer) do it for them.
13. Good health and easy access to treatment.
14. Less quarrel within the family.
15. Not having to worry about running the household.
16. Access to bank loan(s).

Category 2/ *sadharon bhalo chole*

1. Land (160 decimals to 80 decimals).
2. Food securities throughout the year but no surplus.
3. Ability to afford nutritious food from their own production.
4. Good house but not all rooms with a tin roof.
5. Farming on own land.
6. Live stock.
7. No need for credit.
8. Not having to seek monetary help nor having the capability to provide such assistance.
9. Education of household head is below S.S.C level.
10. Ability to provide education to children up to a certain level.
11. Fair health and have access to treatment.

Category 3/ *majhari bhalo chole*

1. Land (40 decimals to 80 decimals)
2. Mainly dependant on share cropping and occasional mortgaging of land.
3. Living on own crops for six months. After that, mainly dependant on rickshaw pulling, boat ferrying, fishing and day labouring.
4. Education of household head is at best up to primary level.
5. Straw roofed house.
6. Small number of livestock.
7. Unable to afford nutritious food.
8. Frailty due to continuous hard labour.
9. Access to treatment up to certain level.
10. Education of their children is up to school level.

Category 4/ *konorokome cchole*

1. No agricultural land.
2. Subsisting on rickshaw pulling, ferrying boat, day labouring and fishing.
3. Jute stick fencing house; not in very good condition.
4. Somehow getting three meals a day.
5. Unhealthy and no access to treatment.
6. Most of the time their children die due to lack of treatment.
7. Unable to seek help from others for self esteem can not seek any type of help from others.
8. Usually take credit and do hard work for repayment.
9. Have a few livestock mainly in share.

Category 5/ *khoob koshte chole*¹

1. Mainly live on daily wage earning.
2. Husband dead and no adult son to earn in the household.
3. Jute stick fencing house; not in good condition.
4. Three meals a day are insecure.
5. Frequently suffering from disease and no access to treatment.
6. Able to provide only primary education to their children.

¹ Mentioned by the female group only.

7. No access to credit²
8. Often ask for help from others and usually get it.

Indicators of well-being

The categories enumerated above enabled us to get an overview about the indicators of well-being. From the villager's point of view these indicators are determinants of better livelihood and a measure of the general 'well-being' condition. Two free listing exercises were done separately with men and women in the village where they mentioned different indicators of well-being. Table 3 and Table 4 show the indicators (men and women separately) along with frequency, respondent percentage and average rank order.

Gender difference in well-being perception is very much explicit in the following Tables (Table 3 and Table 4). All the study women pointed out money and fixed income at the top of their list. Although women considered land as an indicator of well-being, they placed it after money and fixed income in average rank order of their list (Table 3). Next to land and fixed income, most women (96%) mentioned children, well built house, three meals a day, furniture, poultry and livestock as other indicators of well-being (Table 3). On the other hand, all men mentioned money, livestock, peaceful life and well-built house as indicators of well-being during free listing (Table 4).

Both men and the women in general took money as essential for better living. To them a fixed income (service or business) meant continuous flow of money throughout the year; so those who had a job (preferably in ICDDR,B or Government service) were considered to be in a condition of 'well-being'. However, the women were more concerned with the relationship between stable income and well-being than that of the men. One of the key informants emphasized women's involvement in fixed earning -- *'if a woman has a job she can easily establish her right in society. The money that she earns at the end of the month is her power and for that reason she does not have to depend on others for credit. She does not have to be disgraced'*. Other women also reported *'even inside the household the woman who is doing a job gets more importance than other women do. As she contributes to the household expenditure everybody in the family pay heed to her.'*

The villagers also mentioned amount of agricultural land as a measurable indicator. In their opinion it was a fixed asset and a guarantee of food throughout the year. They stated that it was the only dependable resort of the *girotho* (farmer). The women added that it was essential even for those who do not have any *korunneya*³ in the family, for example widows or separated women. They could engage day labourer for farming or share out the land for cropping. However, the men informants (92%) gave more emphasis on land as a measurement criteria than the women (84%).

Having children (especially son), children's education and children's income appeared as indicators of well-being to the villagers. Children represent future security and many of the villagers had many sons as a result, they justified this by saying that -- *'if you have a son and you can provide him with higher education, he will be an assurance of your food and clothing through his earnings'*. Others, both men and women, noted -- *'now a days a daughter's income is also considerable'*. Although many of them felt that-- *'even if we provide education to our daughters and allow them to earn, ultimately her in-laws will be entitled to her earning money. So its safe to invest in a son.'*

² As the people of this category are not able to repay loan, so they are not supposed to be eligible for getting credit from formal and informal sources.

³ Adult male in the household who can engage in income earning activities.

Both men and women mentioned BRAC as an indicator of well-being. They stated that through the BRAC village organization membership many households were able to improve their condition by credit based income earning activities coupled with skill developing training. To elaborate this point further one key informant narrated the following case of Sokhina:

Sokhina used to pass her days in distress with her children by starving or having little to eat. Her husband was idle and not inclined to any physical labour. There was continuous quarreling in the house between Sokhina and her husband. Eventually, Sokhina joined the BRAC village organization and took a loan. She bought rickshaw for her husband and compelled him to rickshaw pulling in Matlab town. Since there was an obligation to installment repayment, her husband found no excuse to abstain from work. In this way, they repaid the first loan and by the second loan Sokhina bought a boat for her son and engaged him in income earning. In recent days she is in a noticeably better condition than before and there is peace in the family.

Women's income was considered as a determinant of better condition. One of the informants elaborated, -- *'we encourage women's earning, because we now understand that for improved living, contributions from both husband and wife for household expenditure is very crucial.'* Women's mobility was another parameter for measuring well-being. This was a symbol of betterment because now a day the women were going outside households to earn which helped in running their family. It is also a sign of independence and they were thus not dependent on men to solve any immediate crises. To illustrate, Jorimon a housewife, said- *'my brother died from measles because there was no adult male in the house to take him to the doctor in town. My mother had to helplessly watch her son die because she was not allowed to go out of the village, nor was she courageous enough to take her son to the doctor. But, because of my free movement I am able to take my child to the doctor in town under any condition.'* Apart from that, another BRAC VO⁴ member Fulbanu added -- *'our level of knowledge increases, because now we have communication with outside world. We have learnt to improve our condition by going out of the village and meeting with other people.'*

In the villagers' view a healthy body was essential condition for well-being and both men and women mentioned it in their list (both 92%). However, the women attached more importance on their husband's health compared to that of other family members. The health of the husband was vital in terms of running the family. Thus women's health was accorded negligible importance in this regard.

Some of the women associated their husband's death with their deprived and vulnerable condition. Thus presence of a husband (whether physical or not) was an indicator of better living. These women were lamenting that people took advantage of their vulnerable condition in order to exploit them.

