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Social Stigma among the Rural Women in Bangladesh: Its Patterns and Consequences in Gopalpur Village of Natore District

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PhD Dissertation

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PhD Dissertation

Submitted to the Institute of Bangladesh Studies (IBS), University of Rajshahi in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Sociology

by

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Session: 2009-2010

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September 2014

Dedicated to

my parents

Declaration

I, SUMANA AKTER, do hereby declare that this dissertation, entitled "**Social Stigma among the Rural Women in Bangladesh: Its Patterns and Consequences in Gopalpur Village of Natore District**" is my original research work.

I further declare that this research dissertation, or any part of it, has not been submitted in the past for any degree or other purposes, to any other educational institution.

22 September 2014 **(Sumana Akter)**

Certificate

This is to certify that the dissertation entitled "**Social Stigma among the Rural Women in Bangladesh: Its Patterns and Consequences in Gopalpur Village of Natore District**" is a completely new and an original work accomplished by Sumana Akter. She has conducted this research under my supervision and guidance at the Institute of Bangladesh Studies (IBS), University of Rajshahi. As far as I know, the dissertation has not been submitted (wholly or partially) elsewhere for any degree or diploma or publication. I do hereby recommend her to submit the dissertation for the fulfillment of the requirement for the degree of Doctor of Philosophy in the discipline of Sociology under the Faculty of Social Science, Institute of Bangladesh Studies, University of Rajshahi.

22 September 2014

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- Sumana Akter

Abstract

This study on social stigma among the rural women in Bangladesh was conducted in the Gopalpur Village of Natore District during a period of four years, from 2010 to 2013. Stigma involves people making unfair moral judgments about other people. It allows people to separate themselves from people whom they stigmatize and eventually results in isolation and rejection for those people who are stigmatized. It also reinforces the power that the person who stigmatizes has over those people. Stigma lessens one's self-esteem and self confidence as well as brings about feelings of worthlessness, which makes it more difficult for the stigmatized to challenge discriminatory attitudes and behavior within society at large.

The objective of this study is to explore the patterns of social stigma and its consequences on rural women in Bangladesh. A blending of several methods, such as social survey method through scheduled interview, focus group discussion (FGD), informal meeting, spot observation have been used to explore and gain a critical view of overall aspects of social stigma and its consequences in the study area.

This study highlights many dimensions of research works carried out so far on social stigma and its patterns and consequences. Various issues were recorded as responsible for bringing about stigma to the rural women. Among these issues, level of education, incapability of reading religious books, activities of husband and children, childlessness, skin color, ailment, participation in cultural and political activities were dominant. Major consequences of these stigmas were—losing importance in decision making process, reduced social honor, physical and mental harassment, forced isolation from the society etc. Rural women adopted limited number of strategies to cope with their stigmatized situation. These were maintaining silence, crying and praying to God, paying dowry, making negotiations by spending money, and attempting to commit suicide.

Stigmas have enormous social and economic costs for individuals, their families and societies. Through the process of stigmatization, society, in the long run is deprived of the contributions, which could have been made by the stigmatized people using their inherent talents and skills. Societies in which there is less discrimination and less marginalization of various groups are healthier as well as more just societies. Social policies should promote inclusion of all people in socio-economic activities and prevent the processes of stigmatization and social exclusion.

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INTRODUCTION

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Introduction

Social interaction is the basis of society. Without interaction, it is impossible to form a society. These interactions can be classified into two categories namely verbal and non-verbal. Verbal interaction encompasses use of language. Uses of certain words are shared by a population. In this kind of interaction, meaning of the words and perception about the word is very important. It also involves group boundary where the words are used. Use of a word can be considered normal at certain times but at other times, it can be considered abominable. All these are under the mazeway of society.[1] Use of words considering different social variables such as age, gender, role, status, group identity, birth place, behavior, physical appearance etc. are crucial and the intonation of the used words can express whether it is normally or abnormally used to designate an individual or a group. Nonverbal interaction encompasses gestures, postures and broadly body languages that we use during social interaction. Body languages generally have very strong meaning among a defined culture and society. Laughing, weeping, crying, ache glance, and use of the body organs can also express meanings as well as carry an indication of support, affection, negligence, insulations etc. In both kinds of interaction, human beings often label people and their behavior are marked as normal and abnormal as per the mental perception of his or her society and culture.

1.1 Social stigma

Labeling is used in society to emphasize some quality aspects of individual or group. Social stigma is such a kind of label that is used to devalue deviant members of a society where deviance is regarded by the concerned group as unusual behavior. In

[1] Anthony FC Wallace and Robert S Grumet eds., *Revitalizations and mazeways: essays on culture change* (USA: University of Nebraska Press, 2003), pp. 170-172.

explicit definitions, Goffman's lexicon of stigma as an "attribute that is deeply discrediting" and that reduces the bearer "from a whole and usual person to a tainted, discounted one" is often found.[2] Since Goffman, alternative or elaborated definitions have varied considerably. For example, stigma "is a characteristic of persons that is contrary to a norm of a social unit" where a "norm" is defined as a "shared belief that a person ought to behave in a certain way at a certain time."[3] Another effort in this case is that "stigmatized individuals possess (or are believed to possess) some attribute, or characteristic, that conveys a social identity that is devalued in a particular social context."[4] Again, stigma can be viewed as a relationship between an "attribute and a stereotype."[5] Link & Phelan (1999) have added the component of discrimination to the above definition of social stigma.[6] Social stigma is also an aspect of social control as devaluation can be a penalty aspect in human society.

According to prevailing social norms, stigma is an attribute which is deeply discrediting, marks a person as tainted and allows the target to be denigrated. The targeted person, whose identity and belonging are called into question, is devalued, compromised, and considered less than fully human. As a result, stigma deprives the target of her dignity, limits opportunities, challenges humanity, and interferes with full participation in society.[7]

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[2] Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (NJ Englewood Cliffs: Prentice Hall, 1963), p. 3.

[3] MC Stafford and RR Scott, "Stigma deviance and social control: some conceptual issues" in *The Dilemma of Difference,* eds. SC Ainlay, G Becker, LM Coleman (New York: Plenum, 1986), pp. 80-81.

[4] J Crocker, B Major and C Steele, "Social stigma" in *The Handbook of Social Psychology*, eds.DT Gilbert, ST Fiske (Boston, MA: McGraw-Hill,1998), p. 505.

[5] E Jones, A Farina, A Hastorf, H Markus, DT Miller and R Scott, *Social Stigma: The Psychology of Marked Relationships* (New York: Freeman, 1984), p. 9.

[6] BG Link and JC Phelan, "Labeling and stigma" in *The Handbook of the Sociology of Mental Health*, eds. CS Aneshensel and JC Phelan (New York: Plenum, 1999), pp. 227-229.

[7] CS Crandall, "Ideology and lay theories of stigma: The justification of stigmatization" in *The social psychology of stigma*, eds. T.F. Heatherton, R.E. Kleck, M.R. Hebl and J.G. Hull (New York: The Guilford Press, 2000), pp. 126-152.

1.2 Components

The term stigma dates back to the Greeks who cut or burned marks into the skin of criminals, salves, and traitors in order to identify them as immoral people that should be avoided. Nowadays stigma is not merely a physical mark but rather an attribute that results in wide spread social disapproval a discrediting social difference that yields a "spoiled social identity", to use Goffman's terms. Stigma comprises of two fundamental components- (1) the recognition of difference and (2) devaluation.[8] Stigma occurs in social interactions. It is not considered to reside in the person but rather in the social context.[9] What is stigmatizing in one social context may not be stigmatizing in another situation.

Stigmatization can be overt. It can manifest in withdrawal from interaction, avoidance, social rejection, discounting, discrediting, dehumanizing and depersonalizing others into stereotypic caricatures. Stigma can also be subtle. For example, stigma can arise as non verbal expression of discomfort (e.g. a lack of eye contact) that results in tense social interactions between stigmatized and non-stigmatized individuals.[10]

Although Goffman discussed examples of stigma emanating from race and ethnicity alongside example of stigma due to disabilities and moral infractions (abominations of the body and character blemishes), since that time within psychology and particularly within social psychology, two overlapping research literatures have emerged-namely the study of prejudice and the study of stigma. According to Phelan *et al.* (2008) research on prejudice characteristically has focused on different topics than research on stigma. Prejudice research is more often concerned with processes driven by inter group domination and exploitation e.g. ethnicity, whereas stigma

[8] *Ibid*.

[9] J Crocker, B Major and C Steele, "Social stigma" in *The Handbook of Social Psychology 4th edition*, Vol. 2, eds. DT Gilbert, ST Fiske (Boston, MA: McGraw-Hill,1998), pp. 504-553.

[10] MR Hebl, J Tickle, and TF Heatherton, (2000) "Occurred moments in interaction between non-stigmatized and stigmatized individuals" in *The social psychology of stigma* eds. T F Heatherton, R E Kleck, M R Hebl and J G Hull (New York: Guilford Press), pp. 243-272.

research has focused more on processes driven by norm enforcement (e.g. deviant identity or behavior) and disease avoidance (illness or disabilities).[11]

Stigma can be seen as the relationship between an attribute and stereotype. Stigma exists when the following interrelated components converge-

1) On distinguishing and labeling differences > the vast majority of human differences are ignored and are therefore socially irrelevant. Some of these- such as the color of one's car, the last three digits of one's social security number or whether one has hairy ears are routinely but not always overlooked. Many others such as one's food preferences or eye color are relevant in relatively few situations and are therefore typically in consequential in the large scheme of things. But other differences such as one's skin color, IQ, sexual preferences, or gender are highly salient at this time. The point is that there is a social selection of human differences when it comes to identifying differences that will matter socially. The full weight of this observation is often overlooked because once differences are identified and labeled, they are typically taken for granted as being just the way things are –there are black people and white people, blind people and sighted people. The taken for granted nature of these categorizations is one of the reasons that designations like these carry such weight. The central role of the social selection of human differences is revealed by noting that the attributes deemed salient differ dramatically according to time and place. For example, in the late nineteenth century, human physical characteristics such as small foreheads and large faces were particularly salient. These characteristics were thought to be ape-like and were believed to reveal the criminal nature of the people possessing them.[12] Of course, cultures vary extensively in characteristics deemed socially significant. Because human differences are socially selected for salience, we have chosen to use the word 'label' rather

[11] JC Phelan, BG Link and JF Dovidio, "Stigma and prejudice: One animal or two?", *Social Science & Medicine*, Vol. 67 (2008), pp 358-367.

[12] JS Gould, *The Mismeasure of Man* (New York: Narton, 1981)

than 'attribute', 'condition' or 'mark'. Each of this latter term locates the thing that is being referred to in the stigmatized person and risks obscuring that its identification and election for social processes. In contrast, a label is something that is affixed. Moreover, in the absence of qualifications, terms like ''attribute', 'condition' or mark imply that the designation has validity. In contrast the word 'label' leaves the validity of the designation an open question- an option that has great utility as for example, when one wishes to discuss the stigma some women experienced as a consequence of being labeled witches.

2) On associating human differences with negative attributes- The second component of stigma occurs when labeled differences are linked to stereotypes. This aspect of stigma was highlighted in Goffmans work and has been central to the conceptualization of stigma ever since. It is the aspect of stigma that has been most salient in the psychological literature about stigma, because it poses critical questions of a psychological nature about the thought processes that facilitate connections between labels and stereotypes. Consistent with this emphasis in psychology is the centrality of this dimension in psychologists definitions of stigma. For example, Crocker and Colleagues (1998) define stigma as noted above, as an 'attribute or characteristic that conveys a social identity that is devalued in a particular context.[13] The term stigma involves a label and a stereotype, with the label linking a person to a set of undesirable characteristics that form the stereotype. An example of this component is evident in a vignette experiment conducted by Link *et al.*[14] The study experimentally manipulated labeling, tagging a random half of the vignettes 'former mental patients' and the other half 'former back-pain patients'. It also included a measure of the extent to which respondents believed that mental patients in general were

[13] J Crocker, B Major and C Steele, "Social stigma" in *The Handbook of Social Psychology 4th edition*, Vol. 2, eds. DT Gilbert, ST Fiske (Boston, MA: McGraw-Hill, 1998), pp. 504-553.

[14] Link *et al.*, "The social rejection of ex-mental patients: understanding why labels matter", *American Journal of Sociology,* Vol. 92, (1987), pp. 1461-1500.

'dangerous' when the vignette described a former back-pain patient, beliefs about the dangerousness of people with mental illness played no part in rejecting responses toward the vignette subject. When the vignette described a former mental patient, however, these beliefs were potent predictors of rejecting responses: Respondents who believed mental patients were danger ous reacted negatively to the person described as a former mental patient in the vignette. Apparently for many people, the 'mental patient' label linked the described person to stereotyped beliefs about the dangerousness of people with mental illness, which in turn led them to desire for social distance from the person. As indicated above, this connection between labels and stereotypes has been a major aspect of the psychological study of stigma in recent years, following the social cognitive approach.[15] This intriguing and very fruitful body of research seeks to elucidate the cognitive processes underlying the use of categories and the linking of those categories to stereotypes.[16]

3) On separating 'us' from 'them'- A third feature of the stigma process occurs when social labels cannot separate of 'us' from 'them'. United States history and politics offer many examples as established old-order American defined African-American slaves, American Indians, and successive waves of immigrants as out groups- the 'them' who were very different from us. Few groups were entirely spared. And of course, while the groups representing 'us' and 'them' have changed, this separation is still prominent today. 'They' are a menance to 'us' because they are immoral, lazy and predatory.[17] Other components of the stigma process- the linking of labels to undesirable attributes- become the rationale for believing that negatively labeled persons

[15] ST Fiske, "Stereotyping, prejudice and discrimination", in *The Handbook of Social Psychology 4th edition*, Vol. 2, eds. DT Gilbert, ST Fiske (Boston, MA: McGraw-Hill,1998), pp. 504-553.

[16] J Crocker, B Major and C Steele, "Social stigma" in *The Handbook of Social Psychology 4th edition*, Vol. 2, eds. DT Gilbert, ST Fiske (Boston, MA: McGraw-Hill,1998), pp. 504-553.

[17] JA Morone, "Enemies of the people: the moral dimension to public health", *J. Health Polit. Policy Law,* Vol. 22, (1997), pp. 993-1020.

are fundamentally different from those who don't share the label- different types of people. At the same time, when labeled persons are believed to be distinctly different, stereotyping can be smoothly accomplished because there is little harm in attributing all manner of bad characteristics to 'them'. In the extreme, those who are different from 'us' are regarded to be not really human. And again, in the extreme, all manners of horrific treatment to 'them' becomes possible.

4) Status loss and discrimination- In the stigma process, the labeled person experiences status loss and discrimination. Most definitions of stigma do not include this component, but as we shall see, stigma cannot hold the meaning we commonly assign to it when this aspect is left out. When people are labeled, set apart, and linked to undesirable characteristics, a rationale is constructed for devaluing, rejecting, and excluding them. Thus people are stigmatized when they are labeled, set apart, and linked to undesirable characteristics leads them to experience status loss and discrimination.

An immediate consequence of successful negative labeling and stereotyping is a general downward placement of a person in a status hierarchy. The person is connected to undesirable characteristics that reduce her status in the eyes of the stigmatizer. Men and whites are more likely than women and blacks to attain positions of power and prestige- they talk more frequently, have their ideas more readily accepted by others, and are more likely to be voted group leader.[18] It is important to research on stigma because they show how having a status that is devalued in the wider society can lead to very concrete forms of inequality in the context of social integrations within small groups. Although inequalities in status-related outcomes definitely occur in the groups, they do not result from forms of discrimination that would be readily apparent to a casual observer. Instead group members use external statuses like race and gender, to create performance

[18] B Mulien, E Salas, JE Driskell, "Salience, motivation, and artifact as contributions to the relation between participation rate and leadership", *J. Exp. Soc. Psychol.,* Vol. 25, (1989), pp. 545-559.

expectations that then lead to a labyrinth of details that involve taking the floor, keeping the floor, referring to the contributions of others, head nodding, interrupting and the like, This is important to research on stigma because it shows that substantial differences in outcome can occur even when it is difficult for participants to specify a single event that produced the unequal outcome.

Discrimination occurs in many ways, two of which are emphasized here. First, individual discrimination- The standard way of conceptualizing the connection between labeling, stereotyping and discrimination in the stigma literature follows a relatively simplistic formulations. The importance of attitudes and beliefs are thought to lie in weather, "A"s labeling and stereotyping of person 'B' leads person 'A' to engage in some obvious forms of overt discrimination directed at persons B, such as rejecting a job application, refusing to rent an apartment, and so on. Second, structural discrimination. The concept of institutional racism sensitizes us to the fact that all manner of disadvantage can result outside of a model in which one person does something bad to another. Institutional racism refers to accumulated institutional practices that work to the disadvantage of racial minority groups even in the absence of individual prejudice or discrimination. For example, employers (more often white) rely on the personal recommendations of colleagues or acquaintances (more often white and more likely to know and recommend white job candidates) for hiring decisions. The same kind of structural discriminations is, of course, present for other stigmatized groups. For example, disabled persons may be limited in their ability to work not so much because of their inherent limitations but because they are exposed to what Hahn (1983) calls 'a disabling environment' created by the barriers to participation that reside in architecture we humans have constructed.[19] Consider some possible examples of structural discriminations for a mental illness like schizophrenia. Because the illness is stigmatized, less funding is dedicated to research about it than for other illnesses and less money is allocated to adequate care and management. To the extent that the stigma of schizophrenia has created

[19] H Hahn, "Paternalism and public policy", *Society* XX, (1983), pp. 36-46.

such a situation, a person who develops this disorder will be the recipient of structural discrimination whether or not anyone happens to treat her in a discriminatory way because of some stereotype about schizophrenia. Stigma has affected the structure around the person, leading the person to be exposed to a host of untoward circumstances.

Status loss as a source of discrimination. Lower placement in a status hierarchy can begin to have effects of its own on a persons life chances, Low status might make a person less attractive to socialize with, to involve in community activities, or to include in a business venture that requires partners who have political influence with local politicians. In this way, a lower position in the status hierarchy can have a cascade of negative effects on all manner of opportunities. Because the discrimination that occurs is one step removed from the labeling and stereotyping, it is easy to miss the more distal effects of these factors in any accounting of the effects of these stigma components.

Once the cultural stereotype is in place, it can affect labeled persons in important ways that do not involve obvious forms of discriminatory behavior on the part of people in the immediate presence of the stigmatized person. According to modified labeling theory about the effects of stigma on people with mental illness, people develop conceptions of mental illness early in life as part of socialization into our culture. Once in place, people's conceptions become a lay theory about what it means to have a mental illness. People form expectations as to whether most people will reject an individual with mental illness as a friend, employee, neighbor, or intimate partner and whether most people will devalue a person with mental illness as less trustworthy, intelligent and competent. If one believes that others will devalue and reject people with mental illness, one must now fear that this rejection applies personally. The person may wonder, "will others look down on me, reject me, simply because I have been identified as having a mental illness?" Then to the extent that it becomes a part of a person's world view, that perception can have serious negative consequences. Expecting and fearing rejection, people who have

been hospitalized for mental illness may act less confidently and more defensively, or they may simply avoid a potentially threatening contact altogether. The result may be strained and uncomfortable social interactions with potential stigmatizers,[20] more constricted social networks,[21] a compromised quality of life,[22] low self-esteem,[23] depressive symptoms,[24] unemployment and income loss.

1.3 Types

Stigmatization occurs on societal, interpersonal, and individual levels. Pryor and Reeder (2011)[25] articulated a conceptual model that seeks to bring greater clarity to the current but diverse literature on stigma. This model depicts four dynamically interrelated manifestation of stigma, (1) Public stigma- It is the core of the model and represents people's social and psychological reactions to someone they perceive to have a stigmatized condition. Public stigma comprises the cognitive, affective, and behavioral reaction of those who stigmatize. (2) Self-stigma- It reflects the social and psychological impact of possessing a stigma. It includes both the apprehension of being exposed to stigmatization and the potential internalization of the negative beliefs and feelings associated with the stigmatized condition. (3) Stigma by association- Stigma by association is analogous to Goffman's courtesy stigma and entails social and psychological reactions to people associated with a stigmatized person e.g. family and friends as well as people's reactions to being associated with a

[20] Farina *et al.,* "The role of the stigmatized in affecting social relationships", *J. Personality,* Vol. 36, (1968), pp. 169-82.

[21] Link *et al.,* "A modified labeling theory approach in the area of mental disorder: an empirical assessment", *Am. Sociol. Rev.,* Vol. 54, (1989), pp. 100-23.

[22] S Rosenfield, "Labeling mental illness: the effects of received services and perceived stigma on life satisfaction", *Am. Sociol. Rev.*, Vol. 62, (1997), pp.660-72.

[23] Wright *et al.,* "Deinstitutionalization, social rejection, and the self-esteem of former mental patients", *J. Health Sco. Behav.,* Vol. 41, (2000), pp. 68-90.

[24] Link *et al.* "On stigma and its consequences: Evidence from a longitudinal study of men with dual diagnoses of mental illness and substance abuse", *J. Health Soc. Behav,* Vol. 38, (1997), pp. 177-90.

[25] JB Pryor and GD Reeder, "HIV-related stigma" in *HIV/AIDS in the Post-HAART Era. manifestations treatment and Epidemiology* eds. J C Hall and C J Cockerell (Shelton CT: PMPH-USA, Ltd., 2011), pp. 790-806.

stigmatized person. (4) Structural stigma- Structural stigma is defined as the legitimatization and perpetuation of a stigmatized status by society's institutions and ideological systems.

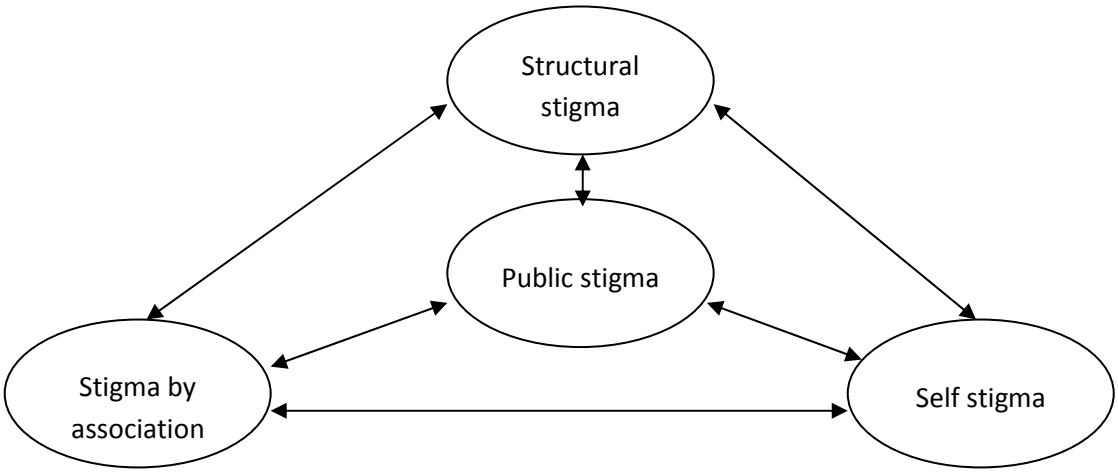


Figure 1.1: Four types of stigma (adopted from Pryor and Reeder, 2011)[26]

The four manifestations of stigma are interrelated. However, public stigma- the consensual understanding that a social attribute is devalued- is considered to be at the core of the other three manifestations.

The origin of stigmatization lies in the cognitive representations that people hold regarding those who possess the stigmatized condition. These cognitive features of a stigmatized condition can trigger negative emotional and behavioral reactions. High levels of perceived severity evoke both anxiety and sympathy on the part of perceivers and the occurrence of both emotions simultaneously can yield emotional ambivalence and awkward interactions.

[26] *Ibid.*

Perceived dangerousness elicits fear and avoidance in perceivers. Moreover, perceptions of norm violation are positively related to anger and social exclusion, and negatively related to sympathy. Perceptions of norm violation have played a fundamental role in the stigmatization of people with HIV as traditionally HIV has been associated with promiscuity, prostitution, homosexuality, and intravenous drug use, all of which have, at some time, been or are still considered deviant.

Self-stigma can result from an awareness of public stigma, as people with stigmatized conditions are keenly aware of the social devaluation connected with their condition. Like public stigma self-stigma has cognitive, affective and behavioral components. Public stigma affects the self in three ways: (1) through enacted stigma, which is the negative treatment of a person possessing a stigmatized condition, (2) through felt stigma, which is the experience of stigmatization on the part of the person with a stigmatized condition, and (3) through internalized stigma, which is the reduction of self-worth and accompanying psychological distress experienced by people with a stigmatized condition.[27]

Stigmatization not only affects those who possess a stigmatized condition, it also impacts others. Devaluation seems to take place not only when there is a meaningful connection between a non-stigmatized and a stigmatized person (e.g. family relationships) but also when the connection is purely arbitrary (e.g. as a result of pure proximity). Perceptions of stigma by association have been found to be related to lower self-esteem and psychological distress in those connected with stigmatized individuals. People often try to hide their relationship to a stigmatized family member or encourage that member to hide her condition. Stigma by association also can have an impact on people other than family who have developed social connections to stigmatized persons such as AIDS volunteers.[28]

[27] GM Herek, "Confronting sexual stigma and prejudice: theory and practice", *Journal of Social Issues* Vol. 63, (2007), pp. 905-925.

[28] M Snyder, A M Omoto and A L Crain, "Punished for their good deeds: Stigmatization of AIDS volunteers", *American Behavioral Scientist,* Vol. 42 (1999), pp. 1175-1192.

1.4 Stigma and social structure

Stigma reproduces existing social inequalities and is perpetuated by hegemony and the exercise of social, economic and political power. Societal structures promoting stigmatization vary cross-culturally and historically. As a result, the examination of structural stigma requires the examination of the social context in which that stigma occurs and the local knowledge systems that contribute to structural stigma.[29]

Stigma demands the assessment of multiple out comes. First, stigma involves status loss- a downward placement in the status hierarchy. To the extent that this occurs, we can expect members of stigmatized groups to accrue all manner of untoward outcomes associated with lower placement in a status hierarchy, ranging from the selection of sexual partners to longevity. Second, structural discrimination can produce negative outcomes that have little to do with the stereotyped beliefs that initially motivated the structural discrimination. As a consequence, people with mental illness are much more likely to be victimized than other people. Third, people's efforts to cope with stigma may have untoward consequences that are seemingly unrelated to the stereotype. According to James *et al.* (1994), under some conditions the coping efforts bears costs in the form of hypertension.[30] In short stigma can involve many outcomes.

When powerful groups forcefully label and extensively stereotype a less powerful group, the range of mechanisms for achieving discriminatory outcomes is both flexible and extensive. Three generic types of mechanisms-individual discrimination, structural discrimination, and discrimination that operates through the stigmatized persons beliefs and behaviors are important. There are many ways to achieve structural discrimination, many ways to directly discriminate, and many ways in which stigmatized persons can be encouraged to believe that they should not enjoy full and equal participation in social and economic life. Moreover, if the mechanisms

[29] M Foucault, *Discipline and Punish* (New York: Pantheon, 1977).