Prioritization of indicators

No significant difference was found in prioritizing the indicators of well-being between the groups. Both groups identified money, fixed income, three meals a day, children and children's education, small family, health, access to medical service and peaceful life as essential indicators of well-being (Table 5). Money was rated as the top indicators: money was essential for a better condition and since fixed income assures a continuous flow of money, that was also important. They pointed out that three meals a day and access to medical service are crucial for health. Good health was also an insurance of daily income and a healthy man was able to do hard labour. This enabled one to achieve a better condition. Both men and women identified small family as a precondition of well-

⁴ Village Organization.

being and finally, they emphasized that a condition of well-being would never be achieved if there was no peace in family.

Interestingly, the women also rated poultry as one of the essential indicators for well-being. They explained that poultry were a personal source of income for them and, as such, they had a certain extent of control over it. With respect to land their attitude was – *‘the production of land is uncertain; so, if we have a job with a monthly salary, land is not that important.’*

Subsequently, the study men and women also mentioned cosmetics and toiletries i.e. hair oil, soap, face cream, etc. and tubewell as important for well-being. Regarding cosmetics and toiletries one woman said, *‘cosmetics and toiletries have become an inseparable part of our daily need. It is conventional that better off person will use soap, hair oil and face cream in his/her daily life.’* While discussing about tubewell most of the respondents said that it was important because they got safe water from it which was essential prerequisite for a healthy disease free life. Besides, some of them identified it as a status symbol of the household. Concerning that point one woman, Maloti said, *‘for better living tubewell is important, not only it provides us safe water but we also consider it as a status symbol; if we have a tube-well of our own, we do not have to go to other houses for water.’* The views of men and women were also different towards slab latrine. As in most cases the women of that area did not use slab latrine, they considered it less important than men did. The men’s group rated it higher than that of the women’s group.

The study women mentioned good food, good dress, livestock as secondary priority for well-being. They considered electronic goods (TV, radio, etc.) and bedding materials as a luxury. One VO member Farida said, *‘We can lie down on the ground and sleep well, if we have security of food and cloth throughout the year.’*

Linkage of the indicators

The villagers developed a set of linkages between different indicators along with identifying them singly. Group and gender differentials were apparent in the linkage development. Though the process seemed complex, but the villagers were very logical in explaining different linkages. Three different groups i.e. BRAC VO members (women), TG⁵ non members (women) and men; were told to do this exercise separately and the results are given in the following:

BRAC VO members

BRAC women drew the linkages from two points, but there was a relation between these two issues (Figure 2 in annex). They started with the indicator of a healthy husband and then related it to employment. They reasoned that a healthy husband could earn money through income earning activities. Money meant an assurance of: clean environment, good dress, children’s education, well built house, furniture and access to treatment. Access to treatment ensured low child mortality. On the other hand a healthy husband was a precondition to many sons and it guaranteed future security and well-being of the household. Sons would become earners in the course of time and they would improve the condition of the household.

Small family was another issue from which women developed a linkage. They interpreted the situation in this way -- *‘if we have a small family we can maintain it easily. We can take care of our children; this reduces child mortality. We can provide them education that ensures our better living in the*

⁵ BRAC’s target group.

future. They further said that as the expenditure of small family was less they could easily save money from their income and with this saving they would be able to buy land. This in turn was a guarantee of three meals a day throughout the year. The women also stated that along with land they could also increase the number of poultry and livestock that will provide better nutrition to the children and other members of the household. Ultimately a healthy environment would in the household.

TG non members

The perspective of TG non member women was almost similar to the BRAC VO member women (Figure 3 in annex). They also began with husband's good health but did not concentrate on the issue of small family. They developed a simple flow chart: a healthy husband or any healthy adult male in the family would earn money for the household. Afterwards, they would purchase land and livestock with that money and at the same time they would build a better house. Their health condition would improve with three meals a day from the yield of the land. Besides, there would be peace in the household as there would be no poverty or complaints. Moreover, they thought that if their husbands could earn well their children would be able to pursue higher education. This was also a guarantee of future better life. Most of the women of the group expected that their sons would be able to manage a job abroad and their assistance would improve economic condition of the household.

Men group

Unlike the women's group the men's group identified self-education as a primary indicator for development of linkage. The reason underlying this was that an educated person could seek out different ways of income through his intelligence. Different strategies of income helped in the upliftment of the economic condition and then a man would be able to increase his assets like land, livestock and farm equipment. They regarded these as investments for future well-being because a regular increase his assets like land, livestock and farm equipment. They regarded these as investments for future well-being because a regular yield of land assured a fixed income increase his assets like land, livestock and farm equipment. They regarded these as investments for future well-being because a regular yield of land assured a fixed income throughout the year. This led to food security, well built house, furniture, access to treatment and good clothes. The men assumed that regular meals would improve the health condition of a person. This would make him industrious and thus would have a positive effect on his well-being. They also pointed out the other effect of having money - - *'if your income is somewhat fixed there is a probability of having a good wife which is also an important indicator of better lives. As because the quality of a good wife will ensure peace in the family. That will also develop a good relation with neighbours and relatives.'* Furthermore improvement in asset holding would help to obtain prestige and power in society.

Barriers and constraints

'Every body among us wants to remain in a condition of well-being, but certain constraints create obstacles' as a villager said. In discussing the underlying reasons of the deteriorating condition of a household, the villagers identified different interrelated problems (Figure 4, 5, 6 in annex)⁶.

According to the women informants in the village, a sick husband or absence of an adult male in the household was the root of all constraints in achieving a better life. They elaborated the connection: *'if*

⁶ Information were collected from BRAC VO member, TG women and men of the village separately through problem tree technique.

there is nobody in the family⁷ to earn, security of food and cloth becomes uncertain. Saving is out of question since there is small earning or no earning at all. Consequently, the household has no access to assets for example land, livestock, boat or rickshaw. They are unable to mend their housing condition. Due to lack of proper meal intake, they become sick. The total condition pushes them in a state of unemployment. Ultimately it becomes an unbreakable cycle.' Due to this miserable situation, they had not respect in society. Also they had no access to credit at all for which capital accumulation for any income earning was obstructed. Some women reported that even though their husbands were healthy, they were not willing to engage in any income earning activities; they were intentionally idle. On the contrary, men identified unemployment as being responsible for their stagnant condition.

Family size was another factor for continuous deterioration in condition. A village woman Rezina clarified – *'the condition fluctuated depending on the number of the dependents on the earning person'*. She further said *'if you have many children and a small income, you will neither be able to feed your children properly nor provide the necessary treatment. Negligence of care will result. In the long run, you will lose your children untimely.'* A large family was thus a constraint on children's education; this resulted an uncertain future.

To clarify the barriers to achieve well-being, the villagers gave a few examples. These are given below:

Case 1.

Khijir Prodhan is an uneducated rickshaw puller. There are seven members in his family and he is the only earning person. It seems impossible to him to carry the burden of these seven people with his small earning. He has no agricultural land, fruit garden, poultry or livestock. He is unable to provide better food, treatment and education to his children. The situation was not so bad before. Then he had only two children and they were very happy. His wife did not want more children and she tried to adopt birth control method. Khijir did not agree. He said that it was his responsibility to provide their children with food and clothing and that she need not be worried about that. Subsequently, his wife gave birth another eight children and only five were alive. His wife thinks all of their miserable condition is due to too many children. To improve their woeful condition she decided to join in BRAC VO. She took a loan and bought a rickshaw for her husband. The whole family now lives on the earning of this rickshaw pulling. However, according to his wife, Khijir is very idle, he usually works for one day and rests two days. Sometimes they starve for days but still he does not want to work.

Case 2.

Ayub Ali was in the government service. He quit his job without any reason and started to live at his in-laws house on the money that he got at a time from the office. After he run out of the money, finding no other way his wife began to work in other's house. As he was unwilling to work at all his wife divorced him and went to Dhaka with their children. Ayub Ali returned to his parent's house and became married a second time to his cousin. Currently he lives on day labouring. He works for six months and the rest of the time he runs the family by taking credit. His wife works as maid and passes days in hardship. She is sick and very often can not continue her work and starves day after day. She can not ask for credit also since there is no assurance of repayment. Once she joined in the BRAC VO but could not continue. She had

⁷ Here the indication is towards the husband or adult son.

planned to buy a boat with BRAC loan but did not. She knew her husband's idleness would make it difficult for her to repay the installment. If she asks her husband to work he beats her. With the assistance of her parents she has managed to build a house, but can not provide for her children's education. She laments that only because of her idle husband she can not improve their condition. Because of this she has no social prestige at all.

Coping the barriers

Apart from explaining the mechanism behind the persisting poor condition of a household, the villagers also tried to solicit the solutions on their own. In this regard, a key informant said -- *'life can not be thought without problems but most of the time the solution is in our hands. We should not depend on others for assistance, because that will create a tendency of regularly asking for support.'* The villagers mentioned briefly some ways of overcoming the situation. These are illustrated below:

Increased involvement in income generating activities. The villagers said that if there were many dependents in the family and the numbers of earning persons were few, they should explore other ways of increasing income besides regular earning. For example, they could plant vegetables in their homestead land or engage in poultry and livestock rearing. In these cases they could not be lazy and the effort, undoubtedly, would upgrade the condition of the household.

Joint contribution of husband and wife to the household earnings. For better living, women's participation in the household economy was crucial. Some of the women added that-- *'this consciousness has grown recently among us that if our husbands are not willing to work and we can not motivate them in any way; why do not we do it ourselves?'* Other women reported that though many women's participation in income earning was more or less inevitable because their bad condition compelled them to work. But there was no denial of the fact that this had also an effect on their knowledge and status that also indirectly helped in upgrading the household's condition by removing barriers.

Family size will be considered from the beginning. A small number of dependents was the precondition of better livelihood and it was an assurance of providing better nutrition, clothing and education.

In anticipating future well-being, children's education was significant. Under any circumstances children's education should be provided for future betterment of the household. One woman said-- *'while remaining in this adverse situation, by any means, I am providing money for my children's education with the hope that one day they will grow up and overcome these hard times.'*

Access to credit was one of the solutions in overcoming the distress situation. In their opinion, the problem of unemployment could be removed in this way. Any unemployed person could accumulate capital for income earning activities through this and improve his condition.

Through BRAC VO membership betterment could be achieved. *'It is already proven that those who are in the samity (VO) are able to change their condition. Many ways of income earning open up to them as they receive credit. Their level of knowledge has increased in terms of better nutrition, better environment, legal aspect, etc. Their children are going to school as well'* explained one woman of the village.

DISCUSSION AND CONCLUSION

The study was initiated as a part of BRAC-ICDDR,B joint research project in Matlab to concentrate on people's articulation of their own well-being. The main objectives of the research project were to assess the effect of BRAC and ICDDR,B interventions on health status and human well-being and also to explore the pathways and causal mechanisms through which these development efforts influence (positively or negatively). The identification of barriers and constraints, which obstructed improvements in health and well-being was equally important here. A conceptual framework was developed for the purpose of the study through exploring different literatures. According to this framework, human well-being can be represented as encompassing seven dimensions, including morbidity and mortality, nutritional status, fertility, household income and livelihood, women's lives and the environment (Chowdhury and Bhuiya 1995). Since the impact of development interventions on the well-being of individuals and families in rural Bangladesh was the primary concern, it was crucial to identify people's perception of their own well-being. With this aim we tried to solicit indigenous ideas of well-being, and to understand people's perspectives about the pathways and processes through which betterment could be achieved or hindered.

People's perspective towards their own well-being has usually been overlooked in fact it is rare to find national level studies on realities about people's well-being. Policy decisions about people's problems, priorities and resource allocation are usually taken on the basis of the judgment of top level planners and people's ideas in the development process usually are not considered (UNDP, 1996). But people are conscious about their own well-being and they have a transparent idea about their need and priorities. For the purpose of people's participation as a stakeholder in the development process it is necessary to explore their views and attitudes toward their well-being. In this context the UNDP commissioned PromPT (Promoting Participation). It consists of eleven Bangladeshi participatory approach facilitators and six assistants with an expatriate advisor. PromPT has acted as facilitator by establishing links with poor communities in their own villagers or slums to assist them in analyzing and prioritizing their problems as well as identifying further expectations from Government, non Government and Private sector agencies (UNDP 1996).

Two recent studies in BRAC are very relevant to this concern. One of the studies showed that BRAC activities had a positive influence on some leading areas of programme beneficiaries' life that they expressed through some impact indicators (Hossain and Akhter, 1996). Impact Assessment Study II (IAS II) of BRAC also assessed changes in VO member's lives. The qualitative part of the study provided an insight into women's perception of their own well-being and the changes that they had experienced since their involvement with BRAC. The study took the indicators highlighted by the women and assesses what changes had really occurred in women's lives and how these changes augmented their perception of well-being (IAS II, 1997).

In our study we tried to look into much further. The study not only made an effort to explore indigenous notions of well-being but also looked at the villagers views of the barriers and constraints through which achievement of a better condition is hindered. The study also focused on people's perception of the solutions.

The study revealed that the villagers had a clear conception about conditions of well-being. They developed different criteria for expressing the condition. On the basis of the criteria they classified the households in the village. Through that classification we got an overview about the indicators of well-being. The villagers took these indicators as determinants of better living. Gender differences in well-being perception were explicit in the study. While listing indicators the study women mentioned money, fixed income, land and children at the beginning of their list. On the other hand all men

primarily mentioned money, livestock, peaceful life and well-built house as indicators of well-being. Both men and the women stated that money was essential for better living; in fact those with a fixed income considered to be living in a condition of 'well-being'. In prioritizing the indicators both men and women identified money, fixed income, three meals a day, children and children's education, small family, health, access to medical service and peaceful life as essential.