[30] James *et al.* "John Henryism and blood pressure differences among black men: II. The role of occupational stressors", *J. Behav. Med,* Vol. 7 (1984), pp. 259-75.

that are currently in place are blocked or become embarrassing to use, new ones can always be created. This is the main reason that stigma is such a persistent predicament. When people in a stigmatized group take action to avoid a negative consequence, they frequently do so by counteracting the specific mechanism that leads to the undesirable outcome they seek to escape. But when the range of possible mechanisms is broad, the benefit is only temporary because the mechanism that has been blocked or avoided can be easily replaced by another.

Stigma is a persistent predicament is not to say that every individual in a group suffers the same outcome. Individual differences in personal, social and economic resources also shape the life circumstances of persons in stigmatized groups, there by producing substantial variation within stigmatized groups in any outcome one might consider. Thus no one is fully trapped in a uniform disadvantaged position. All of the other characteristics of persons influence an outcome in the same way they influence outcomes for persons who are not members of the stigmatized group in question. The persistent predicament refers to a general pattern of disadvantage that is connected to stigma processes of labeling, stereotyping, status loss, and discrimination.

Social structures empower and privilege some people, often at the expense of others. Power differences are essential for the production of stigma. For example, experiences of stigmatization are more likely among people who live in poverty or who lack social capital. Other cultural-determined factors such as the degree to which people are held responsible for life outcomes are also important.[31]

Stigma processes have a dramatic and probably a highly underestimated impact on life chances, such as earnings, social ties, housing, criminal involvement, health, or life itself. We often find some level of effect for a particular stigmatized group on a particular outcome. It is also usually true that many factors other than the stigma processes in question influence the outcome, leaving stigma as just one factor

[31] CS Crandall and D Moriarty, "Physical illness of social psychology rejection", *British Journal of Social Psychology,* Vol. 34, (1995), pp. 67-83.

among many. This can lead to the conclusion that stigma matters but that its effect is relatively modest compared to other factors. This type of argument is misguided for two reasons. First, in seeking to understand the impact of stigma for a particular circumstance, one must keep in mind that it can affect many life chances, not just one. Thus a full consideration must take into account the overall effect on a multitude of outcomes. Second, there are a host of stigmatizing circumstances that need to be considered in studying a particular outcome. A full assessment of the impact of stigma on such an outcome must recognize that many stigmatizing circumstances contribute to that outcome and not just the one selected for the particular study. When viewed broadly, stigma processes are likely to play a major role in life chances and deserve scrutiny not just by investigators belonging to a single discipline, but by a variety of social scientists.

Almost forty years after the publication of Goffman's book on stigma, we revisited the concept in the light of research that has been undertaken in the interim. We constructed a revised conceptualization of the term. In our definition, stigma exists when elements of labeling, stereotyping, separating, status loss, and discrimination co-occur in a power situation that allows these processes to unfold. Our conceptualization suggests that stigma is likely to be a key determinant of many of the life chances that sociologists study, from psychological well-being to empowerment, housing and life itself. The incorporation of stigma concepts and measures in research focused on life chances would provide investigators in many areas of sociological research with additional possibilities for understanding the social distributions of the particular outcomes that are the focus of their attention. Most importantly, however, such an endeavor would tell us much more than we already know about the conditions under which stigma is revealed to untoward outcomes in real life situations, knowledge of this sort should form the basis for the kinds of multifaceted multilevel interventions that represent our best hope for producing real change in stigma-related processes.

Research on social stigma has grown significantly over the last twenty years. A great deal of overlap is found in interests across disciplines regarding this issue there are some differences in emphasis. Even within disciplines, people approach the concept of stigma from different theoretical orientations that produce somewhat different visions of what should be included in defining the concept. Thus, different frames of reference have led to different conceptualizations. The present research will also operationalize social stigma mainly under the sociological framework. Lack of research initiatives in Bangladesh indicates that social stigma as a research area, particularly from a sociological perspective needs to be explored and hence is very important. In a gender biased society like Bangladesh, social stigma among rural women deserves special attention.

1.5 Statement of the problem

The concept of social stigma constitutes a number of interrelated elements.

- First, people distinguish and label human differences through interaction. Most of these human differences are considered as negligible and socially trivial. For example, one's food preferences are relevant in relatively few situations and are therefore insignificant in the large scheme of things. But other differences, such as one's physical size and shape, skin color, or gender identity are highly significant in rural Bangladesh. So, human differences are socially selected.

- Second, prevalent cultural beliefs and practices relate labeled persons to negative stereotypes. It is dominant in the psychological literature. It bears critical questions of a psychological nature about the cognition that connects labels and stereotypes.

- Third, labeled persons are placed in distinct categories for furnishing a separation wall of "us" from "them." A rationale is built in society for believing that negatively labeled persons are basically distinct from others

who are not negatively labeled. This kind of rationale can smoothly fortify stereotyping. There is little harm in qualifying all types of negative characteristics to "them." At the apex, the stigmatized individual or group is taken so different from "us" as to be not really human. Consequently, all kinds of horrific treatment to "them" become possible.

- Fourth, labeled persons experience status loss and discrimination that lead to unequal outcomes. People are labeled, set apart, and linked to undesirable aspects. Devaluation, rejection and social exclusion come into being in society.

- Eventually, stigmatization creates contingency on access to social, economic, and political power. This can shrink individual access points and thus lead to creation of obstacles in the way of upward social mobility.

- Therefore, the term social stigma can be executed when elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation.

Cultural stereotyping affect labeled persons in significant ways. Most people reject a cheat as friend, employee, neighbor, or an intimate partner and devalue a cheat as less trustworthy, socially competent and pious. These beliefs have an especially poignant relevance for a person who develops cheating, because the possibility of devaluation and discrimination becomes personally relevant.

If powerful groups are motivated to discriminate against a stigmatized "them," there are many ways in which such discrimination can be achieved. If stigmatized persons cannot be persuaded to voluntarily accept their lower status and inferior rewards, direct discrimination can be used to accomplish the same outcome. If direct discrimination becomes ideologically difficult, sophisticated forms of structural discrimination—such as tests that induce threats of becoming stereotyped—can achieve some of the same ends. The mechanisms are mutually reinforcing as well. To

the extent that stigmatized groups accept the dominant view of their lower status, they are less likely to challenge structural forms of discrimination that block opportunities they desire. Further, direct discrimination reinforces the belief among stigmatized groups that they will be treated in accordance with stereotypes and therefore reinforces processes like those explicated in the context of modified labeling theory and the stereotype-threat concept. From this vantage point, stigma is a predicament in the sense that as long as dominant groups sustain their view of stigmatized persons, decreasing the use of one mechanism through which disadvantage can be accomplished simultaneously creates the impetus to increase the use of another.

Power is necessary to stigmatize. However, the role of power in stigma is frequently overlooked because in many instances power differences are so much taken for granted as to seem unproblematic. When people think of illness, obesity, deafness, and having one leg instead of two, there is a tendency to focus on the attributes associated with these conditions rather than on power differences between people who have them and people who do not. But power, even in these circumstances, is essential to the social production of stigma. Actually and sociologically, stigma is dependent on power.

Again, stigma exists as a matter of degree. The labeling of human differences can be more or less prominent. A label can connect a person to many stereotypes, to just a few or to none at all. Moreover, the strength of the connection between labels and undesirable attributes can be relatively strong or relatively weak. The degree of separation into groups of “us” and “them” can be more or less complete, and finally the extent of status loss and discrimination can vary. This means that some groups such as women in rural Bangladesh are more stigmatized than others and that some of the components can be used analytically to think about why differences in the extent of stigma experienced vary from group to group.

Consequence of successful negative labeling and stereotyping is a general downward placement of a person in a status hierarchy. The person is connected to undesirable

characteristics that reduce his or her status in the eyes of the stigmatizer. Human beings create hierarchies. It is, of course, evident in organizational charts. Who sit where in meetings, who defers to whom in conversational turn-taking are some easy examples. One strand of sociological research on social hierarchies, the so-called expectation-states tradition, is particularly relevant to the study of stigma and status loss.[32] A reliable tendency of even unacquainted individuals to form fairly stable status hierarchies when placed in group situations, researchers set out to understand the processes that produced this state of affairs. External statuses, like gender, shape status hierarchies within small groups of unacquainted persons even though the external status has no bearing on proficiency at a task the group is asked to perform. In Bangladesh, men and people of so called white skin, for example, are more likely than women and so called black skinned people to attain positions of power and prestige-people talk more frequently, have their ideas more readily accepted by others, and are more likely to be evaluated in family. These indications show how having a status that is devalued in the wider society can lead to very concrete forms of inequality in the context of social interactions within small groups. Inequalities in status-related outcomes definitely occur in the groups, they do not result from forms of discrimination that would be readily apparent to a casual observer. Instead group members use external status like gender identity to create performance expectations that then lead to a labyrinth of details which involve taking the floor, keeping the floor, referring to the contributions of others, head nodding, interrupting, and the like. This shows that substantial differences in outcome can occur even when it is difficult for participants to specify a single event that produces the unequal outcome.

The concept of patriarchy sensitizes us to the fact that all types of disadvantage can result outside of a model in which a male does something bad to a female. Patriarchy refers to accumulated institutional practices through law, religion, education, morals, customs that work to the disadvantage of social groups even in the absence

[32] JE Driskell and B Mullen, "Status, expectations, and behavior: a meta–analytic review and test of the theory" *Personality Soc. Psychol. Bull.*, Vol. 16 (1990), pp. 541-53.

of individual prejudice or discrimination. Structural discrimination is present for other stigmatized groups. Women may be limited in their ability to work not so much because of their inherent limitations but because they are exposed "a disabling environment" created by the barriers to participation that reside in architecture which humans have constructed.[33] The chronic ill women are less addressed and are stigmatized; less funding is allocated to their adequate care and management in comparison to the males. Stigma has affected the structure around the person, leading the person to be exposed to a host of untoward circumstances. Sexual scandals are always a companion of women, they are to face ordeals for test of chastity, are stigmatized through institutions like *samaj* in rural Bangladesh.

Lower placement in a status hierarchy can begin to have effects of its own on a person's life chances. It is not necessary to revisit the labeling and stereotyping that initially led to the lower status, because the lower status itself becomes the basis of discrimination. For example, low status might make a person less attractive to socialize with, to involve in community activities, or to include in a business venture that requires partners who have political influence with local politicians. In this way, a lower position in the status hierarchy can have a cascade of negative effects on all types of opportunities. Because the discrimination that occurs is one step away from the labeling and stereotyping, it is easy to miss the more subtle effects of these factors in any accounting for the effects of these stigma components.

Social stigma can limit individuals' role or hinder their role playing as an obstacle. Family as a group can suffer from this. General conception is that those who are powerful in society in terms of wealth, education, social capital, muscle are less stigmatized than the less powerful. Again this may be true in a gender perspective especially predominant in patriarchal societies like Bangladesh. The survival strategy or how to cope with the social stigma also relates differences with a number of social

[33] M Fine and A Asch, "Disability beyond stigma: social interaction, discrimination, and activism" *J. Soc. Issues*, Vol. 44 (1988), pp. 3-22.

variables. Social stigma can impede so called development process in society especially for the women in rural Bangladesh.

1.6 Conceptual framework

Social stigma has been interpreted in a schematic way.

- People distinguish and label human differences.
- Dominant cultural beliefs link labeled persons to undesirable characteristics- to negative stereotypes.
- Labeled persons are placed in distinct categories namely separation of “us” from “them.”
- Labeled persons experience status loss and discrimination.
- Finally, stigmatization creates a contingent situation on access to social, economic, and political power.
- Sociologically, the term stigma can be applied when elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation.

1.7 Working definitions

Consequence: The consequences of something are the results or effects of it.

Mazeway: The mental image of society and culture.

Pattern: A pattern is the repeated or regular way in which something happens or is done.

Social norms: Social norms are the means through which values are materialized as behavior.

Social status: Social positions of a member in the society.

Social stereotype: A stereotype is a commonly held public belief about specific social groups or types of individuals. Stereotypes are standardized and simplified conceptions of groups based on some prior assumptions. Generally speaking, stereotypes are not based on objective truth but rather subjective and sometimes unverifiable content-matter.

Social stigma: Attribute/label that is deeply discrediting and that devalue members of society, reduces the bearer from a whole and usual person to a tainted, discounted one.

1.8 Research questions

Some research questions are developed through which pattern and consequences of social stigma among the rural women in Bangladesh will be explored. These questions are-

- What are the respondents' perceptions about social stigma?
- What are the material and nonmaterial conditions contributing women's perception about social stigma?
- Does labeling create boundaries or limit activities of the respondents in social interaction?
- Is social stigma related with economic condition in the study locale?
- How does the community blame the kith and kins of the stigmatized?
- What are the consequences of stigma on an individual and groups to which the stigmatized belongs, e.g. family?
- Does social stigma affect social status?
- What are the discriminations arising from stigmatization process?
- What are the factors involved in stigmatization?
- Is social stigma neutralized in the course of time?

1.9 Objectives

General objective of the study is to explore social stigma and its consequences on the rural women in Bangladesh. To attain this, specific objectives are set as follows-

- To explore the patterns of stigmatization in the study area;
- To depict the general perception of the stigmatized women about social stigma;
- To portray the consequences of social stigma among the respondents;
- To examine women's coping strategy of survival with social stigma.

1.10 Rationale of the study

Research on social stigma is relatively new in a global perspective and completely novel in the context of Bangladesh. Owing to the structural mechanisms, stigmatization is deeply rooted within a society like Bangladesh. Women are stigmatized more than any other singled out section of rural society. Contributors in stigmatization process need to be explored. Besides, stigma can hinder general development process of the society. Thus it can hinder mainstreaming of a given population in the society. The present research initiatives will unfold relevant facts regarding stigma focusing on rural women in Bangladesh. This will help to enrich sociological body of knowledge and pave the way to formulate development policies as well.

1.11 Review of literature

With a view to gain background knowledge and to identify knowledge gap and conflicting views on social stigma, relevant literatures are reviewed.

Goffman[34] is the originator of the sociological concept of social stigma. He defined stigma as an "attribute that is deeply discrediting" and that reduces the bearer "from a whole and usual person to a tainted, discounted one". According to Goffman, hospitals, prisons, boarding schools, etc. are "total institutions," which have these characteristics: Activities are conducted in the same place under a single authority; daily life is carried out in the immediate company of others; life is tightly scheduled and fixed by a set of formal rules; and all activities are designed to fulfill the official aims of the institution. Goffman describes the "encompassing tendencies" of total institutions that bar their "inmates" from outside influences.

The concept of stigma refers to negative social meanings or stereotypes assigned to a people when their attributes are considered either different from or inferior to societal norms. A major characteristic of stigma is that it is instrumental in restricting a person's ability to develop his or her potential. In the case of people labeled with mental retardation, negative social meanings or stereotypes are assigned to them on the basis of others' awareness of their cognitive challenges. Typical stereotypes assigned to them include being incapable of thinking or speaking for themselves, being unable to live independently, and being unable to become employed in the competitive work world. For the conceptual soundness, this study is very important for the present research. Goffman's study does not cover such areas like gender discrimination and social stigma in developing rural agriculture based societies where patriarchy is very strong. There is an avenue to initiate research in this line.

Link and Phelan[35] use mainly social psychological approaches to study social stigma in relation to mental illness. The article examines connotations of the concept and

[34] Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (NJ Englewood Cliffs: Prentice Hall, 1963).

[35] BG Link and JC Phelan, "Labeling and stigma" in *The Handbook of the Sociology of Mental Health*, eds. CS Aneshensel, and JC Phelan (New York: Plenum, 1999).

how the concept is operationalized by different academicians as per their disciplinary backgrounds. They identify constituent elements and results of social stigma in a sociological fashion rather than psychological. The present research will be benefited by using their observations on the elements of social stigma. Social stigma in a rural and gender context is absent in the article. The present research topic, in this regard will be a novel one.

Yang[36] examines social stigma towards psychiatric illnesses among Chinese groups which has demonstrated pervasive negative attitudes and discriminatory treatment towards people with mental illness. Additionally, a systematic integration of current stigma theories and empirical findings to examine how stigma processes may occur among Chinese ethnic groups has been pursued. This paper at first introduces several major stigma models, and specifies how these models provide a theoretical basis as to how stigma broadly acts on individuals with schizophrenia through three main mechanisms: direct individual discrimination, internalization of negative stereotypes, and structural discrimination. In Chinese societies, the particular manifestations of stigma associated with schizophrenia are shaped by cultural meanings embedded within Confucianism, the centrality of "face", and pejorative etiological beliefs of mental illnesses. These cultural meanings are reflected in severe and culturally-specific expressions of stigma in Chinese societies. Implications and directions to advance stigma research within Chinese cultural settings are provided. The literature covers Asian experiences on social stigma but lacks enterprises such as the present research.

Room[37] examines psychoactive substance use and its relation with social stigma. Psychoactive substances can be prestige commodities, but one or another aspect of their use seems to produce near–universal stigma and marginalization. Processes of stigmatization include intimate process of social control among family and friends;

[36] LH Yang, "Application of mental illness stigma theory to Chinese societies: synthesis and new directions" *Singapore Med J,* Vol. 48(11) (2007), pp. 977-985.

[37] Robin Room, "Stigma, social inequality and alcohol and drug use" *Drug and Alcohol Review,* Vol. 24 (2005), pp. 143-155.

decisions by social and health agencies; and governmental policy decisions. Two independent literatures on stigma operate on different premises. First type of studies oriented to mental illness and disabilities, consider the negative effects of stigma on the stigmatized as well as neutralization of social stigma. Second type of studies oriented to crime generally view stigma more benignly as a form of social control. The alcohol and drug literature overlap both topical areas, and includes examples of both orientations. Poverty and heavy substance use are not necessarily related but poverty often increases the harm for a given level of use. Marginalization and stigma commonly add to this effect. Those in treatment for alcohol or drug problems are frequently and disproportionately marginalized. Studies of social inequality and substance use problems need to pay attention also to processes of stigmatization and marginalization and their effect on adverse outcomes. This article also lacks stigmatization of women for structural causes in rural socioeconomic settings though important for its legacy with poverty.

Cormier[38] observes the problem of women in substance use. Physical health, mental illness, gender, mothering and pregnancy along with treatment problems caused by substance use and social stigma are explored. This study is fruitful for the present research as this is a study that has focused on women.

Hasan *et al.*[39] conducted a survey on stigma among people living with AIDS and observed that internalized stigma among these people is prevalent in Bangladesh and a better understanding of the effects of stigma on PLHA is required to reduce this and to minimize its harmful effects. Their study employed a quantitative approach by conducting a survey with an aim to know the prevalence of internalized stigma and to identify the factors associated with internalized stigma. The findings of the study suggest that there is a significant difference between groups with the low- and the high-internalized HIV/AIDS stigma in terms of both age and gender. The

[38] Renée A. Cormier, *Women and substance use problems* http://www.phac-aspc.gc.ca/publicat/whsr-rssf/pdf/WHSR_Chap_7_e.pdf accessed on 5 May, 2010.

[39] Md. Tanvir Hasan, Samir Ranjan Nath, Nabilah S. Khan, Owasim Akram, Tony Michael Gomes, and Sabina F. Rashid, "Internalized HIV/AIDS-related Stigma in a Sample of HIV-positive People in Bangladesh*", J. Health Popul. Nutr*, Vol. 30(1) (2012), pp. 22-30.

prevalence of internalized stigma varied according to the poverty status of PLHA. An exploratory factor analysis (EFA) found 10 of 15 items loaded highly on the three factors labeled self-acceptance, self-exclusion, and social withdrawal. About 68% of the PLHA felt ashamed, and 54% felt guilty because of their HIV status. More than half (87.5% male and 19.8% female) of the PLHA blamed themselves for their HIV status while many of them (38.2% male and 8.1% female) felt that they should be punished. The male PLHA more frequently chose to withdraw themselves from family and social gatherings compared to the female PLHA. They also experienced a higher level of internalized stigma compared to the female PLHA. The results suggest that the prevalence of internalized stigma is high in Bangladesh, and much needs to be done by different organizations working for and with the PLHA to reduce internalized stigma among this vulnerable group.

Vlassoff *et al*.[40] identified stigma as a recognized barrier to early detection of HIV and causes great suffering for those affected. They examined HIV-related stigma in rural and tribal communities of Maharashtra, an area of relatively high HIV prevalence in India. A mix of qualitative and quantitative methods were employed in their study to compare adult women and adolescents in a rural area, women in a rural area, and women in a tribal area. HIV-related stigma was prevalent in all communities and was the highest among tribal and older respondents. High-risk behavior was reported in both areas, accompanied with denial of personal risk. Our findings suggest that HIV may be spreading silently in these communities. To our knowledge, this is the first community-based study to make an in-depth assessment of HIV-related stigma in rural and tribal areas of India. By situating our findings within the broader discourse on stigma in the national and state-level data, this study helps explain the nature and persistence of stigma and how to address it more effectively among subcultural groups in India.

[40] Carol Vlassoff, Mitchell G. Weiss, Shobha Rao, Firdaus Ali, Tracey Prentice, "HIV-related Stigma in Rural and Tribal Communities of Maharashtra, India", *J. Health Popul. Nutr,* Vol. 30(1) (2012), pp. 394-403.

Hadley *et al*.[41] conducted a study on why Bangladeshi nurses avoid nursing and they have found that nurses spend less than 6% of their time on direct patient care, this study explored factors that influence nurses' behavior in the provision of 'hands on' care in hospitals in Bangladesh. By through in-depth interviews with female nurses and patients and their co-workers in hospitals, researchers identified conflicts between the inherited British model of nursing and Bangladeshi societal norms. This was most evident in the areas of night duty, contact with strangers, and involvement in 'dirty' work. The public was said to associate nursing activities with commercial sex work. As a consequence, their value on the 'bride market' decreases. To minimize the stigma associated with their profession, nurses in government hospitals distance themselves from patients, using nurse surrogates in the form of patients' relatives and hospital support workers to carry out their work. These adaptations are supported and sustained through unofficial activities developed over time within hospitals. In contrast nurses in NGO hospitals give more direct patient care themselves and do not rely on careers as much because of tight supervision and limited visitor hours. Initiatives undertaken to improve the quality of patient care, such as enlarging the nursing workforce or providing clinical instruction, which do not take into account the prevailing culture in hospitals and social conflicts faced by nurses, are unlikely to succeed. Fundamental decisions on how to care for the sick in Bangladesh are required. If the present nursing curriculum is followed, adequate supplies, supervision and accountability are prerequisites for its implementation.

Dermot Foley and Jahan Chowdhury[42] studied the poverty, social exclusion and the politics of disability in Chuadanga district of Bangladesh. They have reported that People labeled with disabilities are denied equitable access to social networks and formal services. In terms both of funding future formal service programs and of designing community-based outreach programs, this lack of access is not a simple

[41] Mary B. Hadley, Lauren S. Blum, Saraana Mujaddid, Shahana Parveen, Sadid Nuremowla, Mohammad Enamul Haque, Mohammad Ullah, *Social Science & Medicine* Vol. 64 (2007) 1166–1177

[42] Dermot Foley and Jahan Chowdhury, "Poverty, Social Exclusion and the Politics of Disability: Care as a Social Good and the Expenditure of Social Capital in Chuadanga, Bangladesh" *Social Policy and Administration*, Vol. 4(4), (2007), pp. 372-385.

reflection of one's impairment but a facet of the social exclusion and stigma that is culturally ascribed to disability in Chuadanga. A social model was utilized by the researchers to focus on the cultural processes initiated by the onset of illness or impairment. Participants are drawn from four types of diagnosed disability: blindness, orthopaedic impairment, hearing impairment and mental disorder. Although this inquiry is in line with Daly's focus on how future spending on formal services to promote care and equity in Europe can be helped by searching out information that is often ignored, the particular focus of this study is Chuadanga and the research questions incorporate a disability studies perspective. The authors consider care as a social good and an expenditure of social capital, in reviewing findings from a recent empirical study of disability and employment in the Bangladesh district of Chuadanga. Regardless of disability, poverty can be a morally and socially devastating ordeal. However, the authors conclude that the added loss of social solidarity and equitable access, due to the social exclusion and stigma of disability for the families concerned, make it statistically far less likely that they will access formal services or be able to escape poverty.

Riessman[43] studied and analyzed the married women's experiences of stigma when they are childless and their everyday resistance practices. Respondents of the study area cannot "pass" or selectively disclose the "invisible" attribute as per stigma theory predicts, childless women deviate from the "ordinary and natural" life courses and are deeply discredited. They make serious attempts to destigmatize themselves. Social class and age mediate stigma and resistance processes were poor village women childbearing age are devalued in ways affluent and professional women avoid, differently situated women challenge dominant definitions and ideologies of family in distinctive ways. Respondents in the study area creating spaces for childless marriages within the gendered margins of families.

[43] Catherine Kohler Riessman, "Stigma and everyday resistance practices: Childless women in South India", *Gender & Society,* Vol. 14 (2000), pp. 111-135. DOI: 10.1177/089124300014001007

Tsutsumi *et al.*[44] conducted a study on the depressive status of leprosy patients in Bangladesh and found that stigmatization by the general population and their negative attitude towards leprosy negatively impacts on patients' mental health, and so too does patients' perception of that stigma. The patient group's depressive status was significantly more severe than that of the campaign group (without any chronic disease). Study results have shown that the depressive status in leprosy patients was greater than that of the general public. Researchers have stated that mental health care for patients, regulation of discriminatory action and education that would decrease social stigma among the general population, especially people who might often have contact with patients, seem necessary to improve the mental health.

Raguram *et al.*[45] found that in South India, the mean stigma scores were 18.20±13.00 for patients with somatoform disorders only, 36.00±19.00 for patients with depressive disorders only, 26.8±16.00 for both with depressive and somatoform disorders. The stigma scores were positively related with depressive symptoms and inversely related to somatoform symptoms. Both depressive and somatic symptoms were distressing and qualitative analysis clarified meanings of perceived stigma showed that depressive symptoms, unlike somatic symptoms, construed as social disadvantageous.

[44] A Tsutsumi,T Izutsu, MDA Islam, JU Amed, S Nakahara, F Takagi, and S Wakai, "Depressive status of leprosy patients in Bangladesh: association with self-perception of stigma", *Lepr. Rev,* Vol. 75 (2004), pp. 57-66.

[45] R Raguram, MG Weiss, SM Channabasavanna, GM Devins, "Stigma, depression and somatization in South India", *The American Journal of Psychiatry,* Vol. 153(8) (1996), pp. 1043-1049.

CHAPTER TWO

METHODOLOGY

CHAPTER TWO

Methodology

2.1 Introduction

Methodology is considered heart of any research. It is the description, explanation and justification of methods. Methodology in sociology include: (a) the analysis of basic assumptions of science in general and of sociology in particular, (b) the process of theory construction, (c) the interrelationship between theory and research, and (d) the procedures of empirical investigations. Mainly qualitative methodology was employed to conduct the present study. However complementary purpose, quantitative tools and techniques were also executed.

2.2 Type of research

The study is exploratory in nature. The present study will explore the various patterns, perceptions, consequences, and copies strategies regarding social stigma in the study area.

2.3 Methods

Blending of several methods such as social survey method through scheduled interview, informal meeting, spot observation, and non-participant observation have been and were used to explore and to gain critical overview of overall aspects of social stigma and its consequences in the study area.