In explaining the pathways and processes the study men and women developed different linkages between the indicators. The women began with the health condition of the earning person (husband/adult male) in the family, and then connected that with the other indicators. In their opinion, a healthy husband could earn money and this money assured: a clean environment, good clothing, children's education, a well built house, furniture and access to treatment and less child mortality. The study women also considered small family in this respect. On the other hand the study men emphasized self education because an educated person had more options in seeking income. This income helped him to get access to asset holding i.e. land, livestock, farm equipment etc. and the regular yield from land assured a fixed income throughout the year. This led to food security, well built house, furniture, access to treatment and good clothing. In their opinion, food security ensured their good health and this enable them to be more industrious.

The villagers identified different interrelated problems while describing the reasons for the stagnant position of a household. They mentioned a sick husband or absence of an adult male in the household, large family, unemployment, no access to credit, etc. as the obstacles to achieve a better life. Some of the study women also reported that, the condition of the household was not improving because their husbands were idle.

Notions about the strategies for coping with the barriers to well-being was also present among the villagers. They identified involvement in income generating activities, women's participation in household economy, number of dependents in the family, increased credit worthiness, children's education and BRAC VO membership as significant factors in this regard.

It is clear in the study that the indicators of well-being (mentioned by the villagers) were interrelated to one another. In the process of achieving a better condition certain indicators acted as intermediary element. However, the primary concern of the villagers in this respect was health and employment. Their considerations were found very compatible with the conceptual framework of the BRAC-ICDDR,B joint research project. The dimensions of the conceptual framework were apparent in the process of well-being as identified by the villagers.

In conclusion, we suggest that since the present study reflects the realities of people's idea about their well-being as a whole, the findings can be used in measuring the effect of interventions on well-being. It will also help to explain the mechanisms through which these interventions influence well-being.

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ANNEX

Table 1. Concise table on village profile

Total Households	123
Total Population	749
Average family size	6.9
Household land holding	
Yes	94
No	27
Level of education of the household head	
Cannot read or write	65
Class 1-5	25
Class 6-9	21
S.S.C	10
Types of income by the earning members (multiple)	
Farmer	51
Service	50
Rickshaw puller/Boat man	19
Day labourer	16
Business	16
Others	6
Food Security	
No	27
Below 6 months	18
6 to 9 months	29
10 to 12 months	25
Surplus	24
BRAC membership	41
Non member	82

Table 2. Village Profile along with well-being category

Household particulars	Well-being Categories				
	1	2	3	4	5
Family size (Total Hhs)	24	22	36	29	121
1-5	2	8	18	10	7
+6	22	14	18	19	5
Agricultural Landholding	24	20	34	15	3
Yes	-	2	2	14	9
No	-	2	2	14	9
Level of education of the HH	10	6	22	18	9
Can not read or write	5	7	6	7	2
Class 1-5	4	6	7	3	1
Class 1-9	5	3	1	1	0
SSC	5	3	1	1	0
Types of income by the earning members (Multiple)	12	12	19	6	2
Farmer	15	11	15	7	2
Service	-	-	6	10	3
Rickshaw puller/Boatman	-	2	4	6	4
Day labour	4	4	4	4	-
Business	2	-	2	-	1
Pensions	-	-	-	1	1
Others	-	-	-	1	1
Food Security:	-	-	2*	13	9
No	1	-	8	9	1
Below 6 month	1	3	16	7	2
6 to 9 months	8	8	9	-	0
10 to 12 months	14	8	2	-	0
(Surplus) +12	14	8	2	-	0
BRAC	-	5	15	17	4
Yes	24	17	21	12	8
No	24	17	21	12	8

* Dependent on remittance.

Table 3: Results of Free list of the indicator of well-being done by the men

	Item	Frequency	RESP PCT	Average Rank
1	Money	25	100	1.560
2	Livestock	25	100	9.880
3	Peaceful life	25	100	18.400
4	Well built house	25	100	6.160
5	Good dress	24	96	14.083
6	Poultry	23	92	11.000
7	Three times meal	23	92	10.609
8	Having children	23	92	7.174
9	Furniture	23	92	10.435
10	Children's Education	23	92	8.913
11	Without Illness	23	92	15.739
12	Land	23	92	2.261
13	Fixed income	22	88	4.545
14	Electronics Goods	22	88	17.091
15	Small Family	20	80	8.650
16	Fruit Tree	20	80	18.300
17	Bedding Materials	19	76	13.368
18	Tubewell	18	72	17.111
19	Cosmetic and Toiletries	17	68	21.000
20	Access to Medical Service	17	68	18.235
21	Slab Latrine	16	64	17.625
22	BRAC	16	64	20.250
23	Paka Ghatla	15	60	17.600
24	Pray	14	56	23.429
25	Sound Sleep	14	56	24.000
26	Good Food	12	48	14.750
27	Own Transport	12	48	17.917
28	Pond with Fish	11	44	20.636
29	Clean Environment	9	36	23.667
30	Children's Income	9	36	13.444
31	Having many Son	8	32	7.000
32	Access to Credit	8	32	18.375
33	Sons Education	7	28	9.000
34	Son's Income	7	28	11.143
35	Savings	5	20	27.200
36	Women's Income	5	20	16.200
37	Rice husking Machine	4	16	26.750
38	Clock	4	16	16.750
39	Utensil	3	12	20.333
40	Women's Mobility	3	12	20.000
41	Bathroom	3	12	20.000
40	Alive Children	2	8	10.000
43	Pump Machine	2	8	28.000
44	Electricity	2	8	15.500
45	Ornaments	2	8	29.000
46	Physical Exercise	2	8	29.500
47	Good Wife	1	4	20.000

Table 4: Results of Free list of the indicator of well-being done by the women

	Item	Frequency	RESP PCT	Average Rank
1	Money	25	100	1.080
2	Fixed income	25	100	4.240
3	Furniture	24	96	12.042
4	Livestock	24	96	12.458
5	Poultry	24	96	12.500
6	Well- built house	24	96	7.833
7	Having children	24	96	7.292
8	Three times meal	23	92	10.522
9	Children's education	23	92	9.348
10	Without illness	23	92	16.826
11	Good dress	22	88	9.045
12	Peaceful life	22	88	18.273
13	Land	21	84	1.952
14	Bedding material	21	84	15.286
15	Good food	20	80	12.150
16	Fruit tree	19	76	16.316
17	BRAC	19	76	15.842
18	Cosmetic and Toiletries	18	72	21.111
19	Electronic goods	16	64	16.938
20	Tubule	16	64	16.750
21	Small family	15	60	9.867
22	Slab latrine	14	56	18.714
23	Access to credit	13	52	16.538
24	Paka Ghatla	12	48	18.917
25	Sound sleep	12	48	22.167
26	Access to medical service	11	44	18.182
27	Son's education	10	40	12.500
28	Ornaments	10	40	19.200
29	Women's income	9	36	16.444
30	Pray	8	32	26.375
31	Children's income	8	32	13.750
32	Pond with fish	7	28	21.857
33	Own transport	7	28	19.000
34	Women's mobility	6	24	22.333
35	Clean environment	6	24	21:833
36	Son's income	6	24	9.500
37	Utensils	5	20	14.600
38	Having many son	5	20	8.200
39	Kitchen garden	4	16	23.250
40	Electricity	3	12	23.000
41	Alive Children	3	12	7.667
40	Rice husking machine	2	8	18.500
43	Alive husband	2	8	11.000
44	Bathroom	2	8	23.000
45	Savings	1	4	17.000
46	Crop stock	1	4	17.000
47	Daughter's education	1	4	8.000