2.4 Sampling and sample size

Study locale for the present research has been selected purposively. After conducting preliminary baseline survey, it was found that the total number of

household in the study was 1309 and the total number of married women was 1454. Among them, 15% of the married women (N=218) were randomly selected for the in depth interview. Serial numbers were given to each married women before being selected for interview and those serials were kept in a large rectangular box and mixed thoroughly. Required numbers of serials were randomly drawn from the box to make a list of women for interview.

2.5 Locale of the research

The respondents of this study are rural women. It is known from literature review that not a single study has addressed the issue of social stigma in connection to women in Bangladesh. The researcher has purposefully chosen Gopalpur village under Baraigram Thana of Natore district as the field for present research (Fig. 2.1). The study village is located approximately between 89°05'-89°10' East and 24°10'-24°13' North.

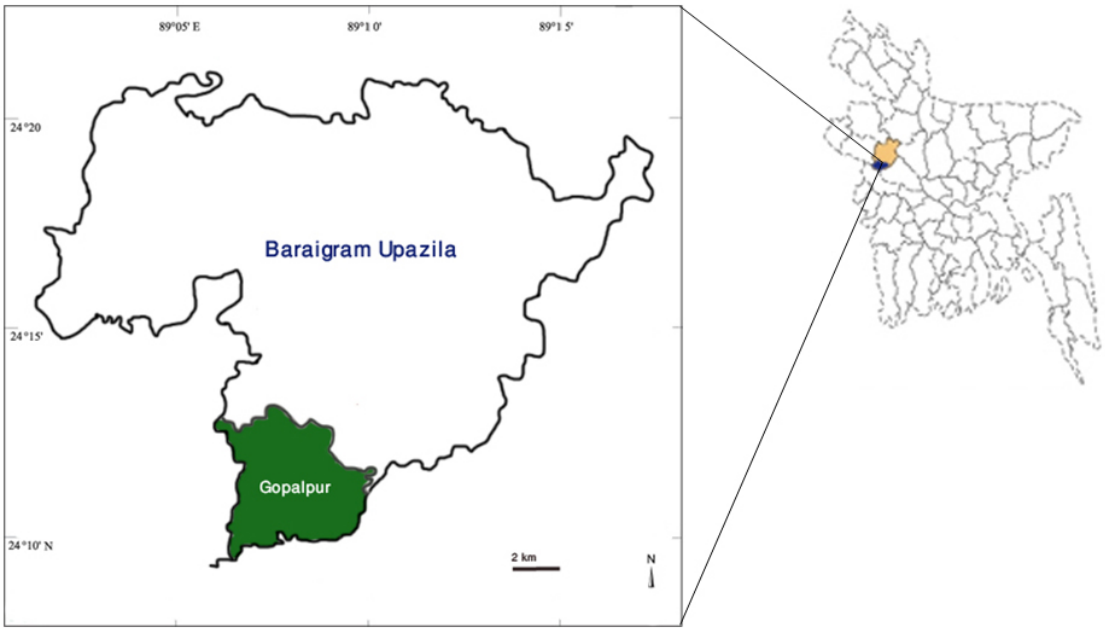
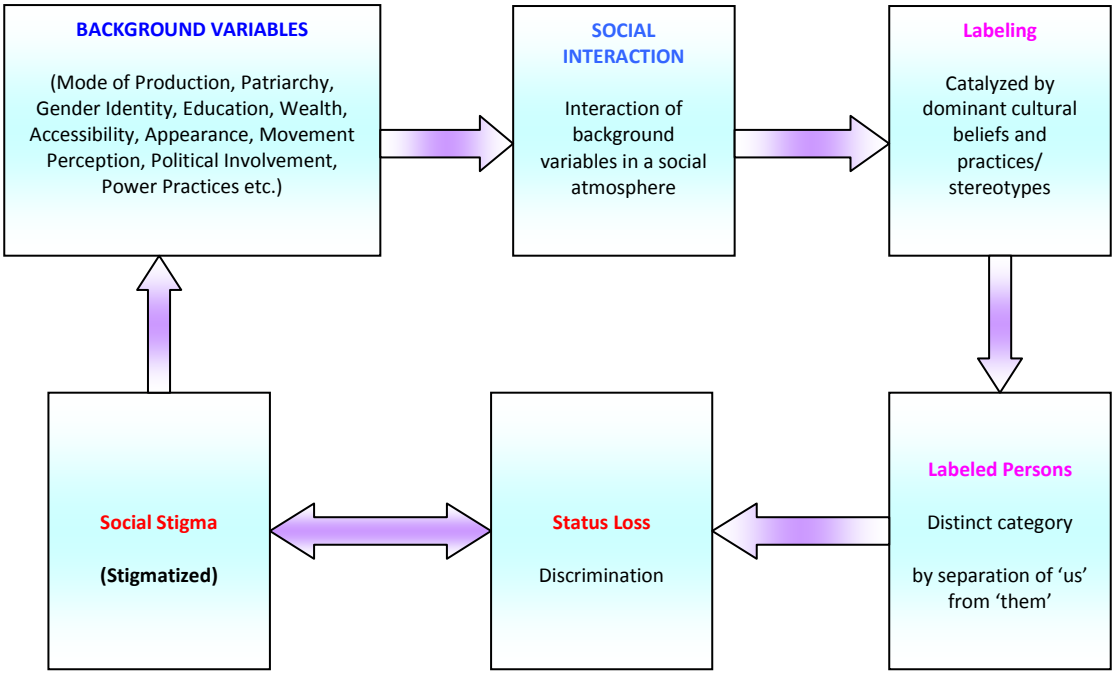


Figure 2.1: Map of the study area

Data collected during the baseline survey and actual survey in the study area reveal the following information about this village, which justifies it as an ideal locale for the study

- Gopalpur village is a large and predominantly an agriculture based area. Mode of production and livelihood patterns of the study area justify it as rural. Again, it is possible to select out necessary samples from a large village like this.
- The study area is composed of 1,309 households and 1,454 married women.
- Among 1,309 households in the study area, 1198 households were Muslims, 91 households were Christians, and 20 households were Hindus.
- Among 1454 married women, 1316 were Muslims, 115 were Christians, and 23 were Hindus.
- Being grown up fairly close to the study area, it was very easy for the researcher to build rapport with the respondents.
- In developing countries, general experiences show that it is very tough for researchers to collect data from women respondents especially for male researchers. As a woman, the researcher was able to collect primary data from the respondents with comprehension of every dialect, gesture, posture and environmental attributes.
- It was cost and time effective to collect data from the study area as the researcher could avail parental residence.

2.6 Analytical framework



2.7 Unit of analysis

Both individual and household were considered the unit of analysis of the study.

2.8 Types of data

Mainly qualitative data were employed for the proposed study. Complementarily, quantitative data regarding social, economic and demographic aspects etc. will be used in this study.

2.9 Sources of data

Primary data were collected from the respondents in relation to the objectives of the study. Secondary data from books, journals, documents were also used as per requirements.

2.10 Techniques of data collection

Techniques such as face to face interview using a schedule, spot observation, non-participant observation, compilation of personal and family profiles through informal meetings were applied. Both open ended and close ended questions were included in the schedule. In addition, focus group discussion using a checklist was done with different stratum of people belonging to different strata.

2.10.1 Interview

Interviews of the married women were taken by using a prepared questionnaire. The questionnaire was purposively developed and pre-tested under field situation. Necessary modifications of the questionnaire were made after pre-testing. This final version of questionnaire was used to collect data. However, all the data were cross-checked for ensuring the accuracy of data collected from the respondents.

2.10.2 Focus Group Discussion (FGDs)

The FGDs were conducted to identify the problems and to collect married women's recommendation regarding the problems identified. FGD is a very effective method for collecting large numbers of necessary information of interest within a short period of time. A total of 15 FGDs were conducted during the study period. In these FGDs, 6-12 rural women were present in each FGD.

2.10.3 Case studies

Case studied were also carried out during survey period.

2.10.4 Collection of secondary data

Secondary data relevant to the present study were collected from various sources such as scientific journal articles, text books and other published documents.

2.11 Data analyses and presentation

Data were analyzed through simple statistical tools and techniques using inductive logic to draw inference. Analyses were presented in a narrative form along with tables and graphs. Two computer software Statistical Package for Social Sciences (SPSS) 15.00 and Microsoft Office Excel 2007 were used for the analyses and graphical representation of data.

2.12 Study period

The present study was conducted for a period of four (4) years from 2010 to 2013.

2.13 Scopes and limitations of the study

The present study covered only social stigma consequences and coping strategies adopted by married women in rural Bangladesh. It did not cover urban area. Its effect on male members of the society remained untouched.

CHAPTER THREE

THE PATTERNS OF STIGMATIZATION IN THE STUDY AREA

CHAPTER THREE

The patterns of stigmatization in the study area

3.1 Introduction

The word 'pattern', having its etymological in the French patron, is a type of theme referring to recurring events or objects, sometimes taken as elements of a set of objects.[1] It refers to the regular way in which something happens or is done. Broadly in sociology and particularly in this study, pattern means relatively permanent and recurrent objective social behavior of human beings that have emerged as a reality in interacting with one other as members of society. Thus it denotes a social construction of ordered social behavior in a social milieu. Social stigma is also a social construct. It is not possible for all human beings to be the same regarding age, gender, taste, physical structure, face and appearance, personality, skin color, intellectual and social characteristics etc. at the same time. Although people in general realize this fact, some characteristics become justified by them as undesired and social stigmas appear as dilemma.

Expected and unexpected attributes are always dependent on social atmosphere. Such atmosphere emphasizes wealth, material prosperity, sociability, educational qualification, health status and physical beauty, youth, competence, independence, productivity, and achievement. Deficiency in exposition of such values can import social stigma.[2] Unexpected and devalued differentness provokes some restriction in physical and social mobility and access to opportunities that allow an individual to develop his or her potentials. At the same time, it is an essential aspect of social control. It is collective conscience or general will of the members of society which legalizes such social control strategies.

[1] http://en.wikipedia.org/wiki/Geometric_patterns Accessed on 22/02/2011

[2] LM Coleman, "Stigma: An Enigma Demystified" in *The Dilemma of Differences*, eds. S C Ainlay, G Becker, and L M Coleman (New York: Plenum Press, 1986), pp. 211-232.

> The totality of beliefs and sentiments common to the average members of a society forms a determinate system with a life of its own. It can be termed the collective or common conscience.[3]

According to the model prescribed by Bruce Link and Jo Phelan, stigma exists when social groups differentiate and label human variations, prevailing cultural beliefs tie those labeled to adverse attributes, labeled individuals are placed in distinguished categories that establish a sense of separation wall between "us" and "them" and finally labeled individuals experience "status loss and discrimination" that lead to unequal circumstances.[4]

3.2 Patterns of social stigma

Goffman has categorized social stigma into three categories- a) overt or external deformities as can be exemplified by leprosy, polio etc. b) known deviations in personal traits as can be exemplified by ill motivated persons, drug addicted, suicidal tendency, dementia etc. c) tribal stigma as can be exemplified by the Afgan madrasa students (known as Taliban), Pakistan as a place of religious extremism, religion, race etc.[5]

Falk classified stigma into two classes namely a) existential stigma- deriving from a condition which the target of the stigma either did not cause or over which he has little control and b) achieved stigma – types of stigma that is achieved through behavior.[6]

All of the women were stigmatized on the basis of one issue or another. Social stigmas can occur in many different forms. The most common forms occur with socio-cultural identity, family, poverty, ignorance, physical structure, gender, skin color, and disease etc. In this study, women who had been stigmatized felt as if they

[3] Emile Durkheim, *The Division of Labor in Society* (New York: The Free Press, 1984), pp. 31-149.

[4] BG Link & Jo C Phelan, "Conceptualizing Stigma", *Annu. Rev. Sociol*., Vol. 27 (2001), p. 363.

[5] Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (New York: Simon & Schuster, Inc., 1963), pp. 32-123.

[6] Gerhard Falk, *Stigma: How We Treat Outsiders* (New York: Prometheus Press, 2001), p. 11.

had been transformed from a whole person into a tainted one. They felt themselves as different and devalued by others. These things took place in their workplaces, educational settings, and mostly in their own families, neighborhoods and community as well. The interviewed women mentioned a number of sources of stigma. Family, friends and intimates were mentioned a number of times. Most frequently mentioned machine was the attitudes and practices of the patriarchy.

3.2.1 Age distribution of the respondents

Social perception of age is important in shaping and coping social stigma in society. It is seen from the table below that married women from different age groups are randomly sampled for the current study.

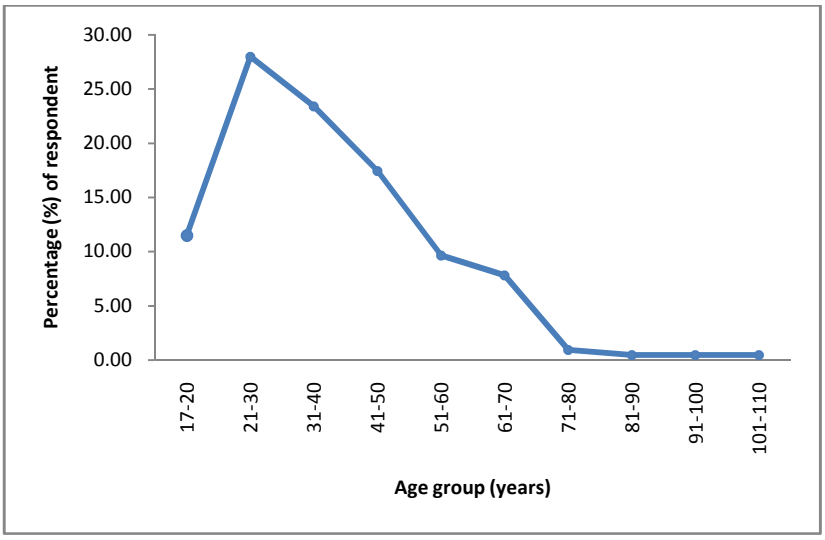


Figure 3.1: Age distribution of the respondents

Figure 3.1 shows the age distributions of the respondents reveal that most of the stigmatized women (68.80%) were aged between 21 and 50 years. Only 19.73% of them were aged above 50 years. It is also notable that 11.47% of the respondents were aged below 20 years. Thus it is clear that more than 80% of the stigmatized women were in their working age.

3.2.2 Religious identity and stigmatization

Religious identity can mould social stigma at various levels. The study area consists of plural religious people such as Muslims, Hindus, and Christians etc. Originally, it

was dominated by Hindu people but after 1947 up to 1971 it became Muslim dominated. Besides, for missionary activities of the Christians, Santal people became converted Christians though there were a number of migrated Christian families from Dhaka. Missionary activities are evident from the fact that the second largest Roman Catholic Church in Bangladesh is situated in Junail of the Baraigramthana, a nearby village from the study area. From the baseline survey, it was known that there were total (N= 1309) 1309 households. In the present study, 86.24% (n=188) of the respondents were Muslims, 4.59% (n=10) respondents were Hindus and 9.17% (n=20) respondents were Christians (Figure 3.2).

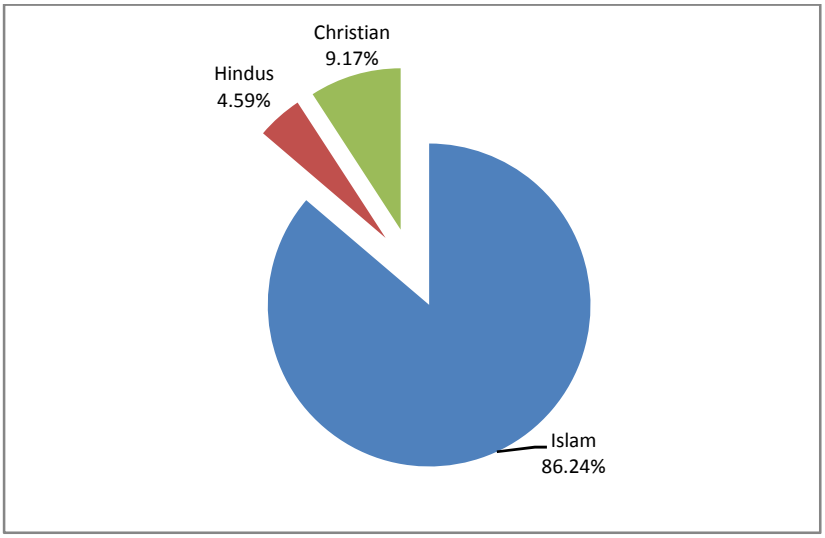


Figure 3.2: Distribution of religious identity of the respondents

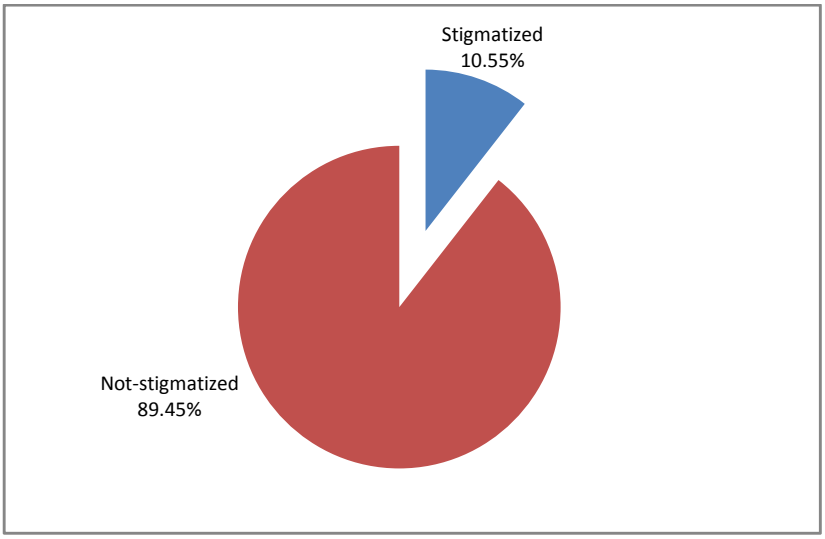


Figure 3.3: Stigmatization status for religious identity

Religious identity can stigmatize people. It is observed that every believer has a firm belief that her/his religion is based on the truth. Again the phenomenon is related to the number of followers. In the study area, the Muslims outnumbered the Hindus and the Christians. Hindus, cobblers and barbers by occupation, having lower caste status in their own religion and lived in Khas land in the study area. For their drinking habit, they are always stigmatized. Again converted Santal Christians were used to drink local made alcohol from the palm trees. For their food consumption pattern such as eating meat of pigs, tortoises, snakes, frogs etc., they were highly stigmatized. Muslim people of the study area thought that those Hindu and Christian people were spoiling their sons and daughters. Besides, they also treat their religions were not religions at all.

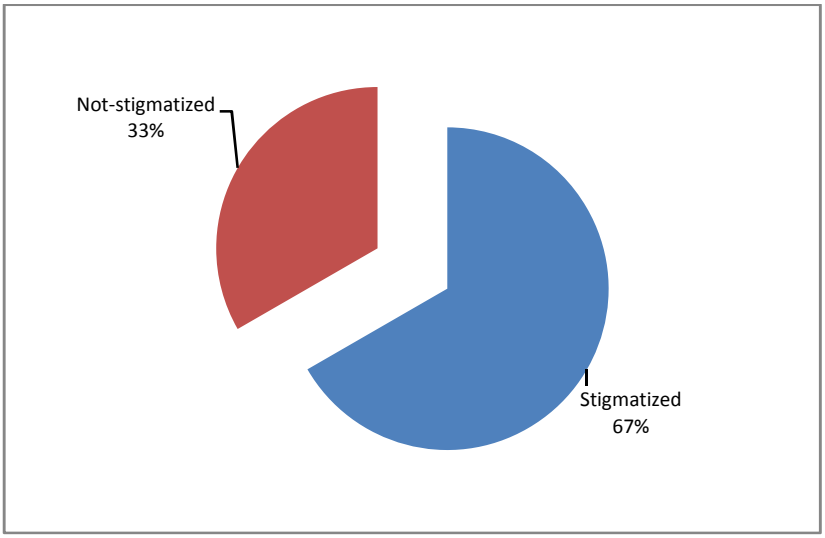


Figure 3.4: Stigmatization status for not being able to read the Quran, the Gita and the Bible

Religion played an important role in rural social life. Everything related to religion uphold deep emotions and a sense of sacredness.[7] Among the respondents, it has been seen that they had their conception of holiness about religious things. Arabic is seen very sacred for the Muslims as it is the language of their holy book 'the Quran' whereas the sense of language is not so strong among the Hindus and Christians. But Hindus and Christians who could not read the Gita and the Bible were stigmatized

[7] Emile Durkheim, *The Elementary Forms of the Religious Life* (London: George Allen & Unwin Ltd., 1915), pp. 219-230.

just like the Muslims who cannot read the Quran in Arabic. Among the respondents, it is evident that almost 67% respondents were somehow stigmatized for this reason.

3.2.3 Occupation and stigmatization

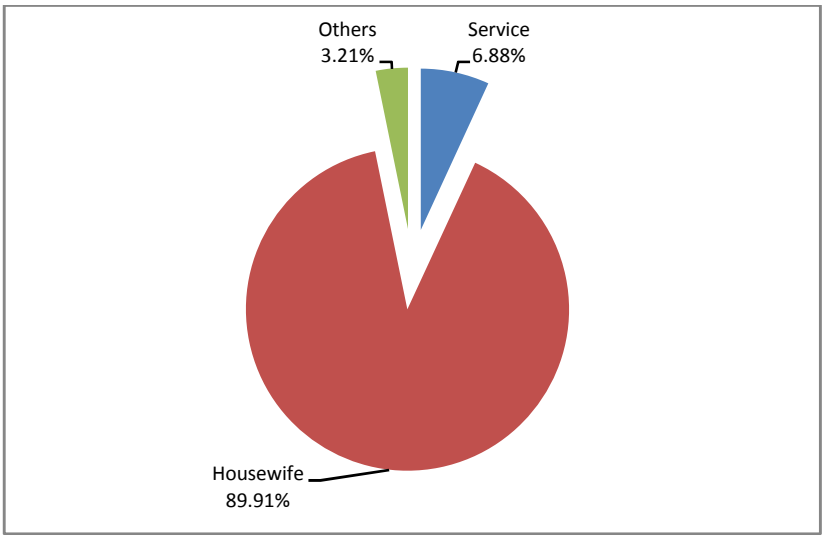


Figure 3.5: Occupational distribution of the respondents

Women in the rural areas of Bangladesh are generally ascribed to the role of housewives after marriage. The present study shows that about 90% respondents were housewives whereas 6.88% of the women were service holders and 3.21% of them were engaged in other jobs like working in the agriculture fields, restaurants, husking rice, as maid servants, day laborer etc. (Figure 3.5). Most of the housewives performed agricultural jobs in working their own households along with the male members.

Occupation can bring about social stigma to people. The present study shows that 8.26% of the respondents were stigmatized for their occupation (Figure 3.6). Most of the respondents have informed in informal discussions that they were stigmatized at the starting point of their jobs but as time passed stigmatization lessened. Again reaction to this stigmatization also could have lessened as stigmatized respondents were used to such situations for which they were reluctant to mention occupational stigma.

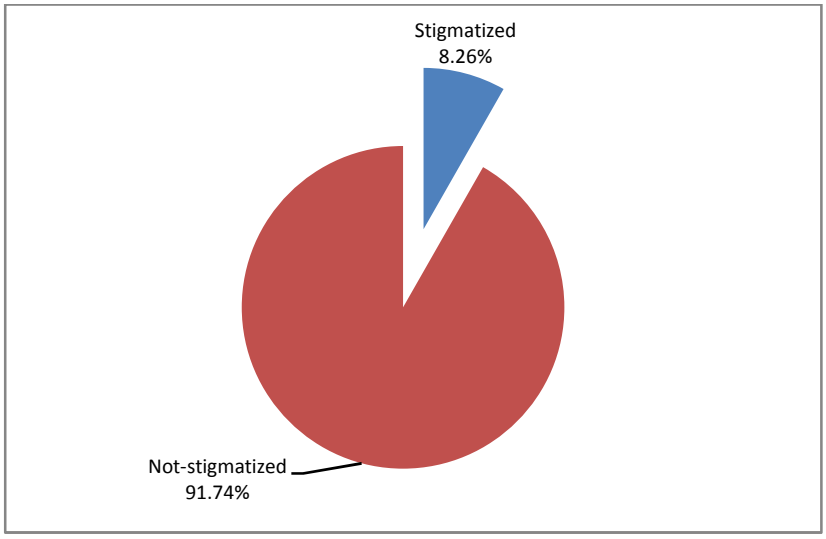


Figure 3.6: Stigmatization status of the respondents on the issue of occupation

3.2.4 Education and stigmatization

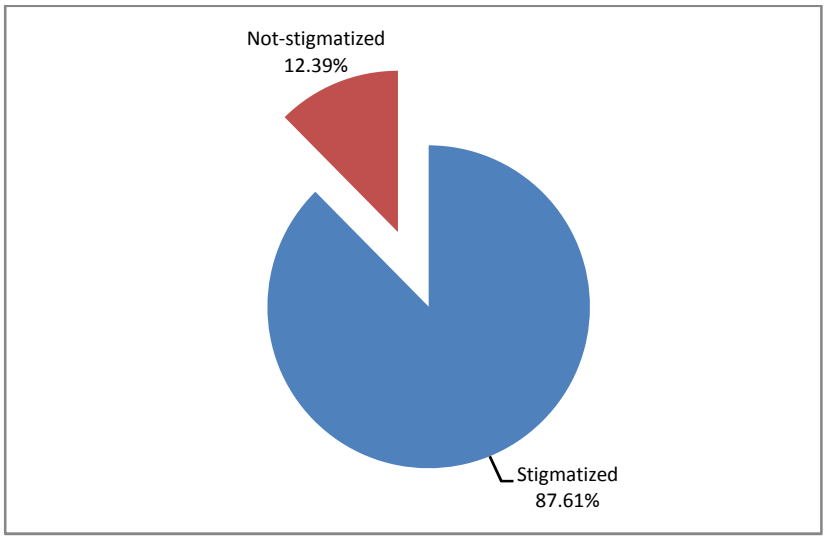


Figure 3.7: Stigmatization status on the issue of education

Level of education is a potential issue of social stigma in rural Bangladesh. Traditionally, women were believed to work only as housewives and thus were kept within the homesteads. They were not allowed to pursue formal education. After a long exclusionary journey, women are now encouraged to pursuing education due to the felt importance of their acquisition of education for the development of the nation as whole. It is seen from this study that 87.61% of the respondents were socially stigmatized for either acquisition of education or for not being able to do so

(Figure 3.7). Women were in a dilemma regarding education. All the levels of education brought about stigma for them at the same time though public assumption is that illiteracy is a more stigma prone factor. Figure 3.8 reveals that 92% of the illiterate respondents were stigmatized whereas 82% of the respondents who could sign only were stigmatized in the study area. Again 89.55% of the respondents who had primary level education were stigmatized. Data of the present study also whipped the popular idea about stigma that educated women are less stigmatized. It is seen that 91% of the respondents having secondary level education and 70% of the respondents having graduate level education were also stigmatized in the study area.

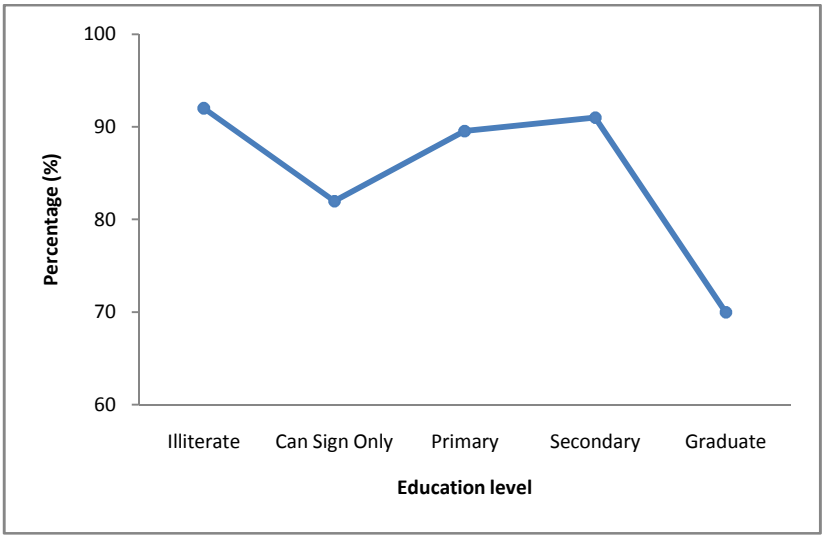


Figure 3.8: Association between stigma and levels of education

3.2.5 Physiological factors of women and social stigmatization

Social perception of human body is used as a source of social stigma. Generally this perception varies in accordance with location and time. Traditionally, people in rural areas in Bangladesh like fat body and educated people in urban areas try to be slim. Again, people of the developed world prefer to be slim whereas people of the poverty ridden world favor fattening of the body. It has been observed among the respondents that about 85% of respondent women were normal in weight, whereas 13.3% were fat and only about 1% women were unusually thin.

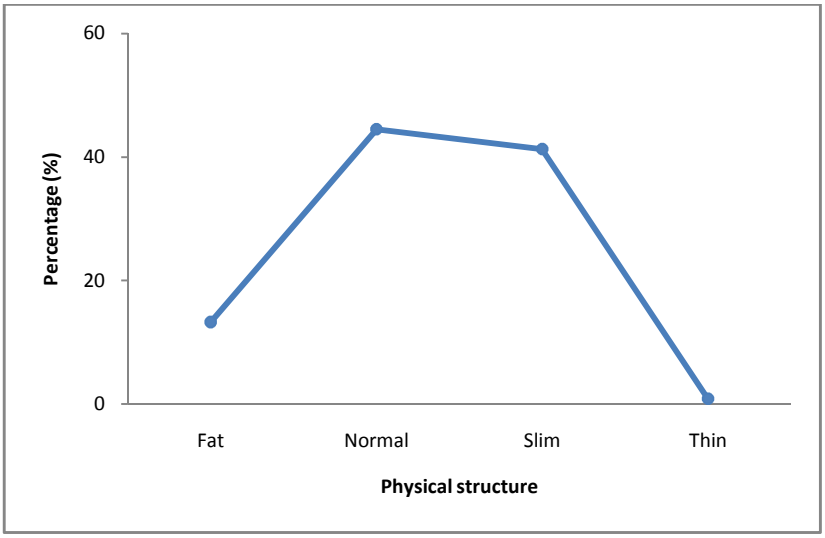


Figure 3.9: Physical structure of the respondents

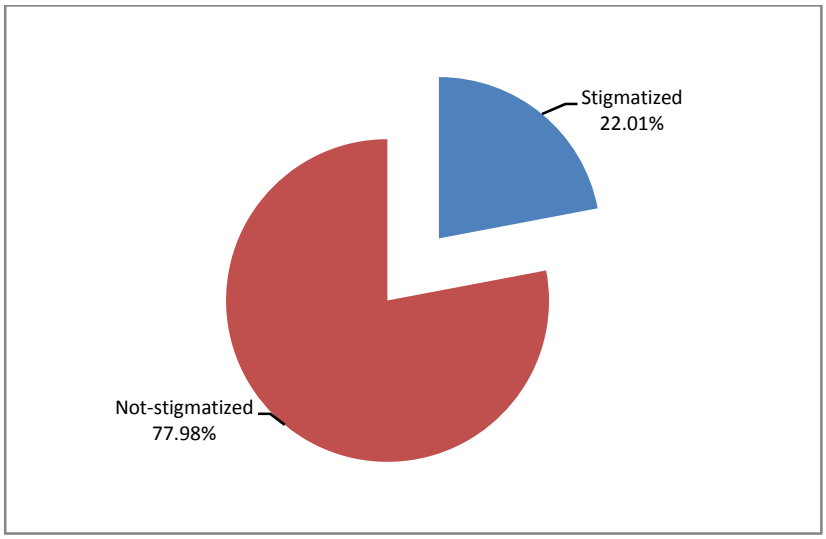


Figure 3.10: Stigmatization status due to physical structures

In this the situation, fat, thin and a portion of physically slim (normal) women were stigmatized in the study area. Even slimming efforts are stigmatized by traditional rural society of Bangladesh.

Racial composition of Bengali people is a very mixed one. Resultantly, height of the people varies too much though it is not very tough to generalize about the mean height of the people in Bangladesh. It is seen that people maintain a 'not too much' concept about everything and height is not an exception. Too tall and too short have always been stigmatized. In the current study, 15.14% of the women were tall and

about 32% women were short. Among the respondents, 53.21% of the very women's heights were perceived as very normal.

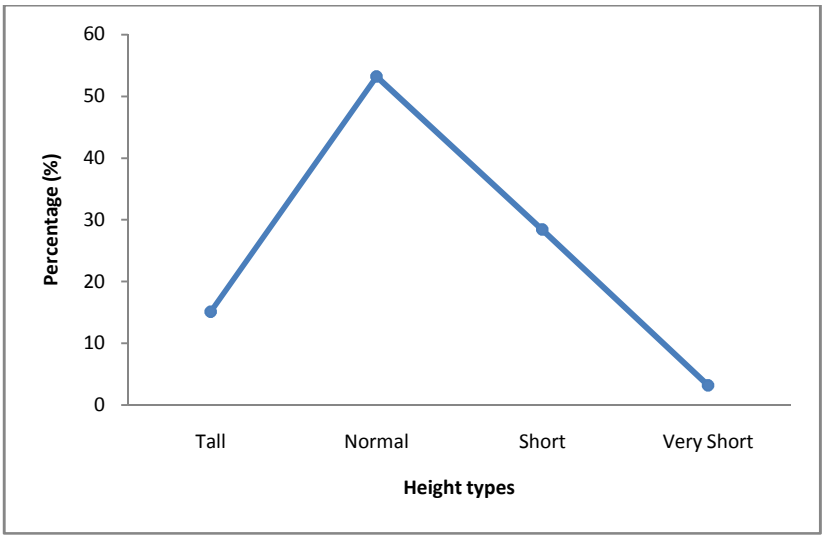


Figure 3.11: Height of the respondents

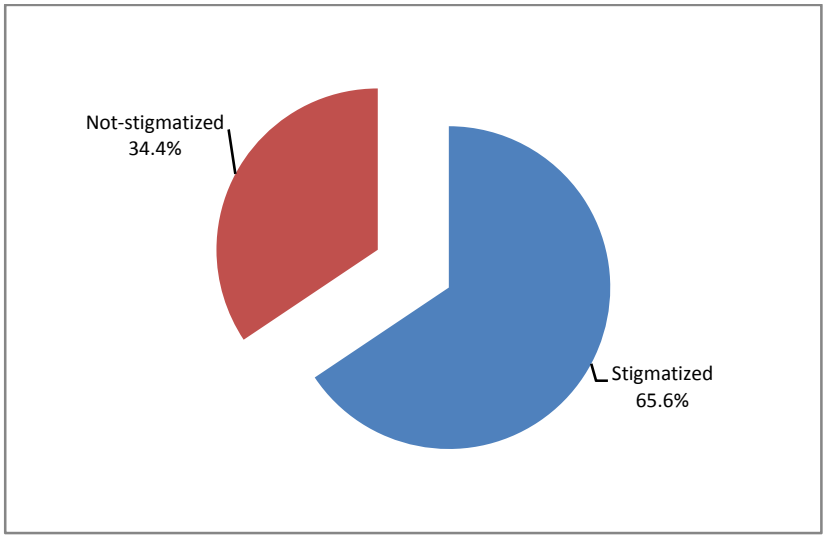


Figure 3.12: Stigma due to height

It is vivid from the figure 3.12 that 65.6% of the respondents were stigmatized for their height. They also said that height was not a too much of a problem for the male in our society. However, this caused serious obstacle in women's social life especially regarding marriage in the study area. Women were stigmatized by some local words such as Bantu (very short tribe of Africa), gattu/bamun (very short/ dwarf) and if very tall then Hati (elephant), Talgach (palm tree), etc.

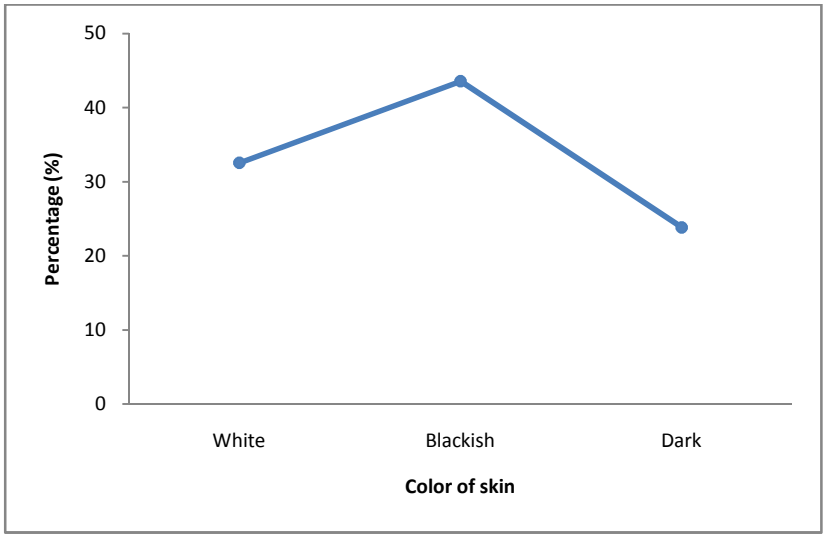


Figure 3.13: Skin color of the respondents

Skin color is a vital factor in stigmatizing. Throughout history racialists tried to establish that the black are less intelligent than whites though scientific evidence show that this is a myth. In Bangladesh, white skin is always appreciable albeit European whites are always under fire. In the present study, 32.56% of the respondents were fair skinned whereas 43.57% were blackish and 23.85% of the respondents were dark skinned (Figure 3.13).

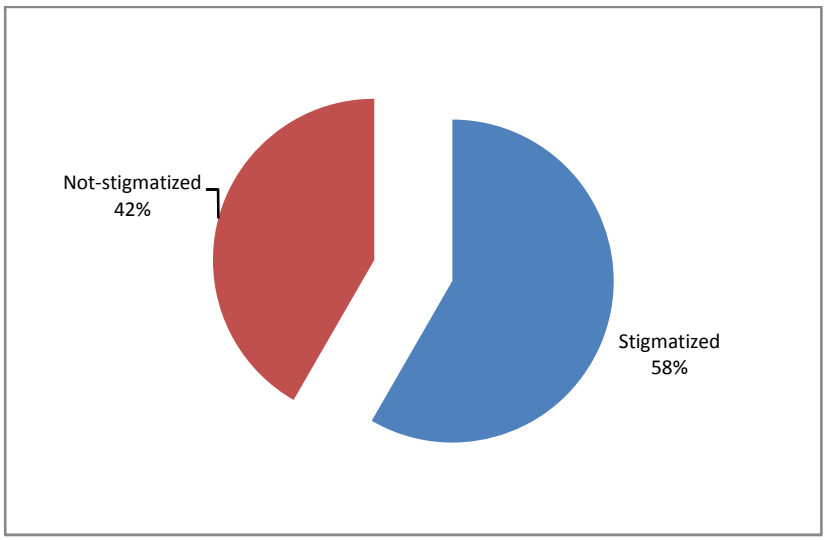


Figure 3.14: Stigmatization status due to skin color

It is seen from the figure 4.14 that 58.33% of the women were stigmatized for their black skin and often they were stigmatized as kalti, which means abominable black or ma kali (a deity of the Hindus who is black), petni (ghost). Black girls are

considered burdens to her parents from time immemorial in rural Bangladesh as it is an impediment in being selected as a bride for marriage. This often involves heavy dowry and low quality groom if parents are poor.

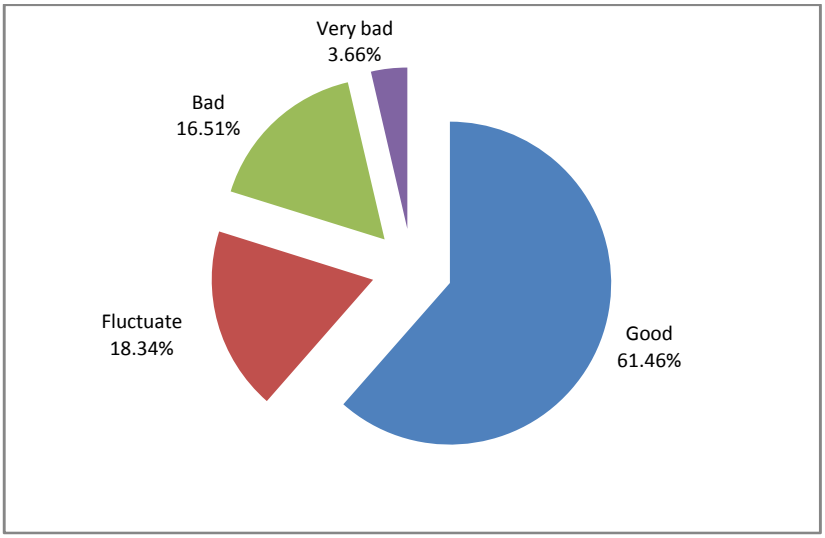


Figure 3.15: Physical condition of the respondents

Physical condition of the respondents shows that 61.46% of the women were in good condition, 18.34% fluctuated, 16.51% were in poor health and 3.66% were very sick in this study (Figure 3.15). Women's biological and reproductive responsibilities, social reproductive activities and economic work translate into social roles of mother, a home maker and an employee. The complexity and diversity of her roles combine to form a triple workload, triple responsibilities, a triple burden and physical condition is utmost important in this regard.[8] Male dominant society looks at women as dependent as women's contribution in household works are unpaid.[9] When women are physically in a futile situation, it can foster stigmatization into the apex.

Among those whose health conditions fluctuated, or were in bad or very bad condition respondents in the study, 70% felt that they were burden to their families for illness where as 30% of them did not think so.

[8] Raana Haider, *A Perspective in Development: Gender Focus* (Dhaka: UPL, 1995), p. 41.

[9] *Ibid*, p. 39.

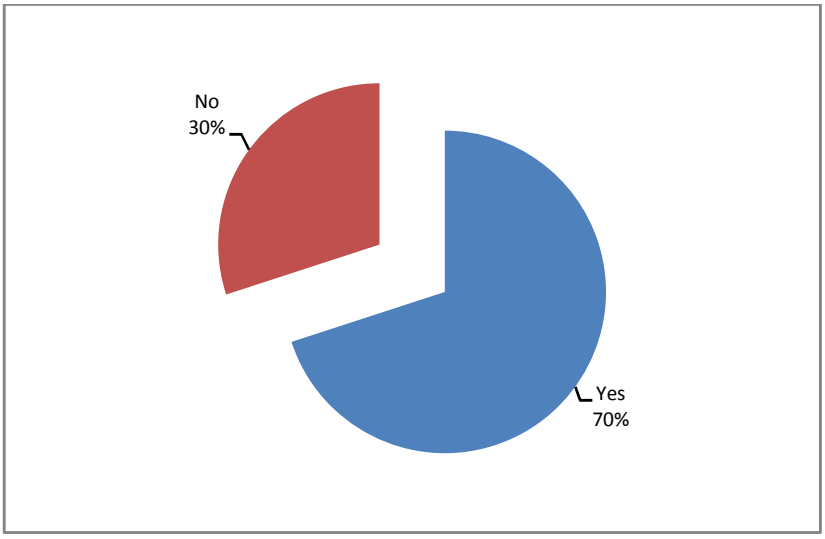


Figure 3.16: Burdened for illness

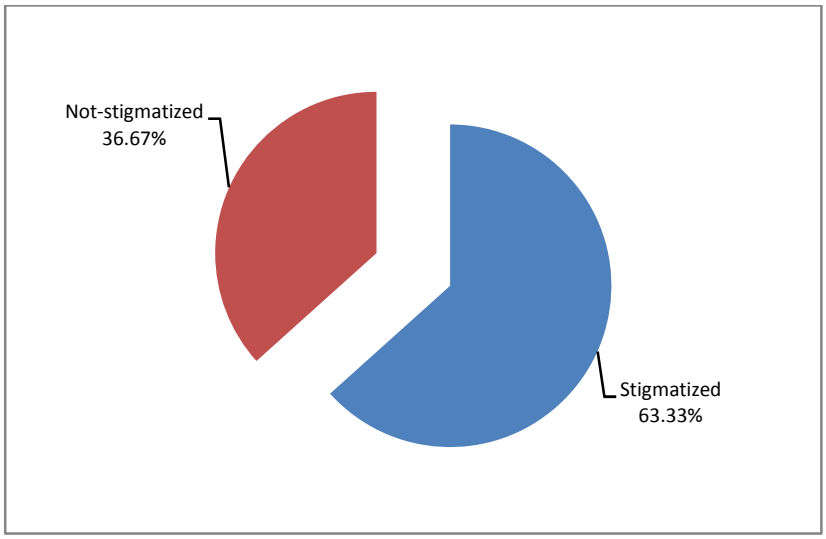


Figure 3.17: Stigma for ailment

Among those respondents who thought they were burdened for their illness 63.33% felt stigmatized for their poor health but 36.67% did not feel themselves as stigmatized for this reason. Respondents spontaneously spoke about this issue that when someone is ill for long days or very often become ill, were highly stigmatized in comparison to those who rarely become ill for a few days.

3.2.6 Family and stigmatization

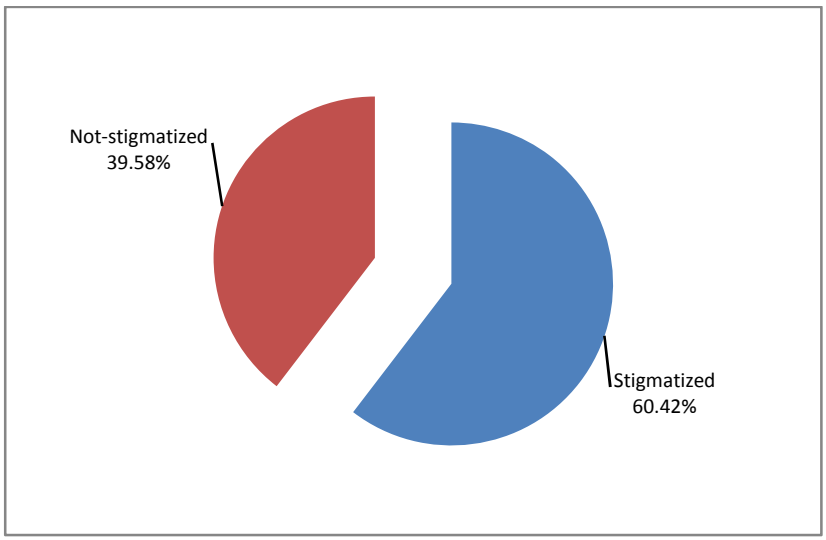


Figure 3.18: Stigmatization status for husband's activity

Women are stigmatized for the behavior of their family members. They are often blamed for mischievous deeds of their spouses and offspring. The present study shows that 60.42% of the respondent women were stigmatized for their husbands' activity as an induction rule such as the proverb "A man is best known by the company he keeps" in rural society. A number of open ended responses have been collected from the respondents in this study that a husband does not want to do work or he is lazy, husband is not clever enough, often quarrels with neighbor, addicted to drugs, has extramarital relation, got married having another wife were some of the reasons for a woman to be stigmatized on grounds of her husband's deeds. Moreover their husbands' thievery, mental illness, taking part in gambling or simply card playing, fighting for others, business problem or economic loss incurred, occupation of husband etc. also were sources of stigma for the rural married women. It was observed that 10.96% of the respondents' husbands quarreled with neighbors, 12.34% were drug addicted, 19.23% maintained extramarital relations, 17.85% practiced thievery, 23.33% fought as a lathial (mercenary), 4.10% got married to another woman, 4.10% had business problems. Women in rural Bangladesh are stigmatized most for their husband's activity than women living elsewhere in the country.

Table 3.1: Activities of husbands for which wives were stigmatized

Activities	***Percent***
Husband doesn't wants to work	01.35
Husband is not clever enough	01.35
Quarrel with neighbor	10.96
Husband brought necessary commodities	01.35
Drug addicted husband	12.34
Illegal relation to other woman	19.23
Stolen case	17.85
Fighting	23.33
Husband got married with another woman	04.10
Husband is a mental patient	01.35
As he is a BDR	01.35
Business problem	04.10
For playing cards	01.35

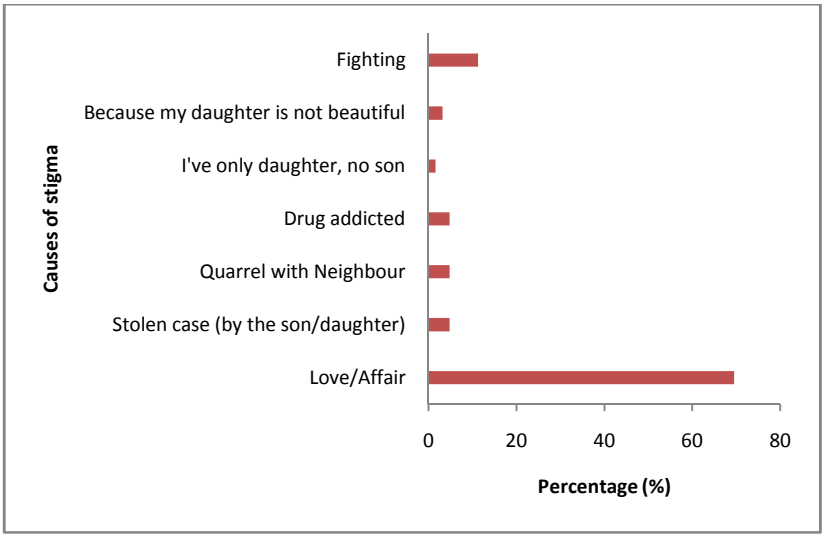


Figure 3.19: Causes of stigmatization by the children

Children are also potential source of stigma for their mothers. People generally relate children's behavior with their parent especially with mother. Activities of children that caused stigma for their mother encompasses a variety of reasons like love affair, stealing cases, quarreling, drug addiction, having only daughter and no sons, daughter is not pretty and fighting of son with others. Among the causes, affair

case alone represented 69.49% of the respondents and it is as crucial in rural society as exemplified by the current study. Daughter's affair is much more disastrous than son's affair and rural people often blame her mother as "she is like that because of her mother" and even husbands also blamed their wives often ordering "control your daughter" etc. Stolen case by son/daughter caused stigma for 4.83% of the respondents, quarrel with neighbor caused stigma for 4.83% of the respondents and 4.80% of the respondents were stigmatized for the drug addiction of their sons. Having only daughter (and no sons) caused stigma for 1.59% of the mothers, and daughters are not pretty also caused stigma for 3.18% of the respondents. Sons sometimes involved themselves in fighting and 11.29% of the respondents in this study were stigmatized for the reason.

3.2.7 Personality traits and social stigma

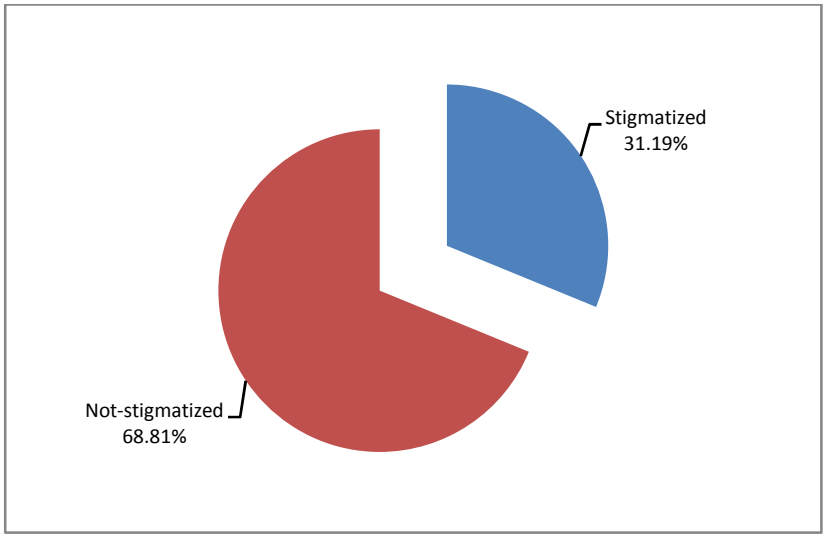


Figure 3.20: Stigma for jealousy

A popular belief in the study area is that women are more jealous than men, they are meticulous about silly matters, and generally they cannot accept well-being of others positively. In the current study, 31.19% of the respondents were stigmatized as people considered them jealous of other peoples' well-being (Figure 3.20).

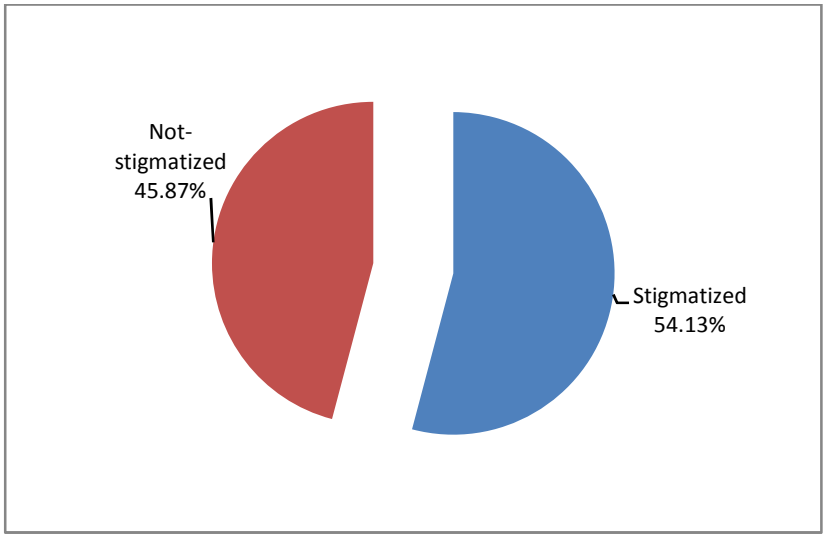


Figure 3.21: Stigma for criticizing other people

Criticizing others is also feminized in rural Bangladesh. Women are believed to criticize others as they have no important work to do. This kind of stigma is also falling upon the respondents in the study area. It is shown from the Figure 3.21 that 54.13% of the respondents were stigmatized as they criticized others.