Table 5: Rating of indicators (man and woman group)

Indicators						
	Essential for well-being		Second priority		Luxury	
	Man	Woman	Man	Woman	Man	Woman
Money	10	10	-	-	-	-
Fixed income	10	10	-	-	-	-
Well built house	6	7	3	3	1	-
Furniture	1	9	-	6	9	4
Livestock	5	1	5	9	-	-
Poultry	8	10	2	-	-	-
Having children	10	10	-	-	-	-
Children's education	10	10	-	-	-	-
Three times meal	10	10	-	-	-	-
Good food	3	1	7	9	-	-
Without illness	10	10	-	-	-	-
Good dress	7	1	3	9	-	-
Peaceful life Land	10	10	-	-	-	-
Bedding materials	6	3	4	7	-	-
Fruit tree	3	-	5	4	2	6
BRAC	7	4	3	6	-	-
Cosmetic and toiletries	1	4	7	6	1	-
Electronics goods	8	9	1	1	1	-
Tubewell	-	-	-	-	10	10
Small family	9	9	1	1	-	-
Access to medical service	10	10	-	-	-	-
	10	10	-	-	-	-
Slab Latrine	9	5	1	5	-	-

Figure 1: Social Map of Char Nilokhi Village (done by the villagers)

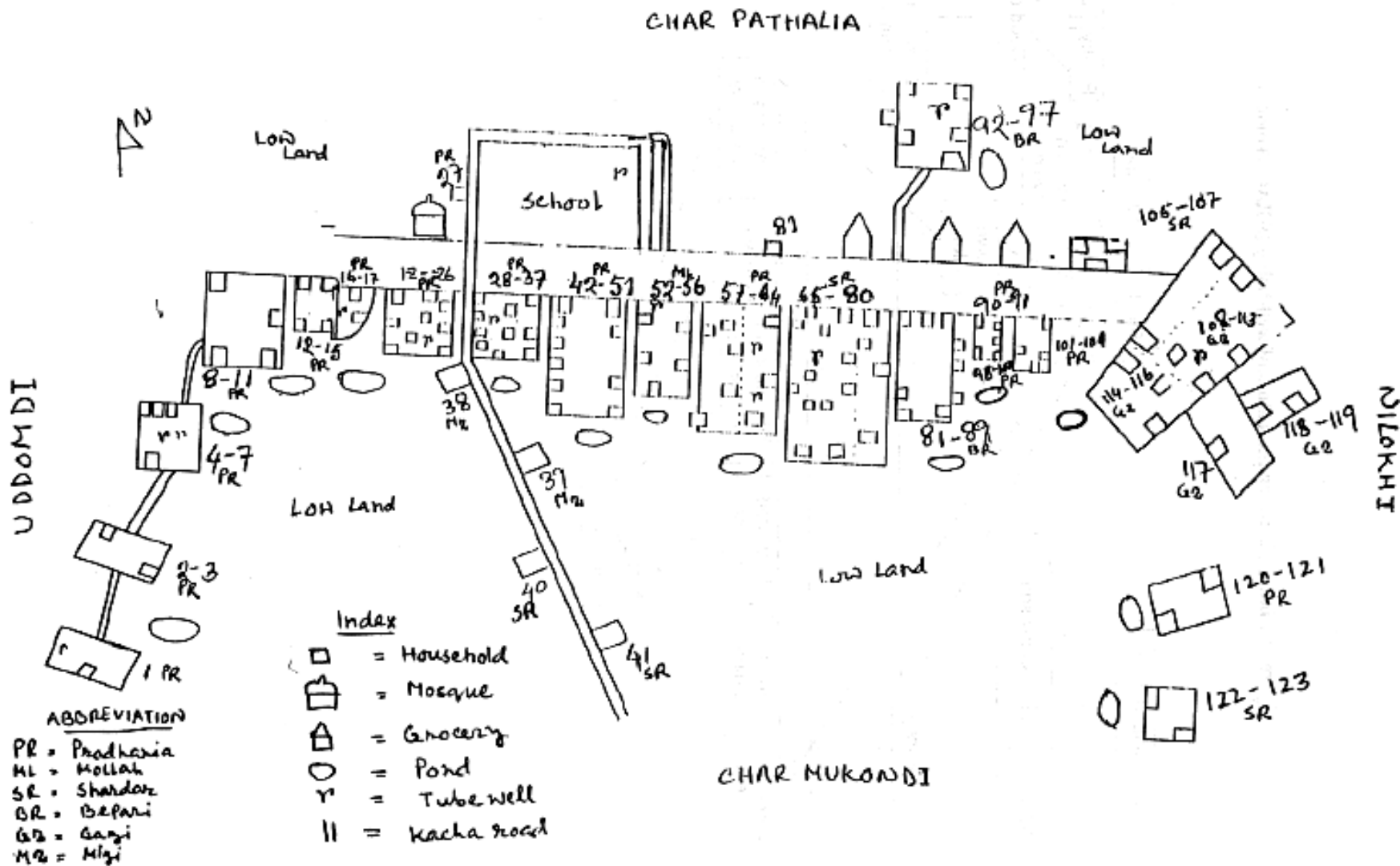


Figure 2: Linkage between indicators of well-being (BRAC Women)