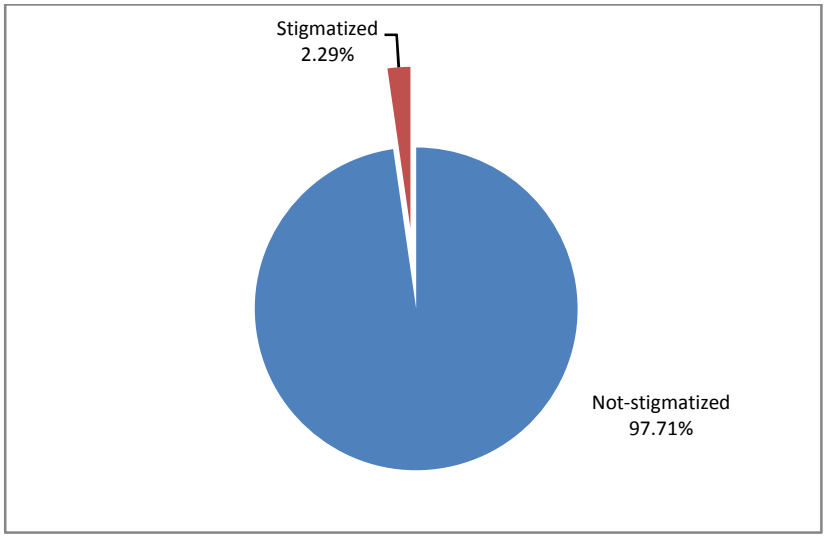


Figure 3.22: Stigmatization status due to attraction to other male

Ideally, extramarital attraction for other males is strictly forbidden in Bangladesh. Sometimes reality does not match the gospels. From time immemorial, extramarital relations are considered strong sources for stigmatizing. This phenomenon is also in the study area. Five (2.29%) of the respondents confessed that they were stigmatized for being attracted to other male (Figure 3.22). Respondents also said

that if male members are involved in such activities community does not stigmatize them as harshly as they stigmatize women.

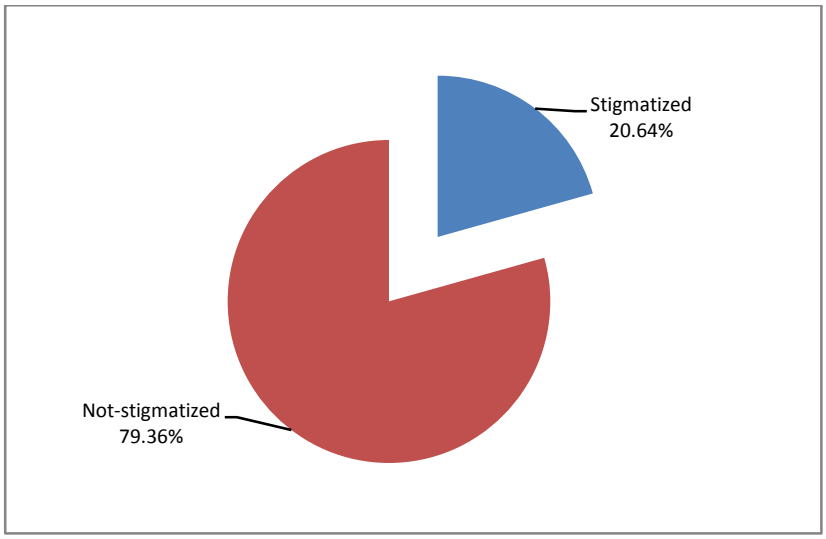


Figure 3.23: Stigmatization status due to food habit

Food habits are also sources of stigma to women in the study area. Norms in our country is that women are to take food after serving husband and other male members of the family. If women eat the items ideally allotted for male members, before them women are under severe stigmatization. Present study shows that 20.64% respondents were stigmatized by family members for this reason (Figure 3.23).

Types of hobby of the respondents show that 28.90% (n=63) of the respondents were used to watching TV as their only hobby. This is not surprising at all as their movement is nearly fixed by the four walls and they have little options to practice different types of hobbies. Sewing was the only hobby for 16.51% of the respondents, enjoying music, room decoration and smoking were the only hobby for 0.46% (n=1) of the respondents respectively. Reading books was the only hobby for 3.21% (n=7) of the respondents whereas reading religious books was the only hobby for 0.92% (n=2) of the respondents. Gossiping was also the only hobby for 0.92% (n=2) of the women in the study. Traveling was the only hobby for 2.29% (n=5) of the respondents in the present study. Poultry/livestock rearing was the only hobby for 11.93% (n=26) of the respondents. Both sewing and poultry are sources of income

and as a result they are regarded as favorite hobby for a good number of respondents. Exclusion in having hobby was also clear in this study. Data reveals that 33.94% (n=74) of the women had no hobby at all.

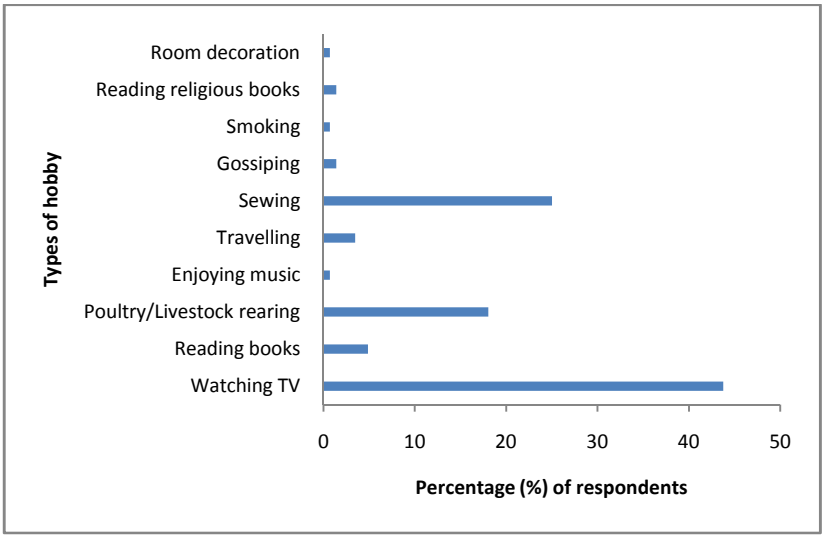


Figure 3.24: Distribution of hobby of the respondents

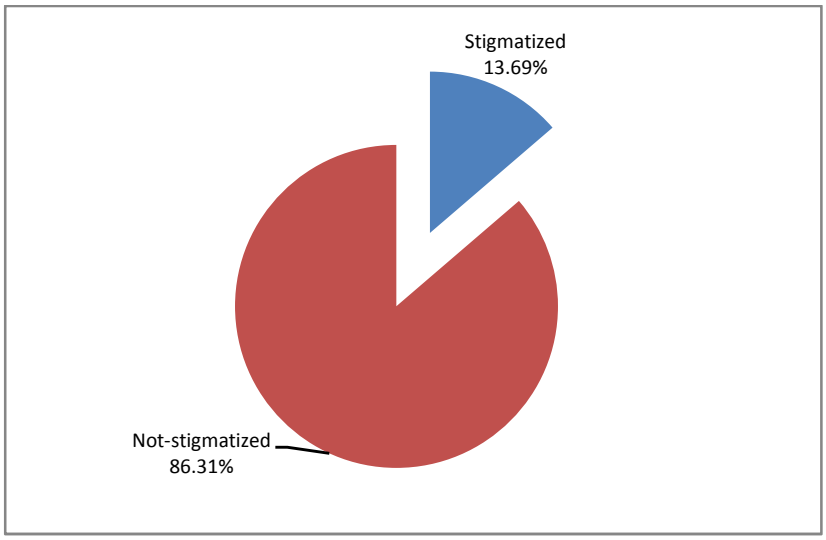


Figure 3.25: Stigmatization status regarding hobby

Stigmatization and blaming concerning hobby of the respondents are also salient in the study area. Among the respondents who did have a hobby, 13.69% of them were blamed for having a hobby (Figure 3.25). Respondents showed a self-negation in such a manner that women should not have any hobby, as if this is only a male phenomenon. It is also interesting to note that if hobby begets earning and if this earning is expended by the male members of the family then it is negotiable.

3.2.8 Social, political, cultural and economic conditions etc. in stigmatizing women

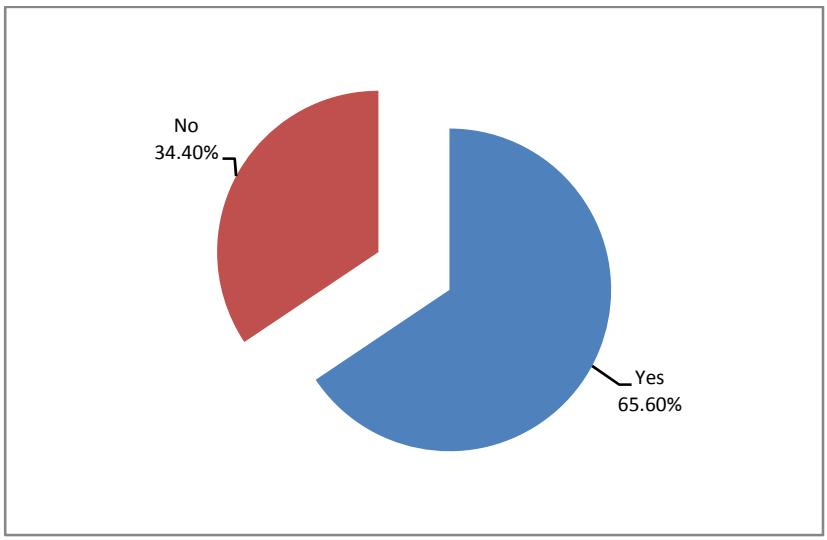


Figure 3.26: CD watching status

Now-a-days CD sets are available nearly in all shops, tea stalls etc. This is a medium of entertainment for the customer, a technique to bring in customers on part of the shopkeeper. Watching CD at home is also a new feature added in rural life. It is seen in the study area that women were fond of watching it to make their work enjoyable as well as to spend their leisure. Data show that 65.60% of the women watched cinema, drama etc. using CD set (Figure 3.26).

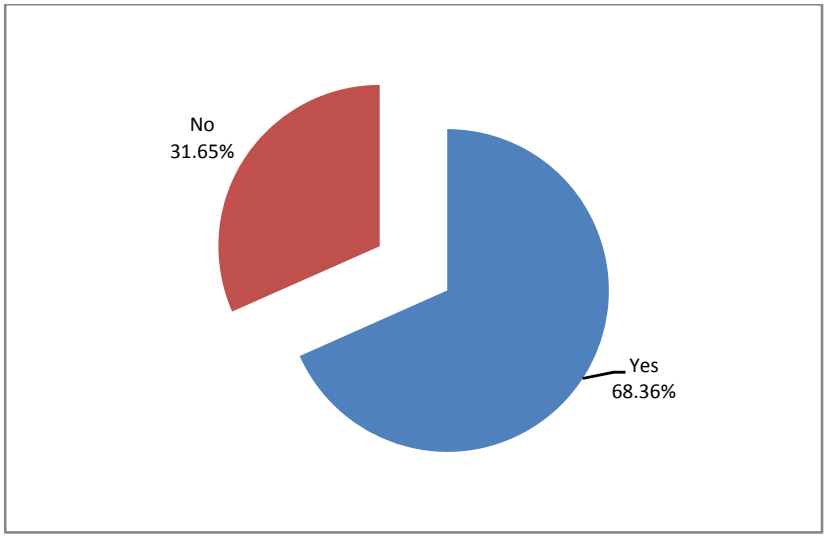


Figure 3.27: Status of watching movies

Again, Bangla cinema is very attractive item for the women in the study area. Among the respondents, 68.35% watched Bangla cinema. This is a new feature added into rural life. Before, family members had to go cinema hall to watch cinema.

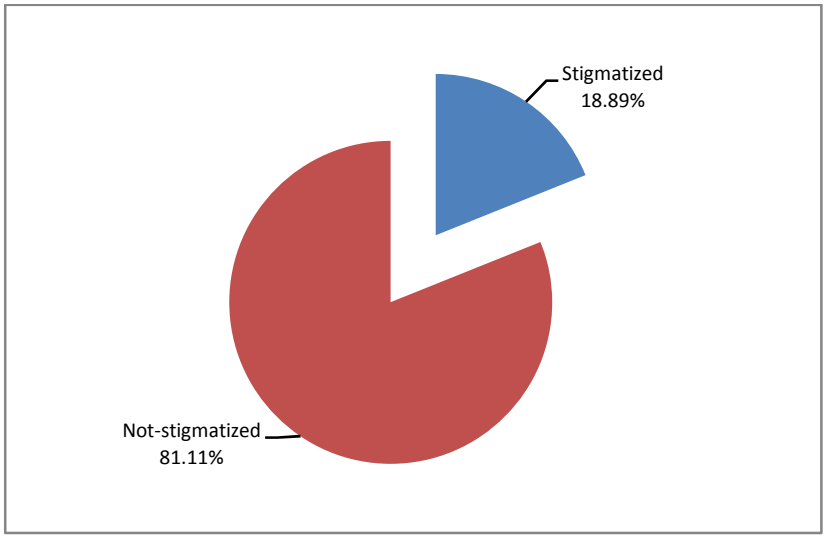


Figure 3.28: Stigmatization status for watching CDs

Watching CD by the women can cause them to be stigmatized. Data show that 18.89% of the respondents claimed that they were stigmatized for watching CD. In many cases senior male and female members of the family considered it deviant behavior. They held strong belief that watching CD imported satanic acts in human life.

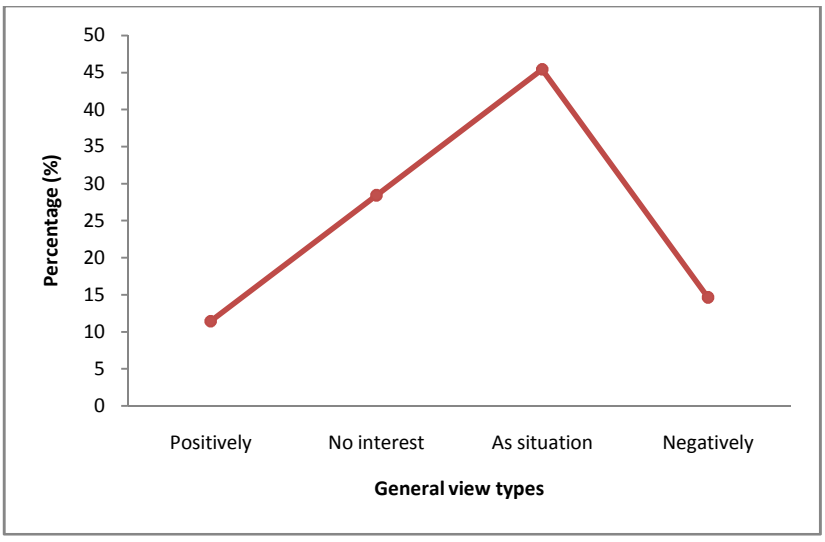


Figure 3.29: Society's view on gender identity

Sex refers to physical differences of the body but gender concerns the psychological, social and cultural differences between male and female in society.[10] Every society has different views on gender identity. Gender and gender relations are the social norms in societies and like other institutions, stigmatization mechanism lies in the gender expectations of society. Thus these norms set up appropriate behavior of male and female and crystallize it.[11] In the study area, 11.47% of the respondents thought that society took their gender identity positively, 14.68% of the respondents thought that society looked at their gender identity negatively. Besides these two opposite pole, 28.44% of the respondents thought that society did not have any urge to show interest to evaluate gender identity. Again, 45.41% of the respondents thought society's outlook about the gender identity as situational one. Situational category can be exemplified easily from the informal discussion with the respondents. They told that if gender identity favors people, then it was justified as right. If it did not favor their interest, people justified gender identity as wrong one. Positive attitude of community denotes that gender roles as fixed by the society is all right and negatively denotes that the roles are not justified.

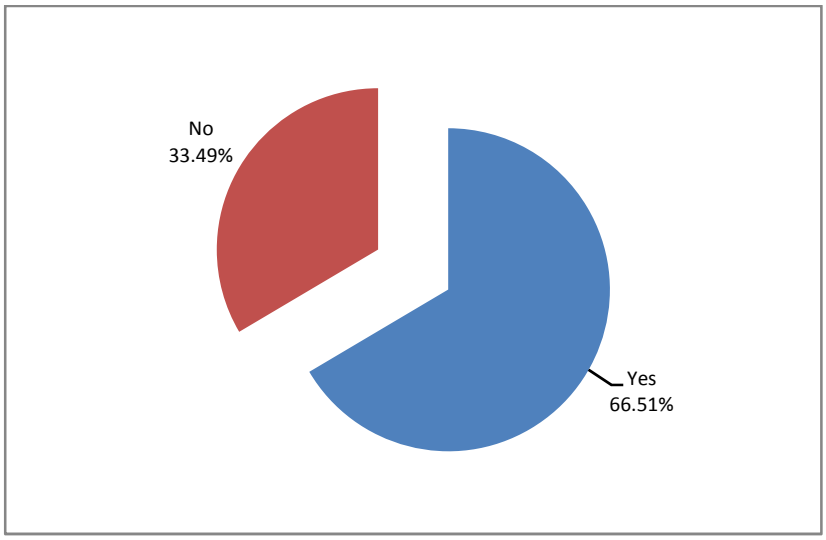


Figure 3.30: Negligence for gender identity

[10] Anthonny Giddens, *Sociology* 2nd edition (Oxford: Polity Press, 1993), p. 162.

[11] Ranna Haider, *A Perspective in Development: Gender Focus* (Dhaka: UPL, 2000), p. 35.

Negligence and stigma for gender identity is alarmingly high in the study area. Among the respondents, 66.51% informed that they were victims of negligence and stigma for their role in family and society at large. Male members of their family and community at large regarded women's role in family and community is a trivial one.

Political participation of the women in the rural areas of Bangladesh is still limited in spite of Government initiatives and policies adopted by different development agencies. Actually, women are in social and cultural boundaries. It seems that politics is a male activity. Data show that 100% of the respondents in the study area had no political activism concerning taking part in meetings, sittings, strikes, processions, formal interaction with political leaders, participation in decision making body of the local political body, and achieving mentality towards gaining political status etc. at all though they have voted in different level elections.

Stigma for political identity was also found though not in an alarming rate. Data show that, 1.38% of the respondents were stigmatized for this. Women were stigmatized for their husband or other male family member's political identity. In some cases, opposite ideology holders are involved in doing harms to their opponents in the study area.

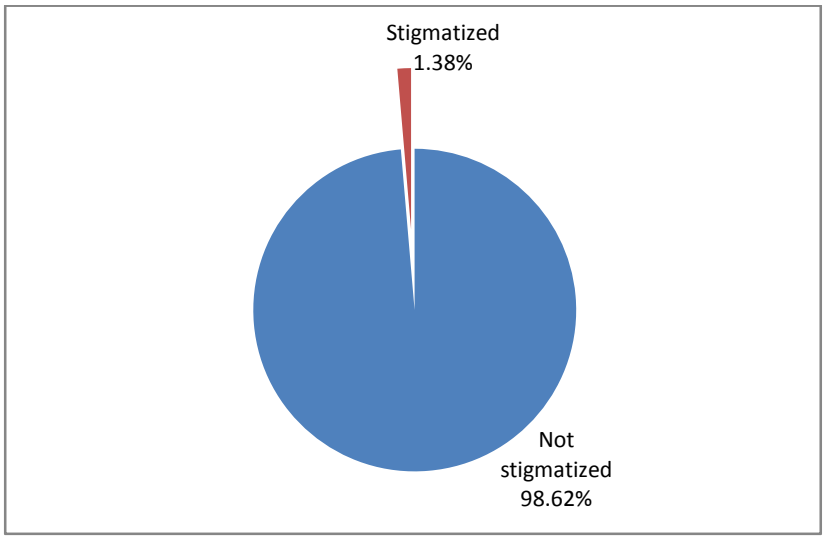


Figure 3.31: Participation and stigmatization status regarding political activities

Tricks can be used as a weapon for stigmatizing women in rural Bangladesh. People often take assumed phenomena as facts. It is heard in the study area from the respondents that they were stigmatized by other's tricks. Members of the society can gain their vested interest through scapegoating another person. Data show that these cases are not rare in the study area and about 36% of the respondents were stigmatized through other's tricks (Figure 3.32). Causes of tricks in the area have been known through open ended responses. In most cases, other people try to harm by fabricating sons'/daughters' fictitious affair story. Real love story of the sons'/daughters, can also stigmatized mothers. Another concern is that many people try to create an undesirable situation in the family to harm the women and lessen the integrity in the family. This type of incidents took place in case of 61.58% of the respondents and higher than any other type of incidents. Tricks can be triggered if it can be fabricated with stolen cases which were observed in 20.51% of the respondents' families in the study (Table 3.2).

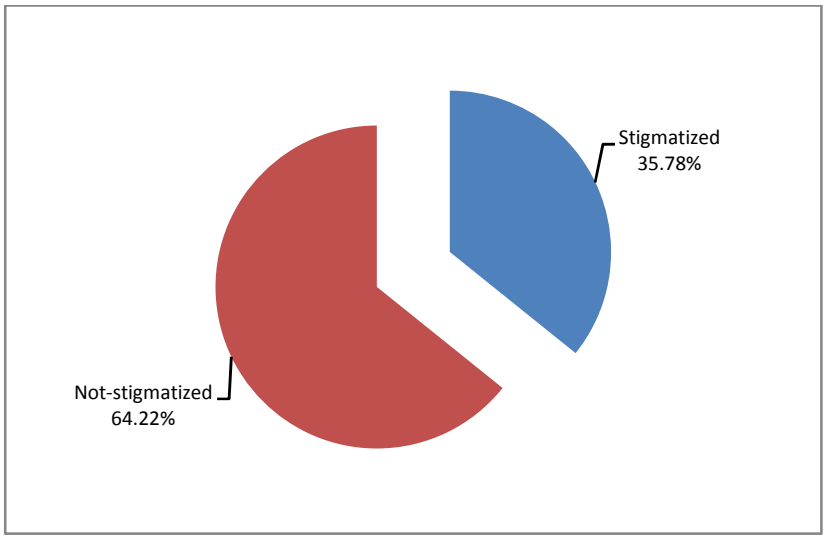


Figure 3.32: Stigmatization status by other's tricks

Table 3.2: Causes of stigma due to others tricks

Means/Reasons	***Percent***
People tried to harm by fabricating son's/daughter's fictitious affair/love story	07.69
Other people tried to create undesirable situation in family by telling lie	61.58
By using the issue of the 1st marriage	02.55
Telling of a story of stolen case	20.51
Mother in law forced her to leave the family	01.26
Working in a rice-mill	01.26
Husband's family members tried to kill by poisoning	01.29
Facts regarding children's love affair	02.57
Land taken by others after war	01.29

Other instances included making issue of the first marriage for those who married more than once. Women workers working in the rice mill can be stigmatized by spreading fabricated of sexual stories about them.

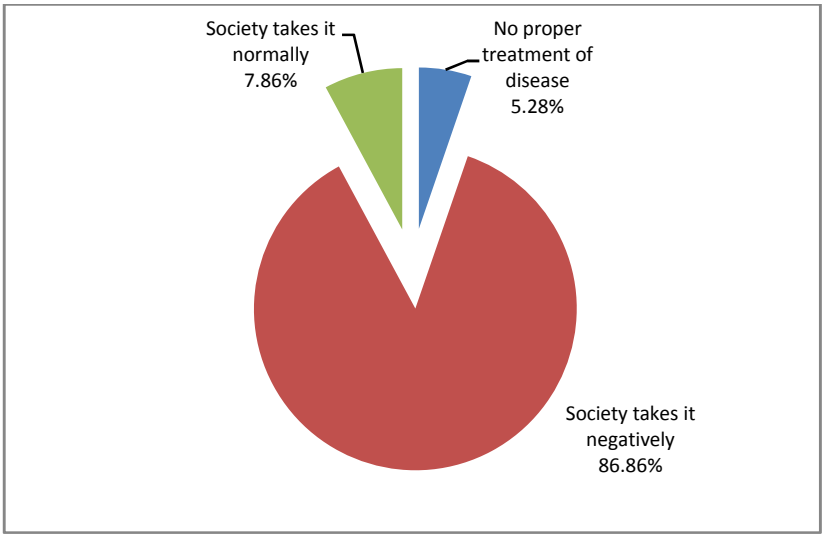


Figure 3.33: Society's outlook about widow, divorced and married more than once

Widow, divorced and women who were married more than once are stigmatized in the study area (Figure 3.33). Society generally has negative attitude about them. Data show that 5.28% of the respondents of this category did not get proper treatment, 86.86% of the respondents said that society takes them negatively and only 7.86% were viewed normally. When a husband passes away, it is said that the

wife has taken him away. Divorced and remarried women were stigmatized by the community. They are thought as women of bad character. If they were, such calamities would not have happened in their lives.

Keeping houses clean and tidy is one of the gender roles of women in Bangladesh. Data show that 43.59% of the respondents' homes are humid and dirty (Figure 3.34). They are not always responsible for this. It is observed that for poverty and other environmental causes, homes can be humid, dirty and unhygienic. Again it is very tough for the labor working in fields, rice husking mills, tea stalls to provide enough time for this purpose. However, in spite of having valid reasons for not being able to keep their houses clean, women are stigmatized.

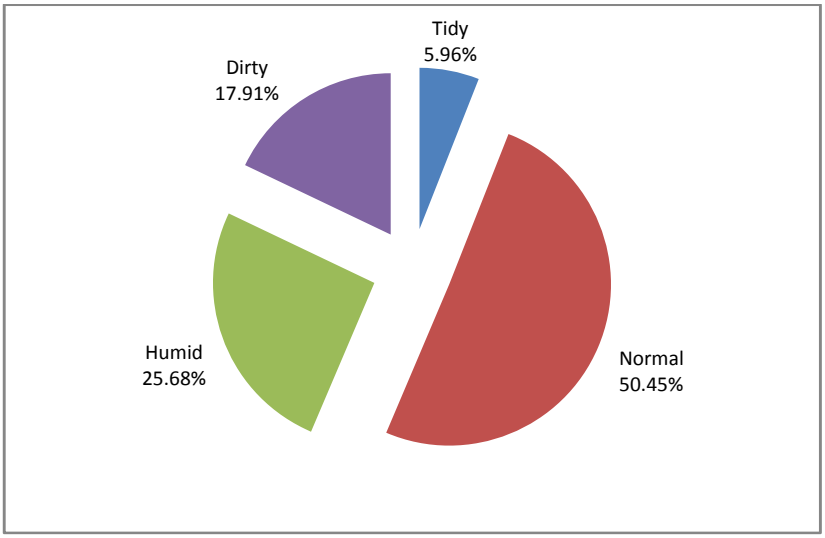


Figure 3.34: Stigma about household untidiness

Participation in cultural activity can ensure sound mental health of people. The rural women in Bangladesh have no time for recreation due to poverty for some and 'triple burden' for all. The women who have access to television can watch it. Women are culturally discouraged to take part in activities in rural areas such as taking part in drama, dance, music, fashion show, jatra, palagan, baulgan etc. Social expectation and values stigmatize them if exception happens. Data show that only 1.38% of women among the respondents took part in cultural activities which signifies their high exclusion in this matter (Figure 3.35).