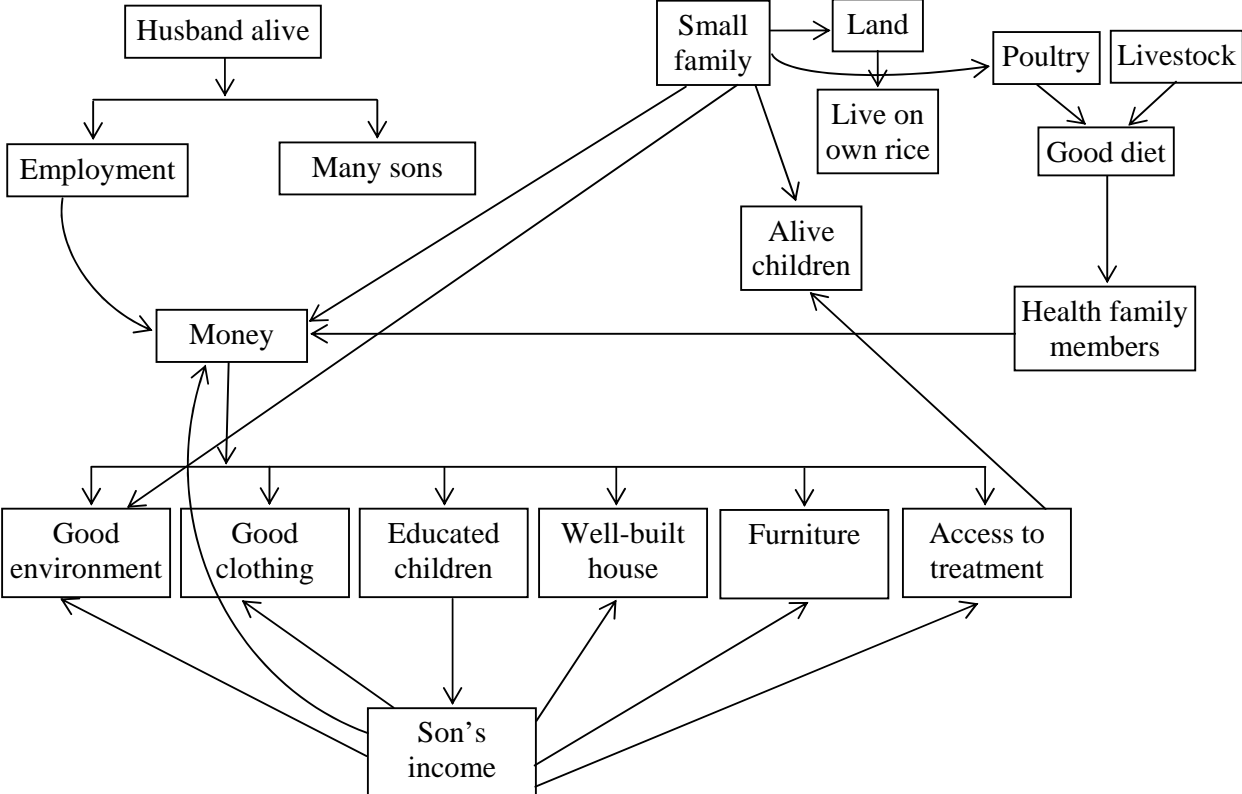


Figure 3: Linkage between indicators of well-being (TG Women)

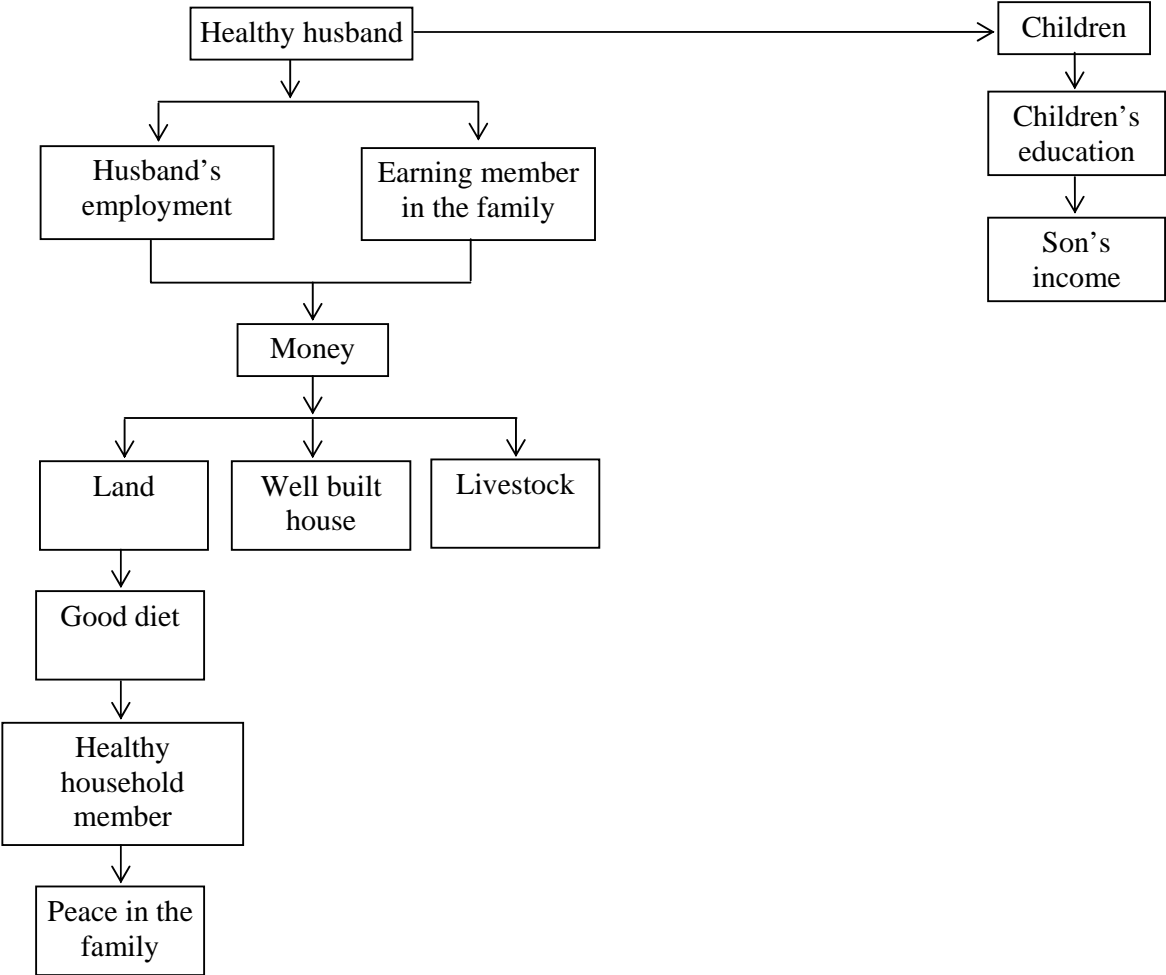


Figure 4: Linkage between indicators of well-being (Men)