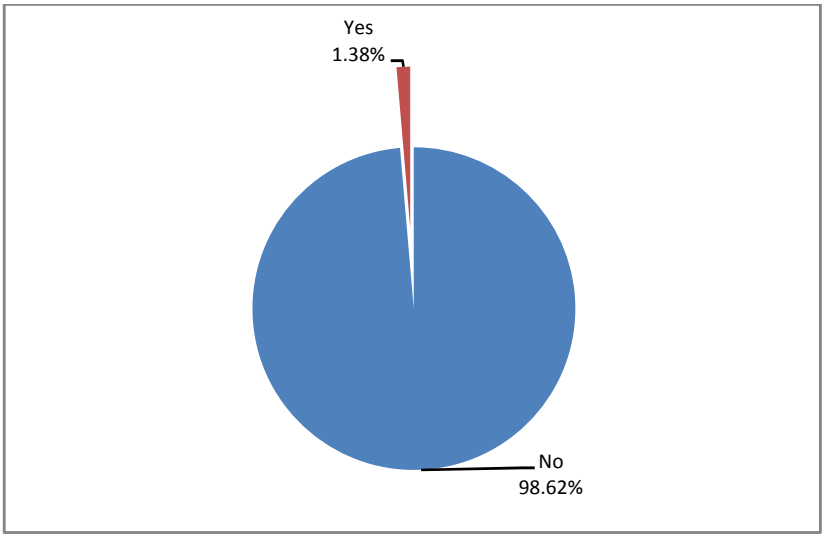


Figure 3.35: Participation in cultural activity

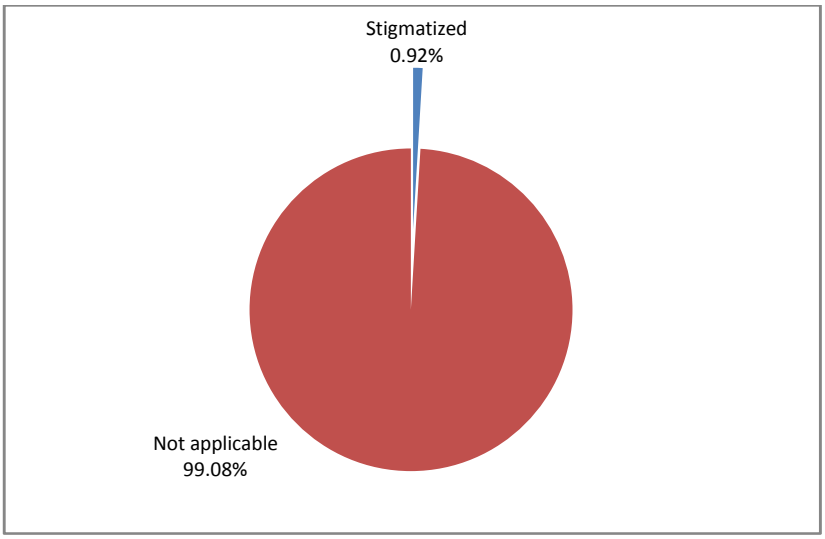


Figure 3.36: Stigma for cultural activity

It is clear that only 1.38% of the respondents took part in cultural activities (Figure 3.35). Figure 4.36 shows that 0.92% of them were stigmatized due to their participation in cultural activities. Patriarchal tradition is that the married female are to practice patri-local residence. It is seen that parents of the bride do not live with their daughter. In some cases, old parents need to live in their daughters houses. Life of the parents of the women sometimes become vulnerable due to chronic sickness, poverty, having no kith and kins to look after them work as push factors in living with son in law. Data in this study show that 4.13% of the respondents keep their parents with them (Figure 3.37).

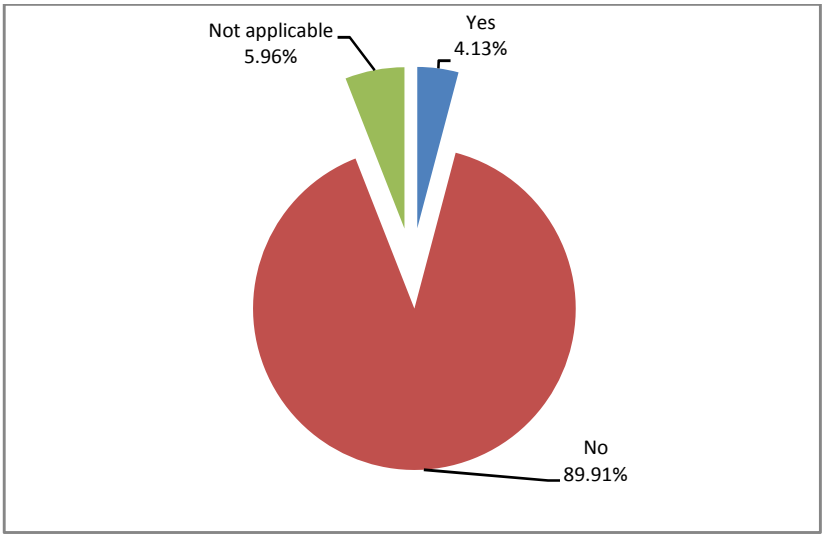


Figure 3.37: Status of keeping parents with respondents

Parents' vulnerability sometimes can provoke their daughter and son in law to provide financial support for them. Stigmatization from husband's family occurs when respondents support their parent financially. Among such helper respondents, 10.24% were stigmatized in this study (Figure 3.38).

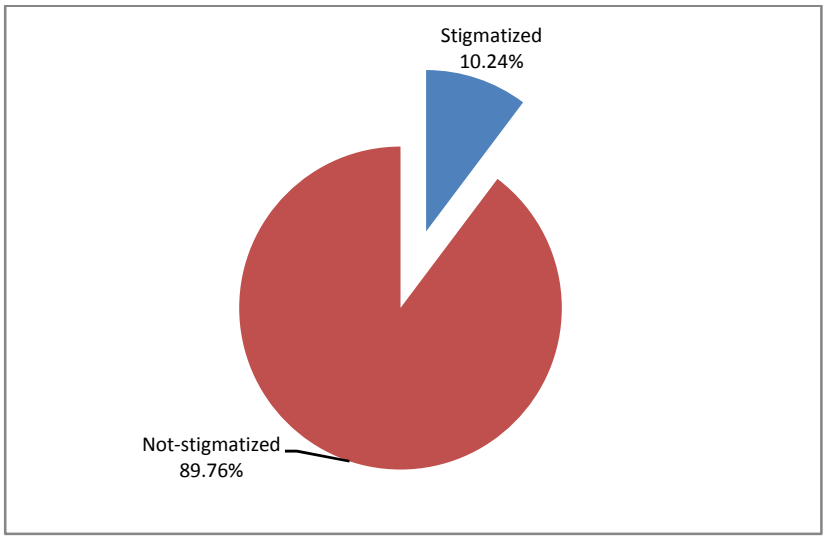


Figure 3.38: Stigmatization status for helping parents financially

The study area is predominantly agricultural in nature. Respondents are to work in the field for this and for poverty. Data show that 39% of the respondents worked in agriculture fields (Figure 3.39).

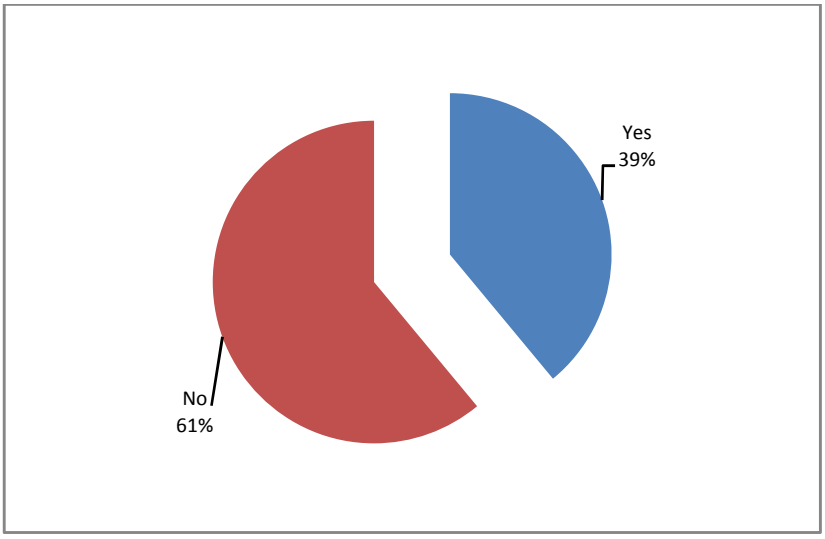


Figure 3.39: Status of working in the field

It is believed in the study area that women should work inside the household compound and not in the outside world. Exception can stigmatize women. Among those who work in the fields, 57.66% were stigmatized, and 42.34% of them were not stigmatized (Figure 3.40). In this category, many of the women did not care stigma concerning working in the field. When they were first time in the field, reaction was also very strong. Now they are used to such harsh situation.

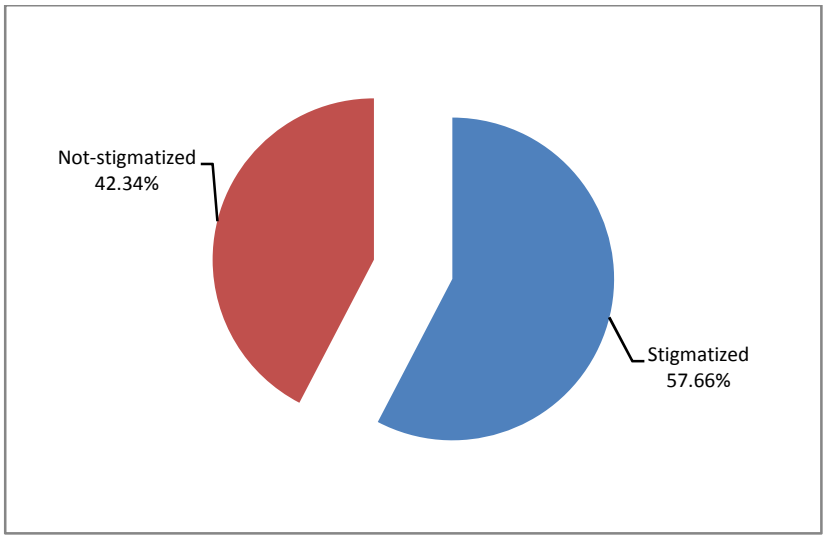


Figure 3.40: Stigma for working in the field

Poverty is a root cause of social stigma in the study area. Financially weak persons can be easily stigmatized by the powerful ones. This, of course, requires a discussion

on power and economic dimension in social stigma.[12] Data show that 83.43% of the respondents among the poor realized that they were stigmatized for their poverty (Figure 3.41). Informal talking with the respondents reveals that the same phenomenon has different results regarding social stigma for different respondents with different economic statuses.

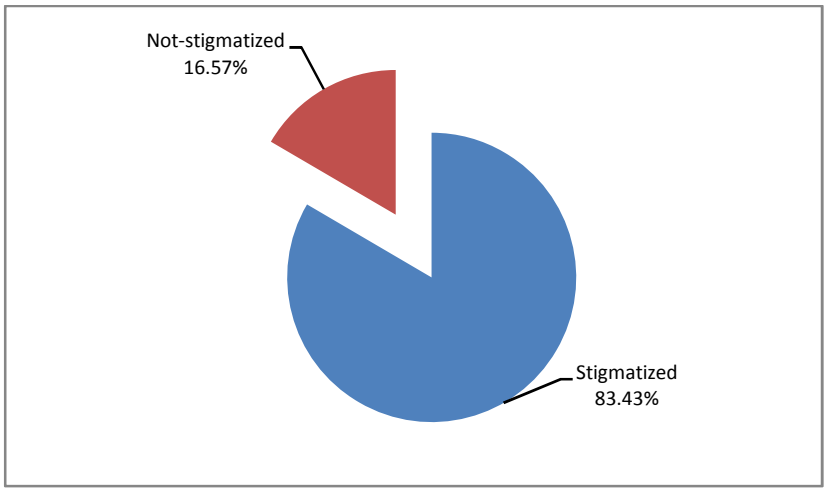


Figure 3.41: Stigmatization status for poverty

Long and thick hair of the women is traditionally appreciated in rural Bangladesh. Women who have less hair on their heads are criticized and stigmatized as this is a feature of men. Women having less hair were stigmatized highly in the study area. Data show that the figure was 80.51% of the total respondents (Figure 3.42).

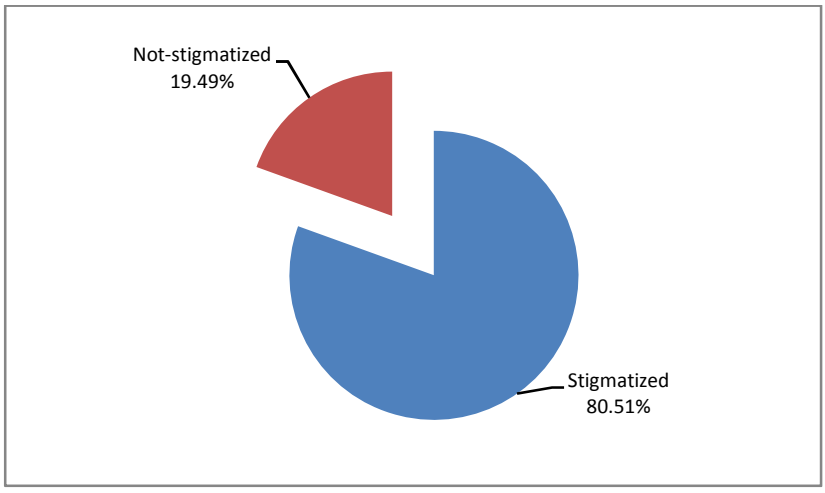


Figure 3.42: Status of stigmatization for having less hair

[12] BG Link and Jo C Phelan, "Conceptualizing Stigma", *Annu. Rev. Sociol.*, Vol. 27 (2001), p. 363.

Figure 3.43 shows that 59.62% of the women, who color their hair, were stigmatized in the study area. Again, cutting hair of the women is not the norm in rural society. More than 42% of the respondents who go to cut their hair in parlor were stigmatized. They were stigmatized as short hair is a feature of men's appearances (Figure 3.44).

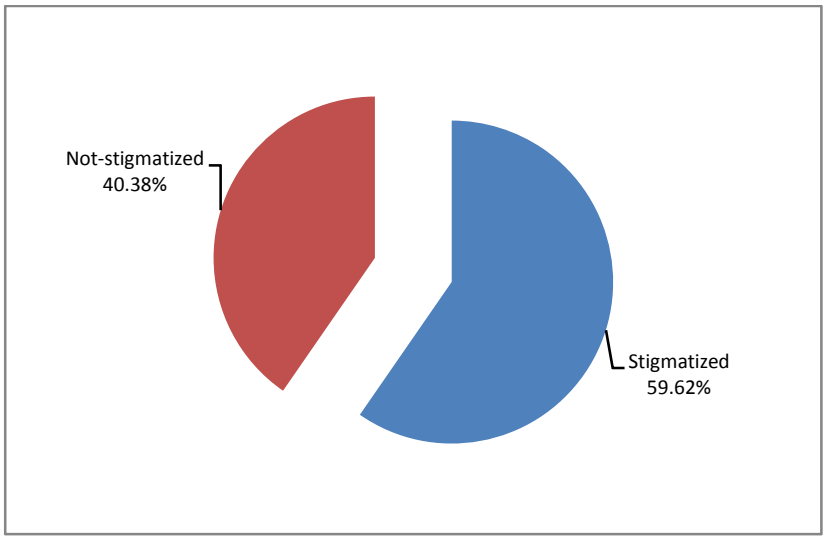


Figure 3.43: Stigmatization status regarding coloration of hair

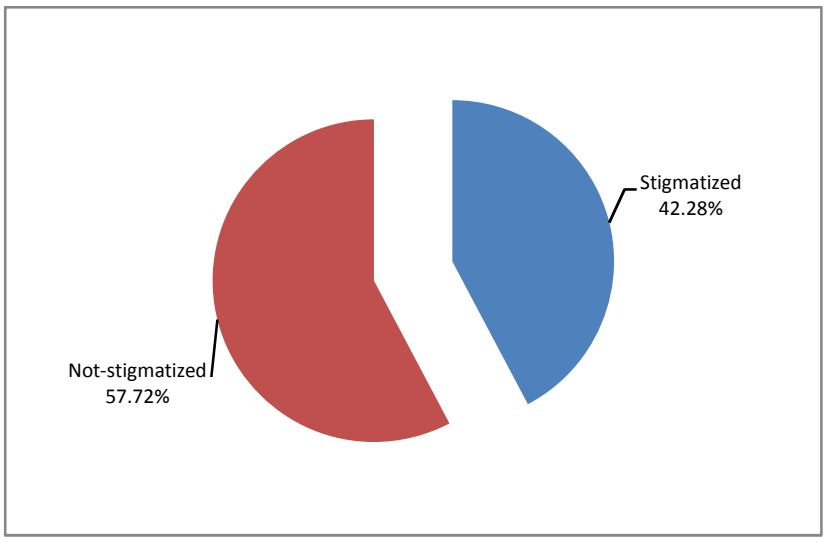


Figure 3.44: Stigma for cutting hair in parlor

Sterile women are stigmatized highly in our society. The study area is not an exception. Women who had failed to give birth to child even after five years of their marriage were severely criticized. Medical science can determine to some extent whether the male or the female is responsible for the infertility. In many cases,

proper treatment can help the couple in giving birth. Respondents of the present study have shared that it was always women who were stigmatized for this. Among the childless women, 35.01% were stigmatized and blamed for not issuing a child. Women who never become a mother are stigmatized by formidable words such as apaya (bearing bad omen), alaxmi (with bad luck), baja (sterile womb) etc (Figure 3.45). Besides, many women are physically tortured by their husbands for this. In many cases, people avoid meeting them when they go to fish, go for business, attend an inauguration ceremony etc. If unconsciously or accidentally met, people think negatively about their lot.

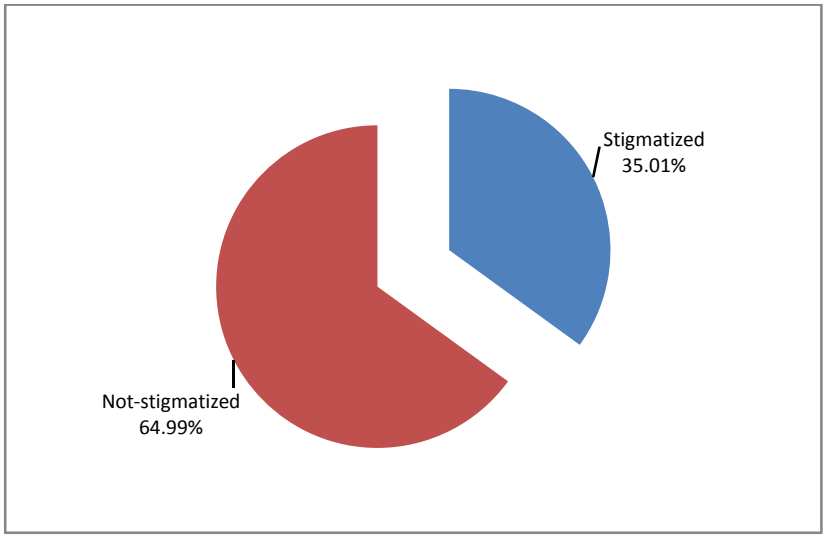


Figure 3.45: Stigmatization status for having no children

Importance of son in all religions and rituals can be a fertile land for stigma. In Hinduism, a son is needed to burn his father's dead body. In Islam, daughters cannot take part in the funeral of her parents. In both religions, parents generally like to live with a son, not with daughter and this is a norm in society. Sons are income earners and decision makers in family and resultantly they are very much desired in families. Owing to all these facts mentioned above, most of the respondents who had no sons were stigmatized in the rural areas like in the area of the current study. Besides, women who had only sons were stigmatized but less in comparisons to those who had no sons. Data show that 57.50% women having sons only or daughters only were stigmatized in the study locality (Figure 3.46).

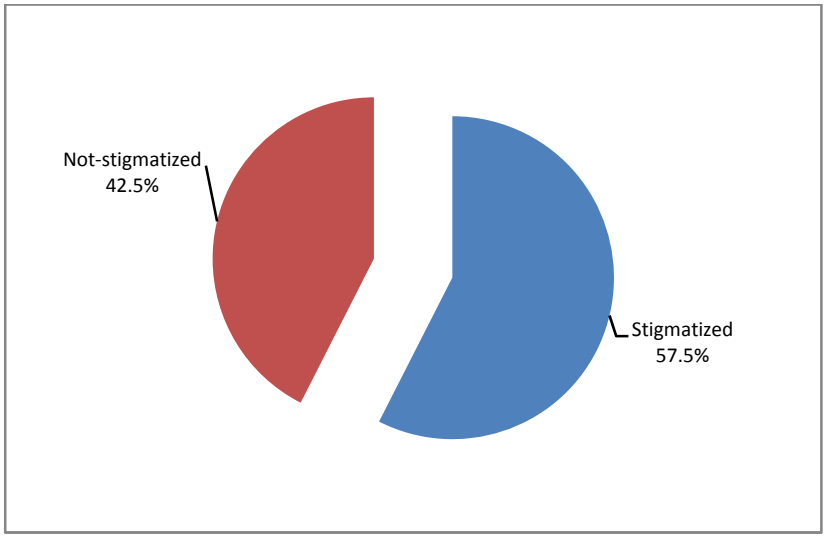


Figure 3.46: Stigmatization status for having son or daughter only

Norms of dresses are followed by the people of rural Bangladesh. Data show that 19.72% of the respondents were stigmatized for their dresses (Figure 3.47). There are a variety of causes involved in this. Muslim women are expected to maintain purdha through wearing borkha. Exception of this can stigmatize them. Again, for poor women, wearing maxi (one long garment) sometimes provokes insult and stigma. Sometimes, poor women are bound to wear torn clothes which bring about stigma to them.

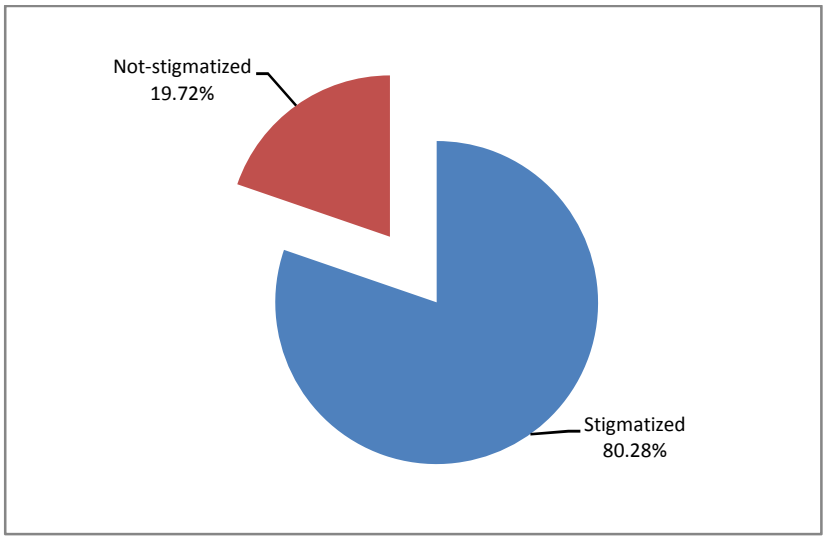


Figure 3.47: Stigmatization status for dress up

Ornament norms are maintained by the rural people of Bangladesh irrespective of religion. Nakful (ornament for nose) is such kind of an ornament. Normally, women are expected to wear it after their marriage in Muslim and Hindu communities. If the married women of both this religions do not wear the nakful, it is thought that either they desire to do harm to their husbands' or their husbands are dead. When nakful is broken or missing, women are stigmatized and compelled to hurry to repair it or purchase a new one. This is not so important for the Christians but wedding ring is a compulsory one for the women to wear. Still, the blaming pattern for all communities is the same. Women from the converted Santal Christian cannot wear rings always because they are highly involved in agricultural and pastoral activities. Yet, they cherish the same values about wedding ring. The study shows that 88.23% of the respondents who did not wear nakfuls/wedding rings were stigmatized (Figure 3.48).

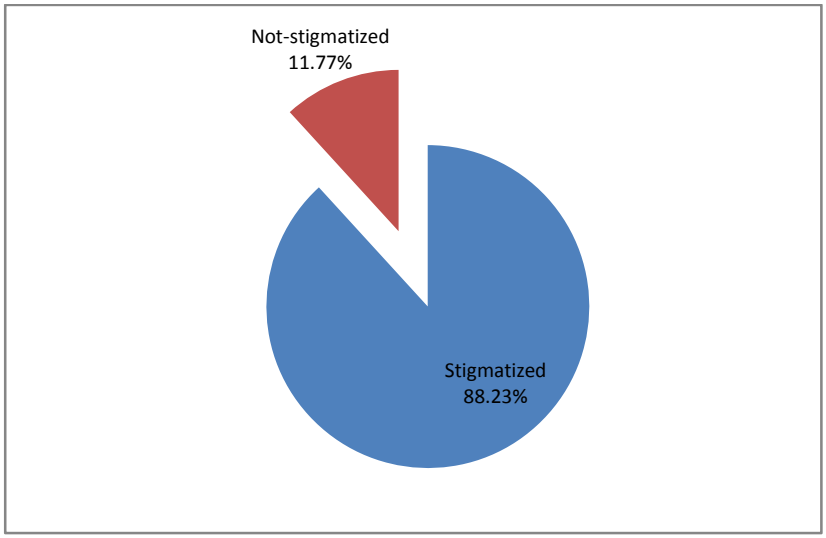


Figure 3.48: Stigma caused for not putting on nose pin/wedding ring

Social stigma among the rural women in Bangladesh is highly molded by long cherished socio-cultural patterns. Patterns of social stigma in the study area embrace physical and socio-cultural domains. Women are stigmatized nearly in all spheres of their lives. It is understood from the respondents that patriarchy is the root of all such stigma. Once women are socialized in patriarchy, their views become the same those of the male members of society. Women are stigmatized by their husbands and by other family members including female members. Full participation in every walk of social domains to unfold their potential is still a far cry. This leads to their social exclusion. Further research endeavor is needed to explore the complicated nexus of social stigma in Bangladesh.

CHAPTER FOUR

GENERAL PERCEPTION OF THE WOMEN ABOUT SOCIAL STIGMA IN THE STUDY AREA

CHAPTER FOUR

General perception of the women about social stigma in the study area

4.1 Introduction

In this study, the respondent women have expressed their view points on social stigma which, reveal their perception on the issue. This chapter focuses on these view points. However, before presenting the analysis of primary data, a theoretical introduction is given below. People who are stigmatized possess an attribute or aspect of self that is devalued by others.[1] Some stigmas are immediately visible to others and hence have the potential to elicit negative treatment across a wide variety.