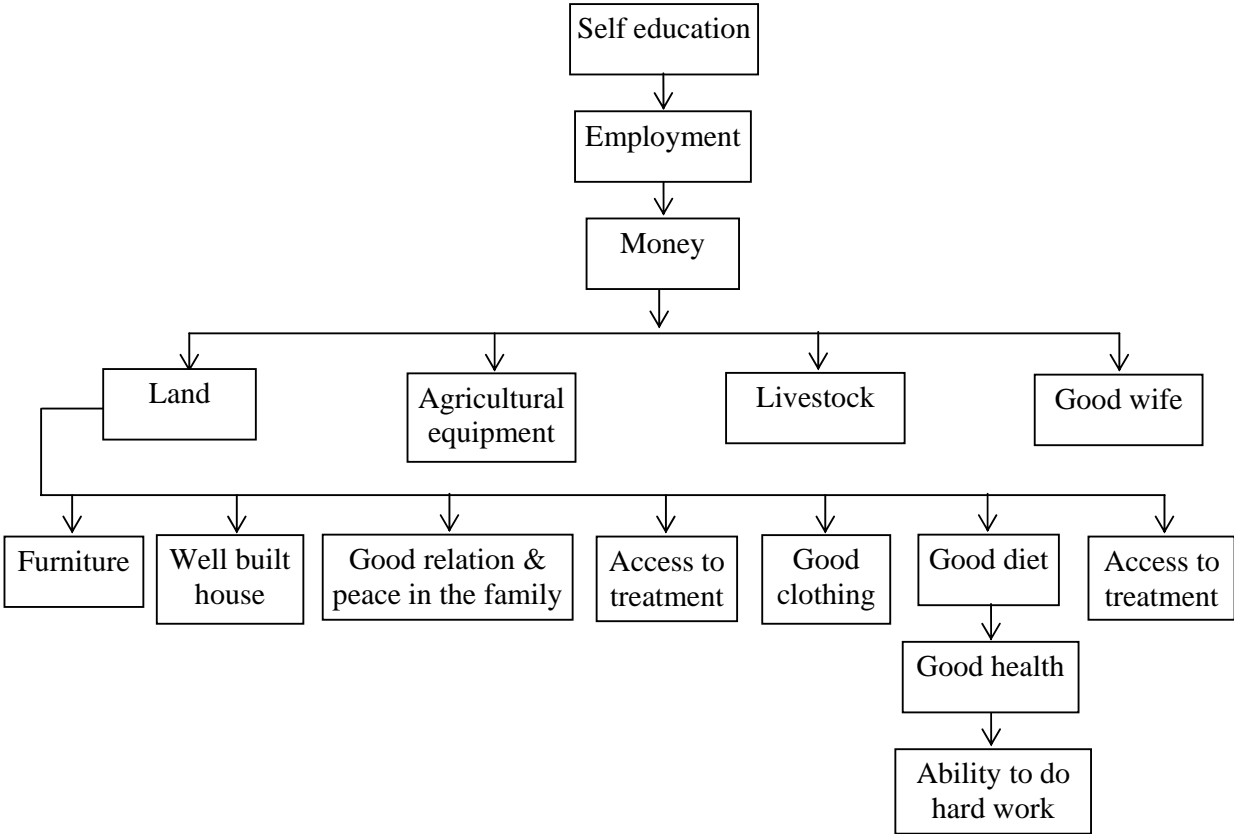


Figure 5: Problem Tree on BRAC Women

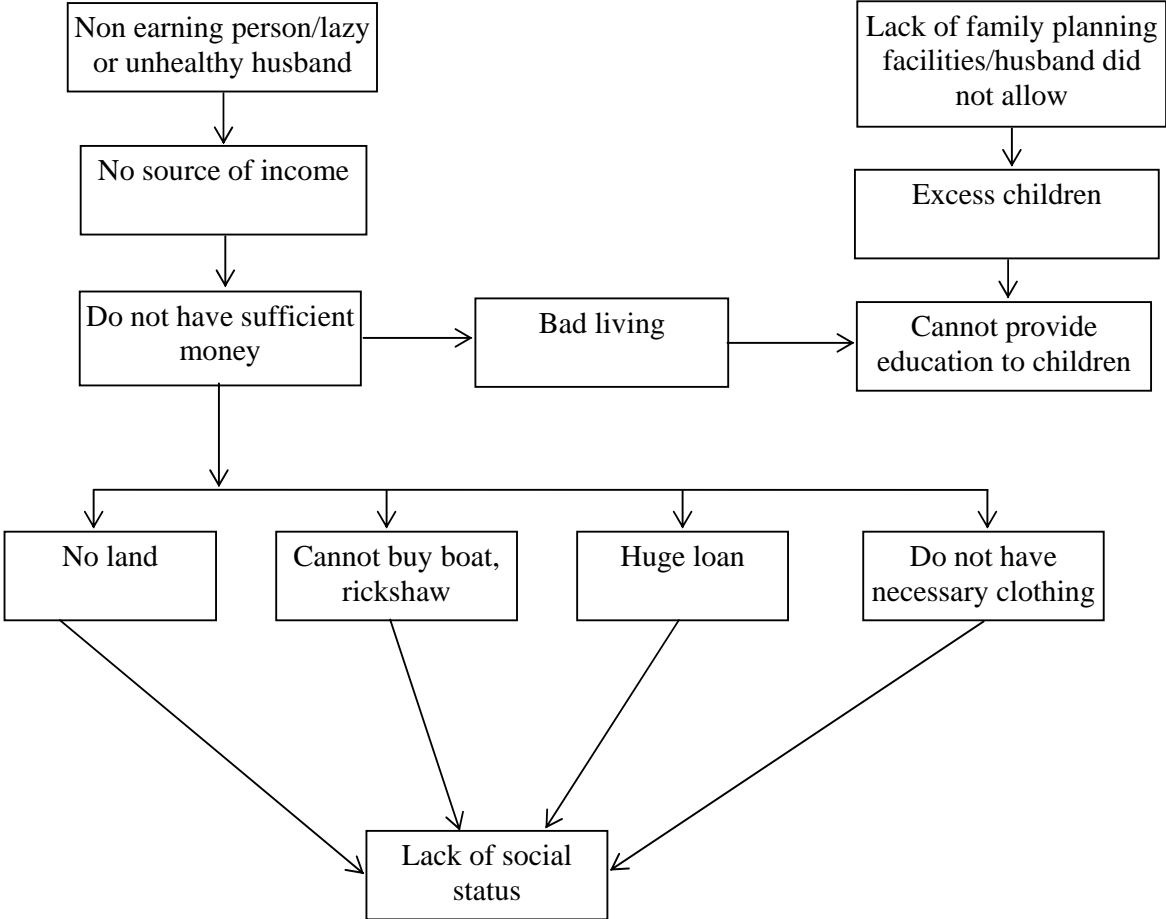


Figure 6: Problem Tree of TG Women

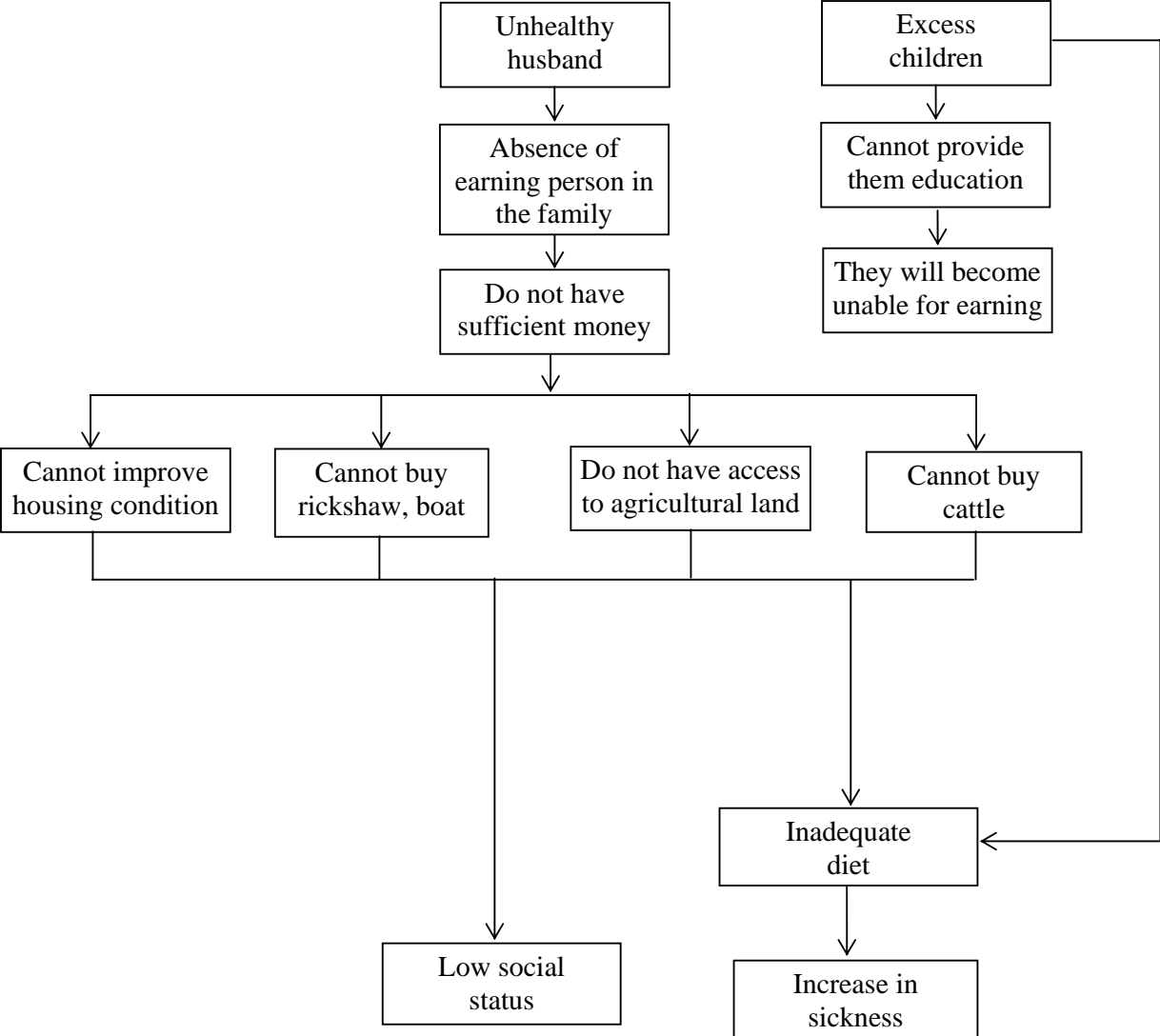
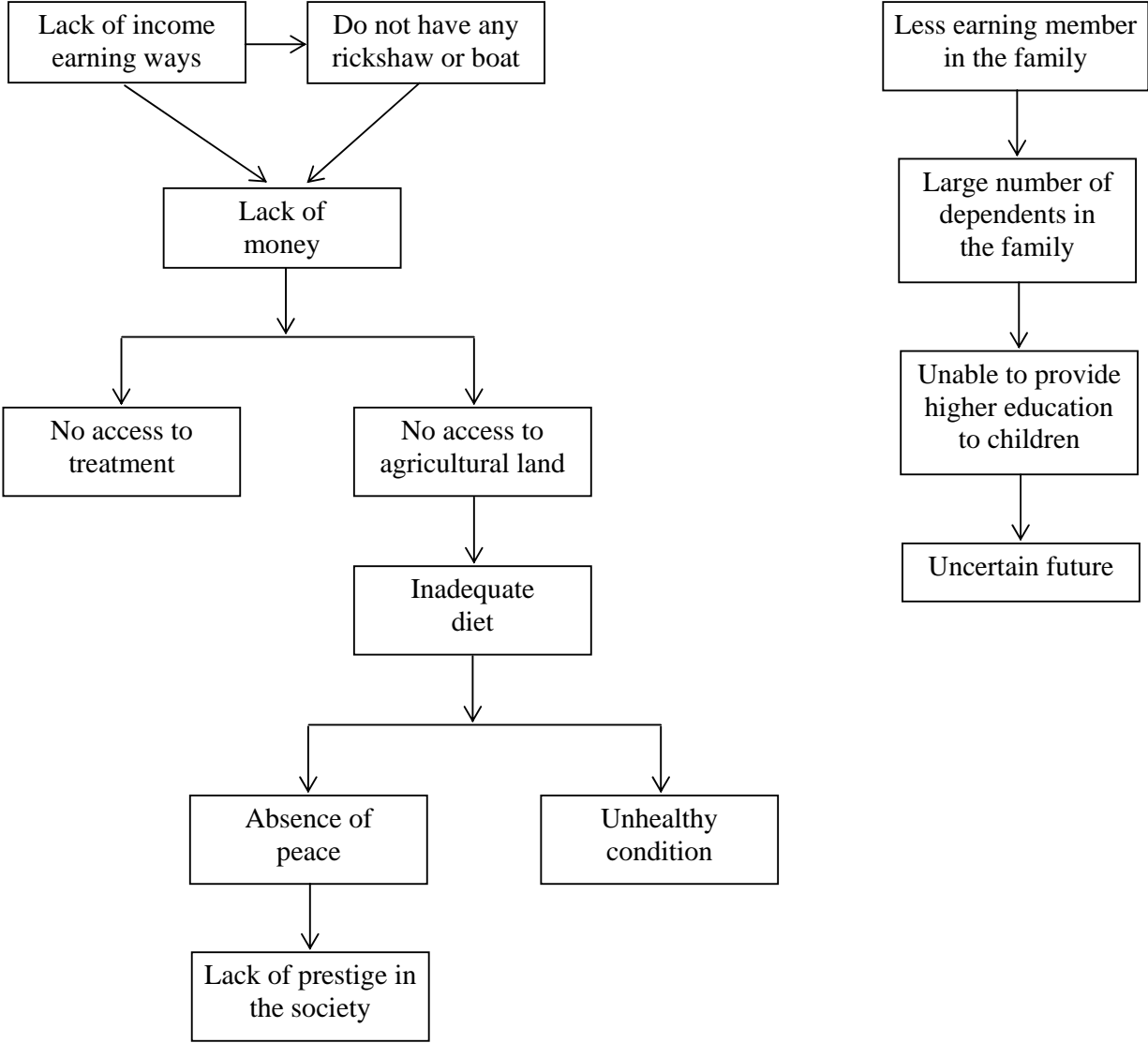


Figure 7: Problem Tree of Male



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15. Studies on the inputs of BRAC in Matlab: sanitary latrines, training, monthly meetings, legal awareness and credit -- *Sadhana Biswas, Syed Masud Ahmed, Sharmin Mahbub, Manzurul Mannan, Shahriar R Khan, Mahmuda Rahman Khan, Masud Rana, Samiha Huda, Shahed Hussain and Karen Moore, 1996*
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