Perception is a deeper natural way of seeing, understanding or interpreting something. Salvator and Shelton (2009) found that "members of stigmatized groups (i.e. blacks and women) are more concerned with how other in-group members will perceive them when they do not confront perpetrators of prejudice than they are with how out-group members (i.e. whites and men) will perceive them when they do confront perpetrators of prejudice.[2] Individuals stigmatized by society, based on their group affiliation or illness, may not feel the stigma as intensely as one might expect. In other words, society's view of the stigma associated with a particular stressor, rather than an affected individual's perceptions of stigma. In fact, those who are socially stigmatized most sometimes perceive the least amount of stigma. Perceived stigma is associated with poorer social support and psychological well-being. However, individuals and society's perceptions of stigma are probably acting,

[1] J Crocker, B Major and C Steele, "Social Stigma" in *The Handbook of Social Psychology, eds.* DT Gilbert and ST Fiske (Boston, MA: McGraw-Hill, 1998) pp. 505-509.

[2] JN Shelton, JM Alegre and D Son, "Social Stigma and Disadvantages: Current Themes and Future Prospects", *Journal of Social Issues,* Vol. 66(3) (2010), pp. 618-634.

to some degree, as the cause and effect of each other. Perceived stigma is defined in this study as the individual's personal feelings about the stressor, such as embarrassment, shame, or deviance and individual's projections of these feelings onto others, which may or may not accurately reflect network members' and/or society's feelings about the stressor. Perceived stigma is related to negative perceptions of others, negative interaction with others and perceived and actual restrictions in social activities. Women who perceive a stigma may feel that those who live with them and their stressor on a day to day basis are more accepting and understanding, whereas those outside the household are more judgmental. Furthermore, their fear of rejection or insult may lead to impaired perceptions of support availability and social interactions as well as to increased withdrawal from their network of family and society.

4.2 Perceptions of women

4.2.1 Perceptions of women regarding stigma emanating from educational qualification

Ignorance represents darkness education is light. Acquisition of knowledge broadens one's mind and creates understanding about surroundings and the larger society. Society often limits educational achievement of women when a narrow confine. Women feel that they are inferior- that they cannot be like men, that their brains are not as good, that they are not educated.[3] In the study area the perception of women about education is discriminates against women in favor of men. Most of the women said formal education is not so important for women and that their educational qualification should be lower than that of their husbands. Society disapproves the situation in which a woman who is more qualified than her husband in terms of formal education. This phenomenon is considered a shame for men and the women also. Everybody expects a little educated woman who can read and write only. The educated women in the study area were more stigmatized than the women who could not read or write. They said that this type of stigma is normal.

[3] Leila El Hamamsy, *Early Marriage and Reproduction in Two Egyptian Villages* (Cairo: UNFPA, 1994).

Table 4.1 Represent the general perception of the stigmatized, non-stigmatized and all respondents in the study area regarding stigma emanating from education. It was revealed from the study that majority of the respondents, both stigmatized and non-stigmatized, believed that this type of stigma which generated from lack of sufficient education was normal. This was found true for 96.79% of the women (184 stigmatized and 27 non-stigmatized) (Table 4.1). Figure 4.1 shows the overall perceptions of the respondents regarding this issue in the study area. Most of the respondents (96.79%), both stigmatized and non-stigmatized, believed that stigma emanating from lack of sufficient education was normal.

Table 4.1: Perceptions of women regarding stigma emanating from educational qualification

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	184	96.34	27	100
Not-justified	6	04.14	-	-
Depends on situation	1	00.52	-	-
Total	*191*	*100*	*27*	*100*

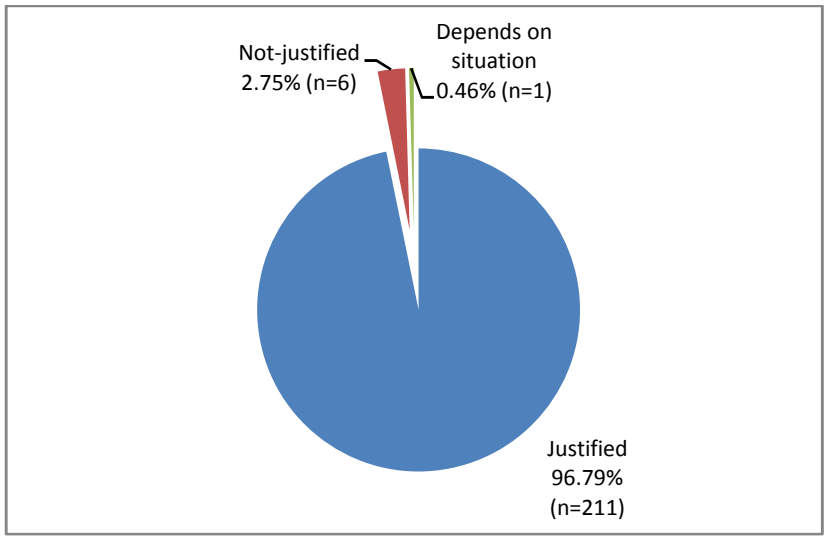


Figure 4.1: Overall perceptions of women regarding stigma emanating from education

Women with low literacy skills are more sensitive to these concerns. These women harbor a great amount of shame and stigma relating to their limited literacy skills.

4.2.2 Perceptions of women regarding stigma due to inability to read religious books

The women as well as other people in the rural societies believe that everybody especially women should to read their holy books. They should pray for the wellbeing of the family and for their husbands. Many peasants do not let their daughter leave the house to go to school and the like because they fear that their girls will gain a sense of freedom, which is always dangerous. By venturing out, the girls will also gain knowledge of the world of men, and if they learn to read, they will read the wrong kinds of books, not the Koran.[4] Reading religious books is encouraged for the women in rural areas of Bangladesh. Details of the perceptions of women regarding stigma due to inability to read religious books is shown in Table 4.2. All the women agreed that a person who does not know how to read holy religious books should be stigmatized. Even stigmatized respondents believed that this was natural that they would be stigmatized for this reason (Table 4.2). It was very conspicuously observed in the survey results that rural people especially women had great faith in their religions.

Table 4.2: Perceptions of women regarding stigma due to unable to read religious books

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	146	100	72	100
Not justified	-	-	-	-
Depends on situation	-	-	-	-
Total	*146*	*100*	*72*	*100*

4.2.3 Perceptions of women regarding stigma emanating from occupation

Table 4.3 shows the perceptions of the rural women in the study area regarding stigma emanating from their occupations. In case of stigmatized respondents, of the respondents (77.78%) took this stigma abnormally. They believed that stigma should

[4] R Adams, *Development and Social Change in Rural Egypt* (Syracuse: Syracuse University Press, 1986).

not be stigmatized on this ground as they worked hard for their families. Some who were housewives and stigmatized (16.66%) received this stigma normally. They mentioned that as they did not earn for the family so it was justified for others to stigmatize them (Table 4.3). However, majority (92.66%) of the non-stigmatized respondents believed that stigmatization emanating from professions was normal. Nevertheless, 0.5% of the non-stigmatized respondents made no comment regarding this issue (Table 4.4.). Figure 4.2 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.3: Perceptions of women regarding stigma due to occupation

Perceptions regarding stigma	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	03	16.66	188	94
Not justified	14	77.78	11	5.5
Depends on situation	01	5.56	-	-
No comments	-	-	1	0.5
Total	*18*	*100*	*200*	*100*

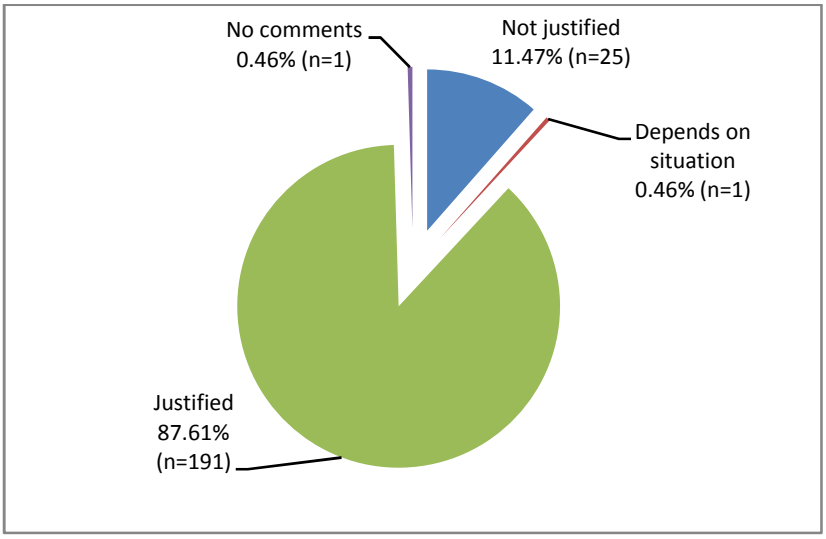


Figure 4.2: Overall perceptions of women regarding stigma due to occupation

4.2.4 Perceptions of women regarding stigma emanating physical structure

The cultural politics of body size is long been researched by the social scientists.[5] Physical structure of the women draws special attention in this connection. Women should be "komol-moti" (soft-minded). People expect that physical appearance of women should always be beautiful that will cheer up others. This perception exists among both male and female members of the society.

Perceptions of respondents regarding stigma due to physical structure are shown in Table 4.4. All the stigmatized respondents considered stigma for their physical structure not-justified. But mixed opinions were stated by the non-stigmatized women. Majority (88.14%) of the non-stigmatized women showed similar opinion to stigmatized women *i.e.* they considered stigma for physical structure not justified. However a little portion (4.39%) of the non-stigmatized women (1.83% of the total respondents) did not mention any opinion regarding this issue (Table 4.4). Figure 4.3 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.4: Perceptions of women regarding stigma emanating from physical structure

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	10	8.47
Not justified	100	100	104	88.14
Depends on situation	-	-	-	-
No comments	-	-	4	4.39
Total	*100*	*100*	*118*	*100*

[5] Helen Gremillion, "The Cultural Politics of Body Size", *The Annual Review of Anthropology,* Vol. 34 (2005), pp. 13-32.

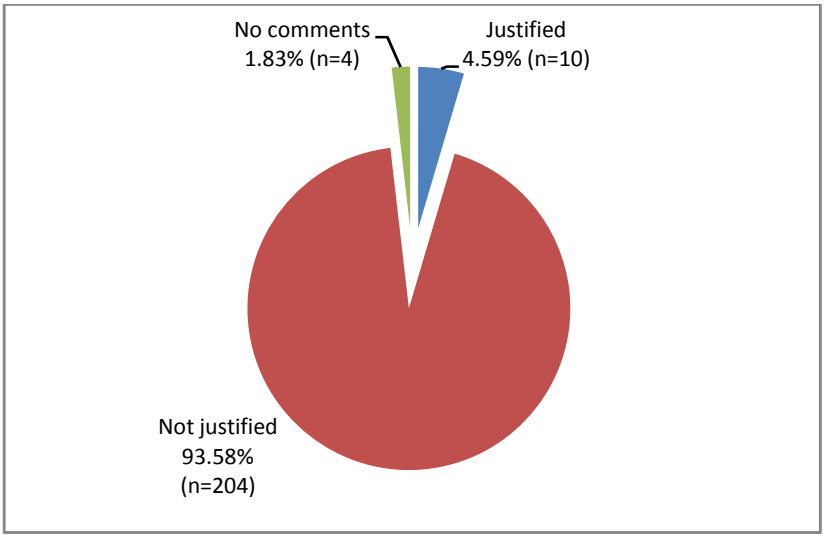


Figure 4.3: Overall perceptions of women regarding stigma emanating from physical structure

Obesity is unnatural, unjustified and unhealthy.[6] Obese women predicted that they would be less likable.[7] Rothblum has explored the stigmatizers self, children, adolescents, adults, friends and dates, health professionals in this regard. The stigma of obesity holds the obese responsible for their weight and employment discrimination against the obese results in downward economic reality is found with other socio-economic realities.[8]

4.2.5 Perceptions of women regarding stigma emanating from height

Perceptions of the respondents regarding stigma due to height are shown in Table 4.5. More than sixty percent of the women (64.68%) in the study area were stigmatized in among whom 92.91% mentioned that casting stigma upon someone for their height was not justified. Generally too short or tall women were stigmatized for their height. More than three fourth of the non stigmatized women (75.32%)

[6] MM Rogge, M Greenwald, A Golden, "Obesity, Stigma and Civilized Oppression*", Advances in Nursing Science,* Vol. 27(4) (2004), pp. 301-315.

[7] Carrol T Miller, Esther D Rothblum, Diane Felicio and Pamela Brand, "Compensating for Stigma: Obese and Nonobese Women's Reactions to Being Visible", *Personality and Social Psychology Bulletin,* Vol. 21 (1995), pp. 1093-1106.

8 Esther D Rothblum, "The Stigma of Women's Weight: Social and Economic Realities", *Feminism and Psychology,* Vol. 2(1) (1992), pp. 61-74.

showed similar perception (Table 4.5). However there were still some participants who believed that stigmatization for height was justified (Table 4.5). Figure 4.4 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.5: Perceptions of women regarding stigma emanating height

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	09	6.38	18	24.38
Not justified	131	92.91	58	75.32
No comments	1	0.71	-	-
Depends on situation	-	-	1	1.30
Total	*141*	*100*	*77*	*100*

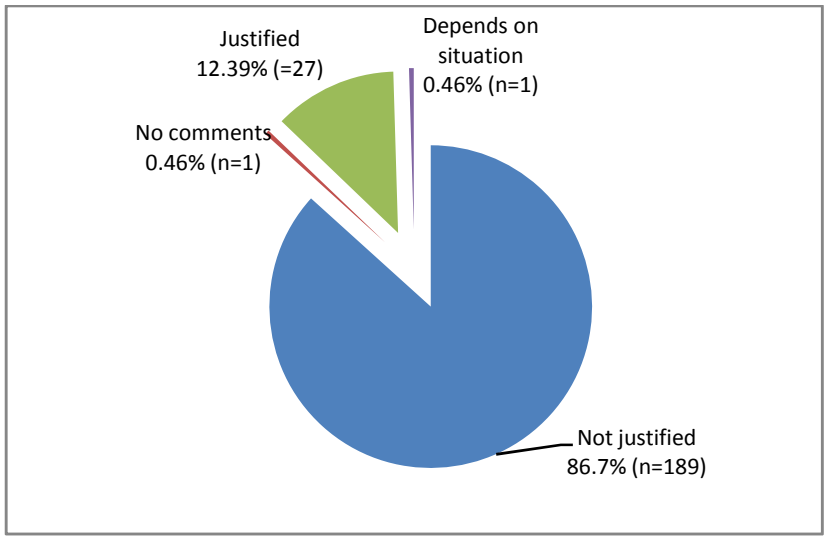


Figure 4.4: Overall perceptions of women regarding stigma emanating from height

4.2.6 Perceptions of women regarding stigma emanating from dark skin color

Women live inside the house. So their skin color should be fair enough. Beauty of women is expected in society. Skin color of female is considered very important criterion of fudging beauty in country like Bangladesh. Perceptions of rural women regarding stigma due to skin color are shown in Table 4.6. The survey revealed that

6.67% of the stigmatized and 29.26% of the non-stigmatized respondents believed that stigmatizing dark skinned women or females was justified. But majority of the respondents from both stigmatized (84.33%) and non-stigmatized (68.62%) categories believed that they had no control over it, so stigmatizing them was unjust. However, opinions of a small portion of the respondents (4.21%) have varied regarding this issue (Table 4.6). Figure 4.5 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.6: Perceptions of women regarding stigma due emanating from skin color

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	2	6.67	55	29.26
Not justified	25	84.33	129	68.62
Depends on situation	03	10	04	2.12
Total	*30*	*100*	*188*	*100*

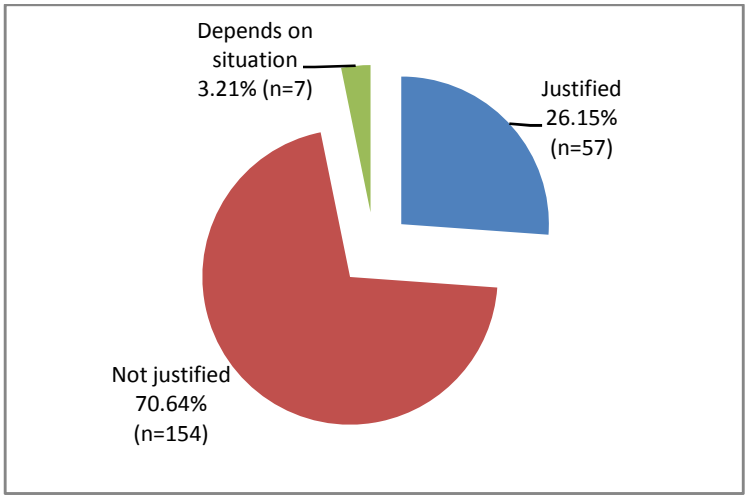


Figure 4.5: Overall perceptions of women regarding stigma emanating from dark skin color

4.2.7 Perceptions of women regarding stigma owing to ailment

World Health Organization (WHO) defined "health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." It is

said that the Goddess of good luck leave the house of a man whose wife/woman is sick. So sickness of wife is considered ill fate of any family. Table 4.7 represents the perceptions of the rural women regarding stigma cast for ailment. Among the stigmatized women, almost all (95.88%) regard such stigma as acceptable. They mentioned that sickness was not a matter of choice, and they did not bring it willingly. So, they should not be blamed for this. However, similar opinion was expressed by most of the (84.47%) non-stigmatized respondents. But 15.70% of the non-stigmatized women have mentioned that it was justified that a sick woman would be stigmatized (Table 4.7). Figure 4.6 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.7: Perceptions of women regarding stigma emanating from ailment

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	0	0	19	15.70
Not justified	93	95.88	101	84.47
Depends on situation	04	4.12	-	-
No comments	-	-	1	0.83
Total	*97*	*100*	*121*	*100*

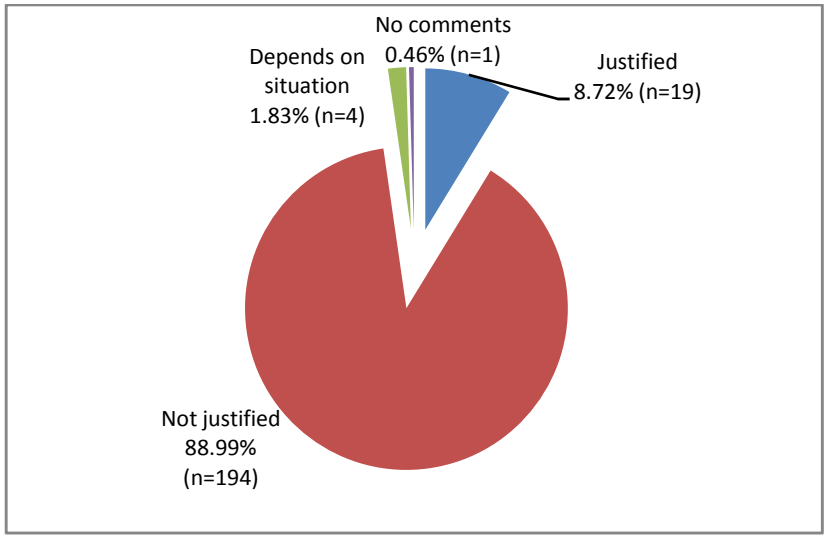


Figure 4.6: Overall perceptions of women regarding stigma cast for ailment

4.2.8 Perceptions of women regarding stigma emanated for husband's activities

The status of a wife depends on her husband's activities. As women are considered a nurse and a part of their husbands, they are responsible for activities of their husbands. This is natural for every woman. Women in particular are identified in terms of their father's and husband's position.[9]

Table 4.8 shows the perceptions of the respondents regarding stigma due to husband's activities. Mixed perceptions were observed in the study area in case of both stigmatized and non-stigmatized women. Almost half of the (49.24%) stigmatized women did not consider this type of stigma justified, and they believed that their husbands were responsible for this stigma; blame should be given to husbands not their wives. But a considerable portion of stigmatized women (34.09%) stated that stigmatizing them based on their husband's activities was justified. On the other hand, a little more than half of the (51.16%) non-stigmatized respondents stated that this type of stigma was justified. Opinion of a considerable portion of both stigmatized (16.67%) and non-stigmatized (22.09%) respondents varied with situation, they believed that this type of stigma is situation-dependent *i.e.* sometimes justified and sometimes not justified. Figure 4.7 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.8: Perceptions of women regarding stigma cast for husband's activity

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	45	34.09	44	51.16
Not justified	65	49.24	18	20.93
Depends on situation	22	16.67	19	22.09
No comments	-	-	5	5.81
Total	*132*	*100*	*86*	*100*

[9] MB Hadley *et al.*, "Why Bangladeshi nurses avoid 'nursing': Social and structural factors on hospital wards in Bangladesh", *Social Science and Medicine*, Vol. 64 (2007), pp. 1166-1177.

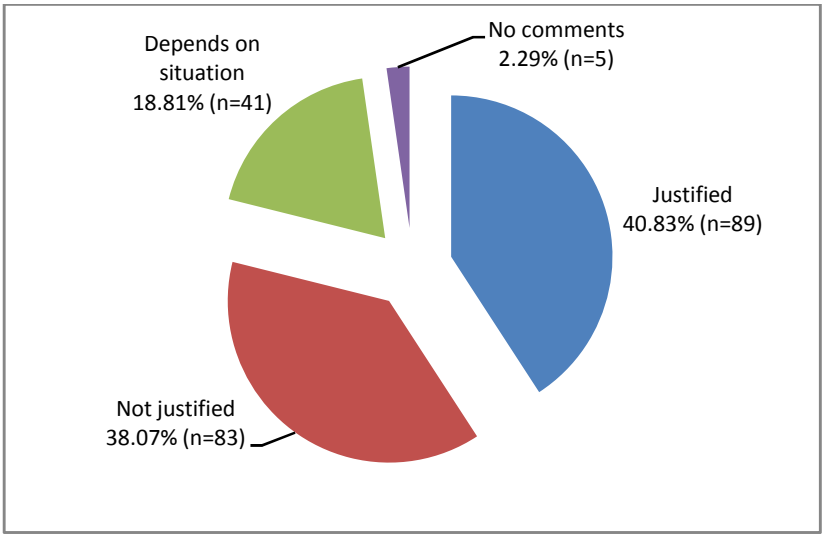


Figure 4.7: Overall perceptions of women regarding stigma cast for husband's activity

4.2.9 Perceptions of women regarding stigma emanating from children's activities

Mothers are stigmatized for the activities by their children. This is true especially when the children are daughters. In Bangladesh society, especially in rural societies, a woman loses her mental strength when she gives birth to a daughter. Responsibility of a daughter's activities lies with her mother. Mothers also take this phenomenon as natural.

Table 4.9 shows the perceptions of the respondent women regarding stigma due to children's activities. Quite similar perception was found in case of both stigmatized and non-stigmatized women in the study area regarding this issue. Almost all the respondents from both categories (91.94% of the stigmatized and 100% of the non-stigmatized) believed that it is very justified that mothers would be stigmatized to children's activities (Table 4.9). A small portion of stigmatized women have mentioned that this type of stigma should be situation dependent. Figure 4.8 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.9: Perceptions of women regarding stigma cast for children's activity

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	57	91.94	156	100
Not justified	-	-	-	-
Depends on situation	05	8.06	-	-
Total	*62*	*100*	*156*	*100*

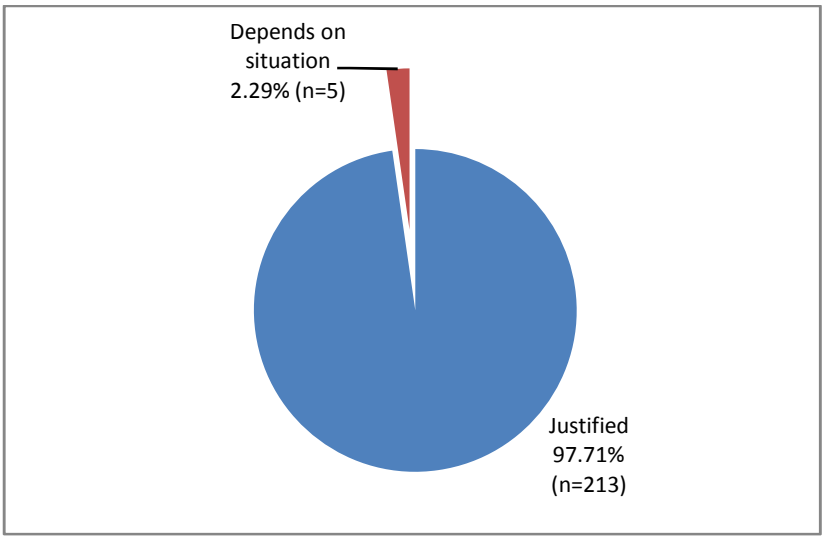


Figure 4.8: Overall perceptions of women regarding stigma cast for children's activity

4.2.10 Perceptions of women regarding stigma emanating from personality traits

In the rural areas of Bangladesh, most of the women like to gossip with others. They generally gossip during their leisure time. This is a source of their recreation too. Sometimes gossip brings about stigma to them, especially when they criticize others.

Table 4.10 shows the perceptions of rural women regarding stigma due to personality traits. Majority of the stigmatized (80.88%) and non-stigmatized (70%) women believed that this type of stigma is justified. A considerable number of respondents, both stigmatized (14.71%) and non-stigmatized (28.67%) did not make any comment on the issue (Table 4.10). Figure 4.9 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.10: Perceptions of women regarding stigma emanating from personality traits

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	55	80.88	105	70
Not justified	3	4.41	2	1.33
Depends on situation	-	-	-	-
No comments	10	14.71	43	28.67
Total	*68*	*100*	*150*	*100*

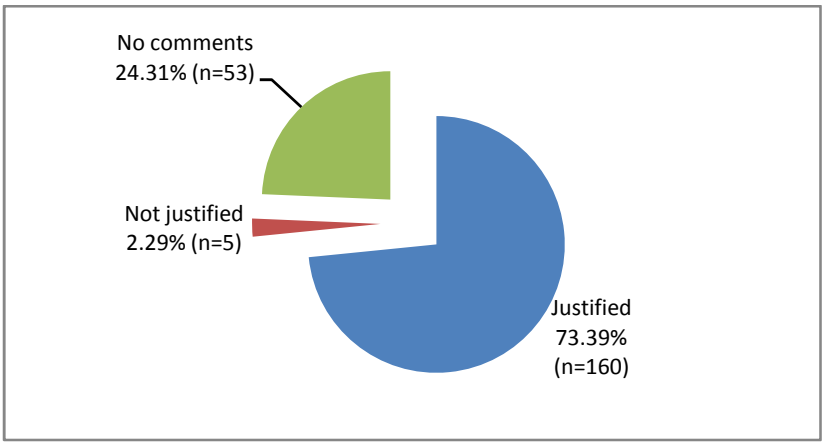


Figure 4.9: Overall perceptions of women regarding stigma emanating from personality traits

4.2.11 Perceptions of women regarding stigma cast due to criticizing others

Table 4.11 shows the perceptions of rural women in the study area regarding stigmatization based on criticizing other people. Mixed perceptions were recorded on this issue. More than half (54.25%) of the stigmatized women believed that this type of stigma was not justified because they criticized others for a valid reason. However, 30.51% of the stigmatized women accepted it as normal (Table 4.11). On the other hand, majority of the non-stigmatized women (59.63%) stated that this stigma was justified. However, a small proportion (1%) of the non-stigmatized women did not make any comment regarding this issue (Table 4.11). Figure 4.10

shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.11: Perceptions of women regarding stigma emanating from criticizing others

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	36	30.51	94	94
Not justified	64	54.24	5	5
Depends on situation	18	15.25	-	-
No comments	-	-	1	1
Total	*118*	*100*	*100*	*100*

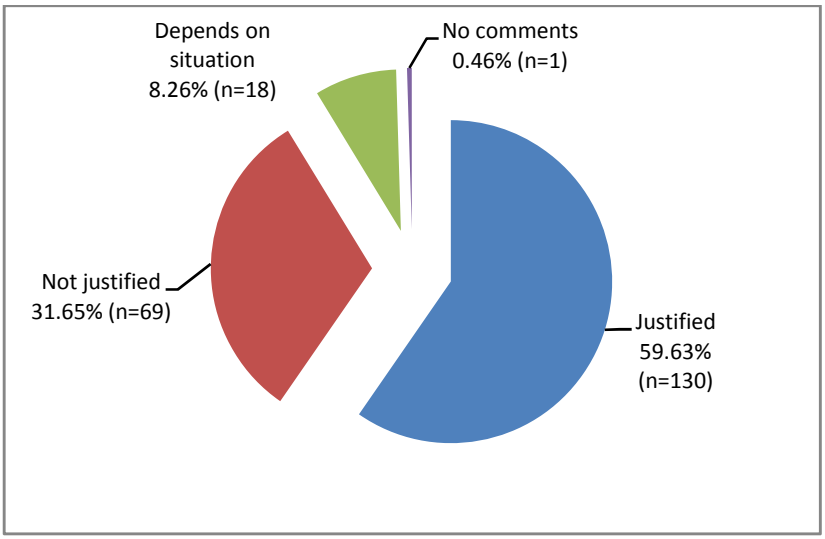


Figure 4.10: Overall perceptions of women regarding stigma cast for criticizing others

4.2.12 Perceptions of women regarding stigma emanating from attraction to males other than husband

In Bangladeshi society, the women who are attracted to males other than husband are hated and society never tolerate this. The Islamic culture practiced in Bangladesh prohibits physical touch between non-family females and males.[10] Table 4.12 shows

[10] MB Hadley *et al.*, "Why Bangladeshi nurses avoid 'nursing': Social and structural factors on hospital wards in Bangladesh", *Social Science and Medicine*, Vol. 64 (2007), pp. 1166-1177.

the perceptions of the stigmatized, non-stigmatized and overall respondents in the study area regarding stigma due to attraction to other male. Perceptions varied wide between stigmatized and non-stigmatized women. Sixty percent of the stigmatized women considered this stigma not justified, 20% considered it sometimes justified and sometimes not justified and 20% did not make any comment. All the non-stigmatized women mentioned that this stigma is very much justified for the women who were attracted to a male other than their husbands (Table 4.12). Figure 4.11 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.12: Perceptions of women regarding stigma emanating from attraction to other male

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	213	100
Not justified	3	60	-	-
Depends on situation	1	20	-	-
No comments	1	20	-	-
Total	*5*	*100*	*213*	*100*

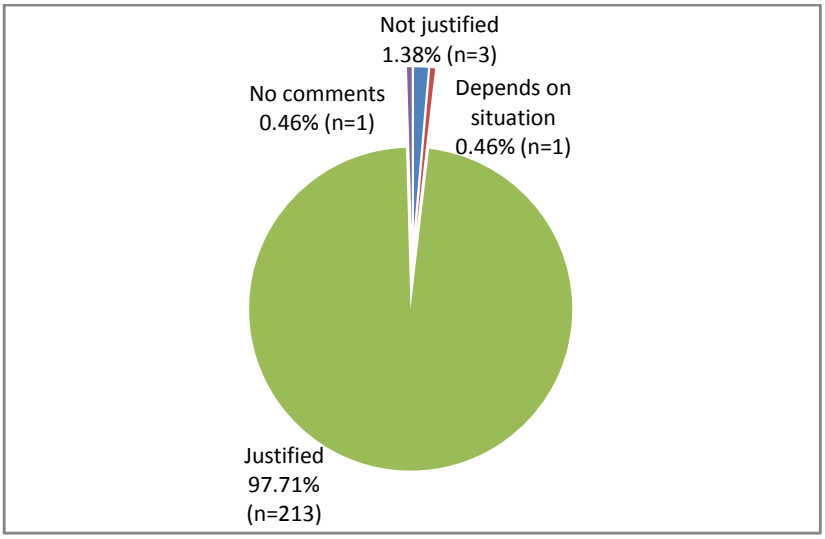


Figure 4.11: Overall perceptions of women regarding stigma emanating from attraction to other male

4.2.13 Perceptions of women regarding stigma emanating from food habit

Table 4.13 displays the perception of rural women regarding stigma due to their food habit. Majority of the (86.67%) stigmatized respondents have mentioned that it is not justified to cast stigma because of their food habit. There was no stigmatized respondent found who took this stigma normally. Mixed perceptions were recorded while surveying non-stigmatized respondents. Of them, 57.23% considered this stigma not justified whereas remaining 42.77% believed that this was very justified (Table 4.13). Figure 4.12 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.13: Perceptions of women regarding stigma due to food habit

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	74	42.77
Not justified	39	86.67	99	57.23
Depends on situation	5	11.11	-	-
No comments	1	2.22	-	-
Total	*45*	*100*	*173*	*100*

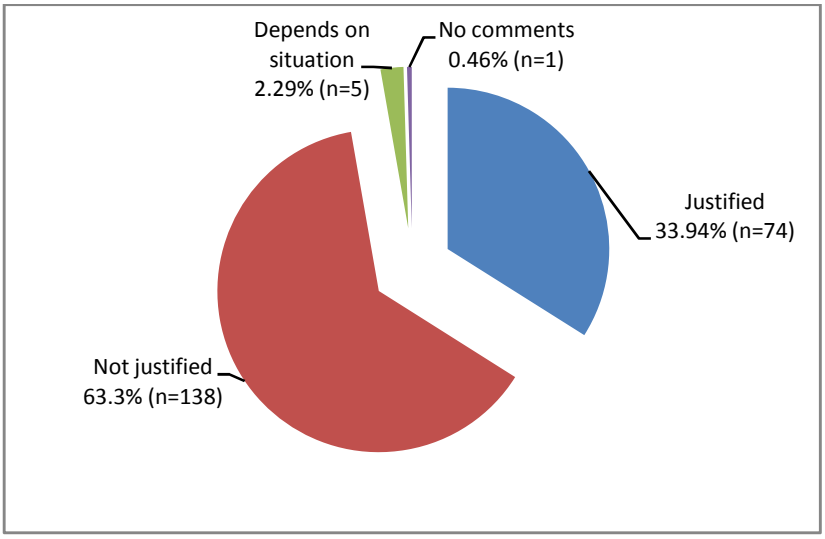


Figure 4.12: Overall perceptions of women regarding stigma cast for food habit

4.2.14 Perceptions of women regarding stigma cast for hobby

Very few women in the rural areas have hobbies. Generally it is not permitted in the rural societies of Bangladesh. Table 4.14 represents the perception of rural women regarding stigma due to their hobbies. Majority of the (80%) stigmatized women mentioned that it was not justified to stigmatize them for their hobbies. More than three fourths of the non-stigmatized women (84.84%) also held similar perceptions. However, a considerable portion (25%) of non-stigmatized women believed that this type of stigma was justified for them (Table 4.14). Figure 4.13 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.14: Perceptions of women regarding stigma cast for hobby

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	25	12.62
Not justified	16	80	166	84.84
Depends on situation	4	20	-	-
No comments	-	-	7	4.54
Total	*20*	*100*	*198*	*100*

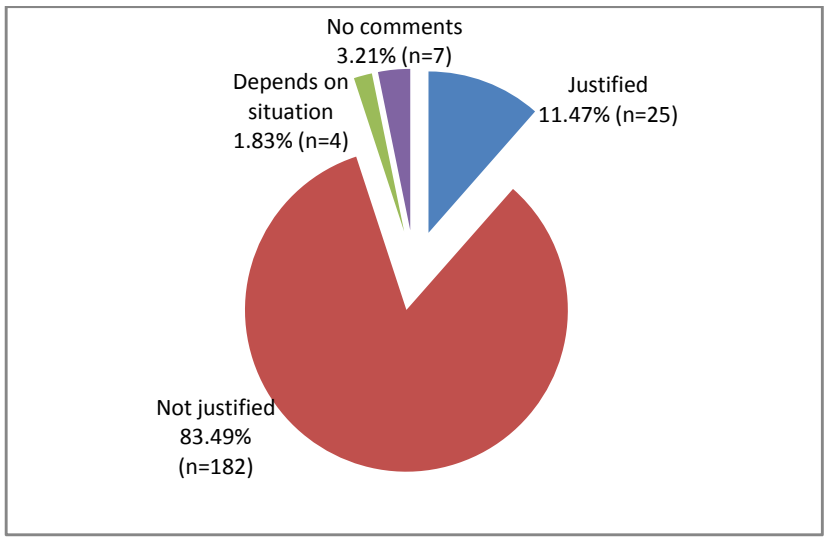


Figure 4.13: Overall perceptions of women regarding stigma cast for hobby

4.2.15 Perceptions of women regarding stigma due to movie watching

Rural women have limited opportunities for their entertainment. However, in recent time with the advancement of technologies and media activities, the situation has improved to a considerable extent. Watching movie is now not a seldom practice found in remote areas of the country. Different perceptions of rural women in the study area regarding stigma due to movie watching are shown in Table 4.15. Almost all the stigmatized respondents (96.30%) believed that this stigma was not justified. Whereas mixed perceptions were recorded while interviewing non-stigmatized women. Similar perception was hold by 44.50% of the non-stigmatized women. However, 44.50% of the non-stigmatized women also described the opposite perception *i.e.* this type of stigma was justified (Table 4.15). Figure 4.14 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.15: Perceptions of women regarding stigma due to movie watching

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	85	44.50
Not justified	26	96.30	85	44.50
Depends on situation	-	-	17	8.90
No comments	1	4.70	4	2.10
Total	*27*	*100*	*191*	*100*

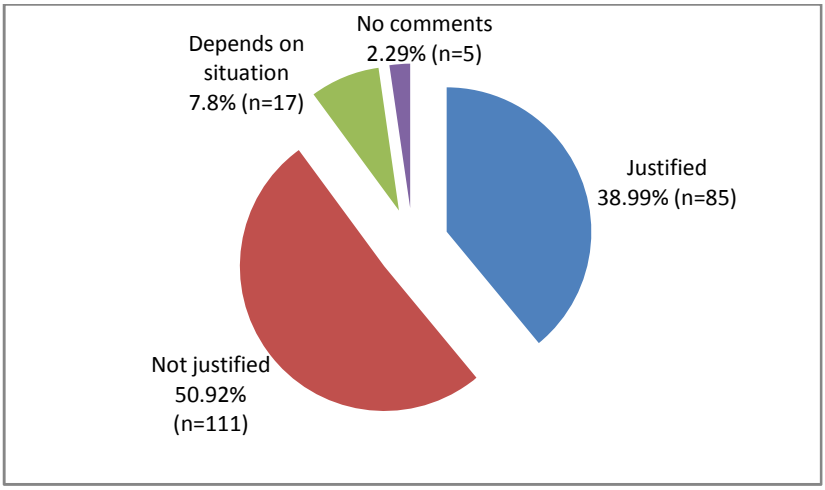


Figure 4.14: Overall perceptions of women regarding stigma cast for movie watching

4.2.16 Perceptions of women regarding stigma emanating from gender issue

Gender refers to the different roles, responsibilities and expectations of women and men in societies and cultures, which affect their ability and their incentive to participate in development projects and lead to a different project impact for women and men. These roles, which are learned, change over time and vary widely within and between cultures. Men hold primarily a single role- that of the economic provider, which is nevertheless undergoing change. Women combine productive and reproductive roles. Their activities which are often viewed as non-income generating are usually excluded from the national income calculations. Ideally both men and women are of similar importance in the society. But in Bangladesh, men are the valuable people. On the other hand women are born for the men and they are men's nurses. They are supposed to serve men and family but not to enjoy any service.

Table 4.16 shows the various perceptions of the respondents regarding stigma due to gender. Among the stigmatized women in the study area, majority (76.55%) of the respondents considered this stigma as not justified. However, similar perception was also expressed by 74.97% non-stigmatized women. A small portion of stigmatized women (4.14%) did not express their opinion regarding this issue (Table 4.16). Figure 4.15 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.16: Perceptions of women regarding stigma due to gender

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	11	7.59	15	20.55
Not justified	111	76.55	54	74.97
Depends on situation	17	11.72	4	5.48
No comments	6	4.14	-	-
Total	*145*	*100*	*73*	*100*

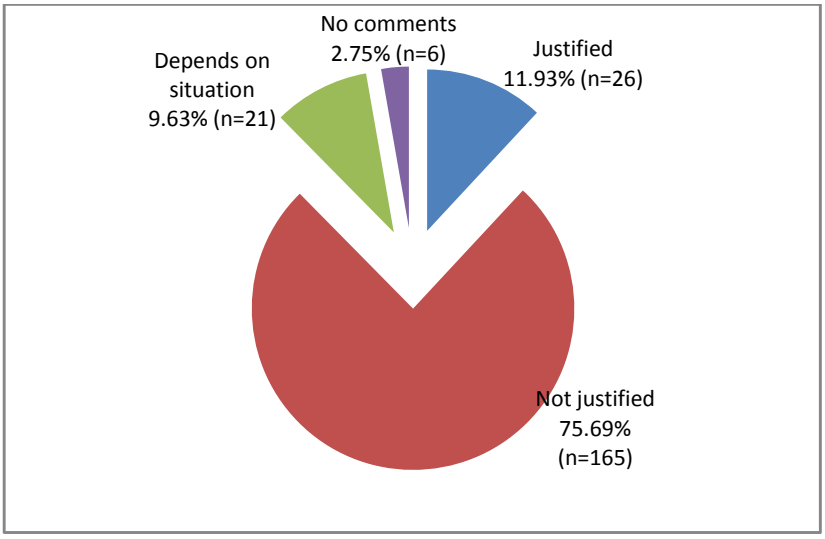


Figure 4.15: Overall perceptions of women regarding stigma emanating from gender issue

4.2.17 Perceptions of women regarding stigma cast for political identity

Women need not engage in active politics. This is our rural cultural perception. In the rural areas, women's participation in politics is seldom found. Political identification of a rural family depends on husband's political identity. During elections women can cast their votes only but influenced by husbands in majority of the cases. Rural women do not like to get involved in politics either.

Table 4.17 shows the various perceptions of the respondents regarding stigma cast due to political identity. Most of the Hindu and Christian respondents in the study area said that they were stigmatized due to their political identity. Sometimes they were tortured by others too.

Table 4.17: Perceptions of women regarding stigma due to political identity

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	172	80
Not justified	3	100	12	5.58
Depends on situation	-	-	22	10.23
No comments	-	-	9	4.17
Total	*3*	*100*	*215*	*100*

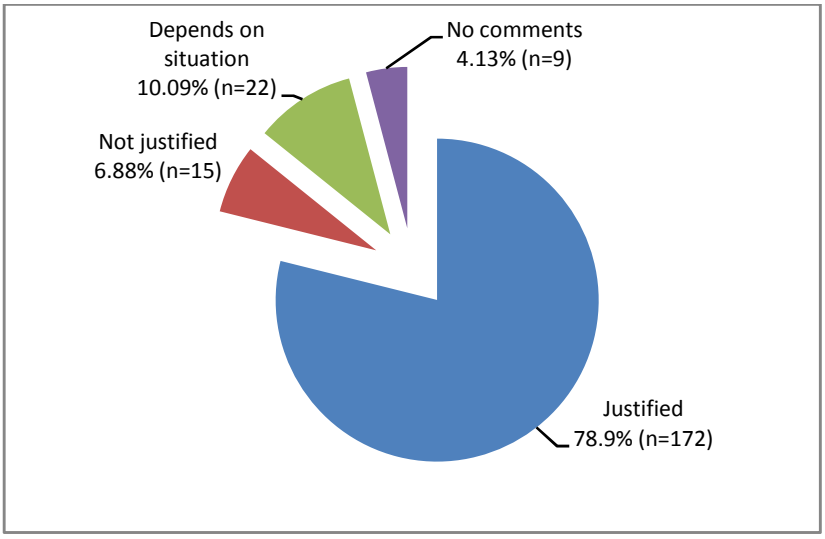


Table 4.16: Overall perceptions of women regarding stigma cast for political identity

4.2.18 Perceptions of women regarding stigma resulted from other's tricks

In agrarian societies, it is said that women are very at playing tricks on others. As they do not go outside their families, they play tricks on others. They do not like to do it but sometimes when they do it, results in stigmatization. In Bangladesh, rural women were subjected to victim of other people's tricks. Both male and female are involved in such tricks.

Table 4.18 shows the perceptions of rural women regarding stigma resulting from other's tricks or conspiracy. Almost similar perception was found from while working with both stigmatized and non-stigmatized women in the study area. All the stigmatized women (100%) and 85% non-stigmatized women have considered this type of stigma not justified. There was no respondent found who considered it justified. Perception of a small portion of non-stigmatized women (11.43%) was that such stigmatization was sometimes justified and sometimes not justified (Table 4.18). Figure 4.17 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.18: Perceptions of women regarding stigma due to other's tricks

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	-	-
Not justified	78	100	119	85
Depends on situation	-	-	16	11.43
No comments	-	-	5	4.57
Total	*78*	*100*	*140*	*100*

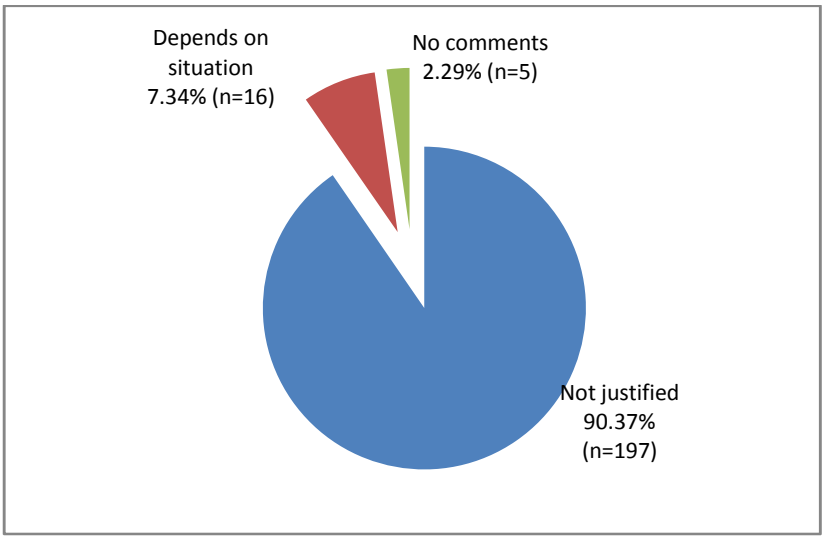


Figure 4.17: Overall perceptions of women regarding stigma resulted from other's tricks

4.2.19 Perceptions of women regarding stigmatization of widow, divorced or women married more than once

It is said that a widow, a divorced woman or a woman married more than once were born with bad luck. They are considered as luck for the societies too and this is the perception of societies towards them. Women themselves are responsible for their condition. They are deprived by the curse of God/Allah.

Various perceptions of the respondents regarding stigmatization of widowed divorced or women married more than once are shown in Table 4.19. More than seventy percent (71.05%) of the stigmatized respondents considered this stigma not

justified. Again most 49.44% of the non-stigmatized women stated that this type of stigma was justified. A significant part of the non-stigmatized respondents (61.43%) have mentioned that stigma for this reason should be situation-dependent (Table 4.19). Figure 4.18 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.19: Perceptions of women regarding stigmatization of widow, divorced or women married more than once

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	89	49.44
Not justified	27	71.05	3	1.67
Depends on situation	5	14.16	86	61.43
No comments	6	15.79	2	1.11
Total	*38*	*100*	*180*	*100*

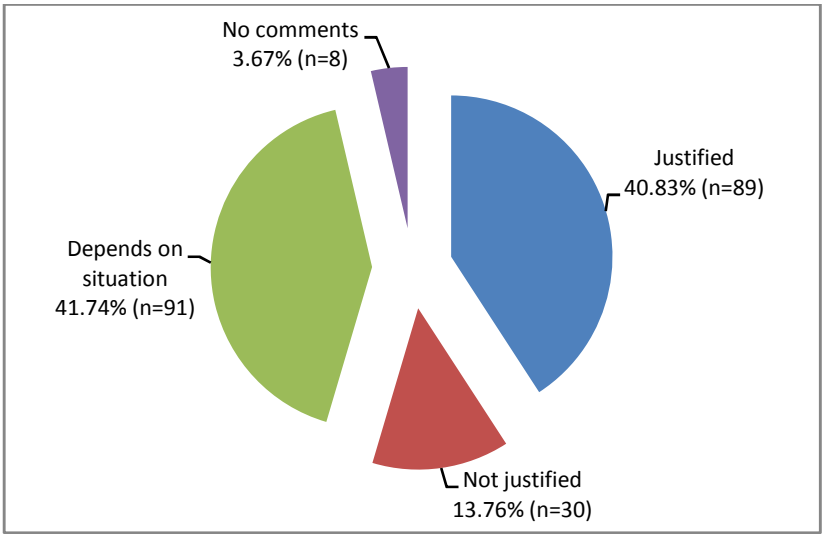


Figure 4.18: Overall perceptions of women regarding stigmatization of widow, divorced or women married more than once

4.2.20 Perceptions of women regarding stigma because of involvement in cultural activities

The responsibility of supporting parents goes to sons not to daughters- this is our social value. Parents do not expect financial support from their daughter. Different perceptions of rural women in the study area regarding stigma generated from their involvement in cultural activities are shown in Table 4.20. It was revealed from the present survey that a small portion of the respondents was stigmatized for this reason. However, all the stigmatized respondents (100%) considered this stigma not justified. Whereas, majority non-stigmatized women (81.48%) believed that this type of stigma was justified. Only 0.46% of the respondents did not reveal their perception regarding this stigma. Figure 4.19 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.20: Perceptions of women regarding stigma due to involvement in cultural activities

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	176	81.48
Not justified	2	100	23	10.65
Depends on situation	-	-	16	7.41
No comments	-	-	1	0.46
Total	*2*	*100*	*216*	*100*

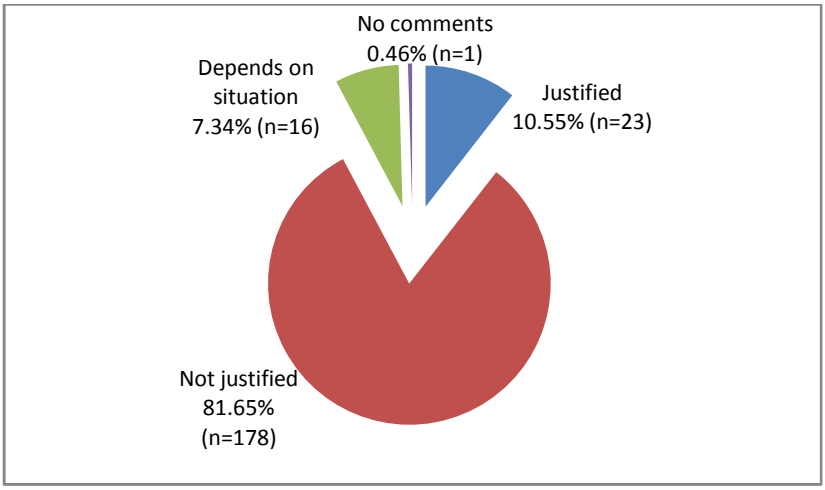


Figure 4.19: Overall perceptions of women regarding stigma cast for involvement in cultural activities

4.2.21 Perceptions of women regarding stigma for sending financial support to parents

Table 4.21 shows the various perceptions of women regarding stigma cast upon women for financial support to parents in the study area. All the stigmatized women (100%) considered this type of stigma not justified. On the other hand, mixed perceptions were recorded among of non-stigmatized respondents while majority (81.72%) of the non-stigmatized respondents considered this stigma not justified, 5.58% of these respondents did not make their perception clear regarding this issue (Table 4.21). Figure 4.20 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.21: Perceptions of women regarding stigma for sending financial support to parents

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	23	11.68
Not justified	21	100	161	81.72
Depends on situation	-	-	2	1.02
No comments	-	-	11	5.58
Total	*21*	*100*	*197*	*100*

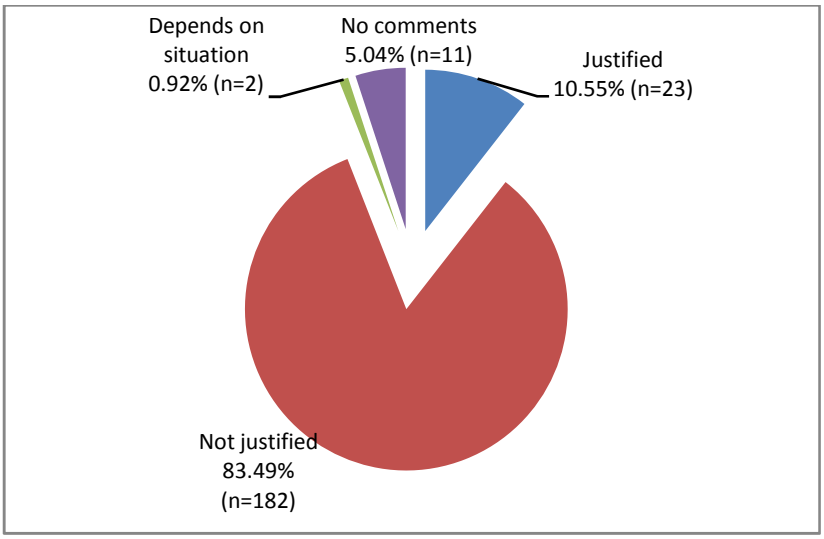


Figure 4.20: Overall perceptions of women regarding stigma for sending financial support to parents

4.2.22 Perceptions of women regarding stigma for working in the fields

Table 4.22 shows the various perceptions of the respondents regarding stigma for working in the agricultural fields. Mixed perceptions were found for both stigmatized and non-stigmatized women in the study area. More than half (57.14%) of the stigmatized women considered this type of stigma not justified but 40.82% considered it justified. Majority of the (40.24%) non-stigmatized respondents believed that this stigma is justified while almost similar amount of respondents (39.64%) believed that this stigma is situation-dependent (Table 4.22). Figure 4.21 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.22: Perceptions of women regarding stigma for working in the fields

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	20	40.82	68	40.24
Not justified	28	57.14	23	14.61
Depends on situation	-	-	67	39.64
No comments	1	2.04	11	6.51
Total	*49*	*100*	*169*	*100*

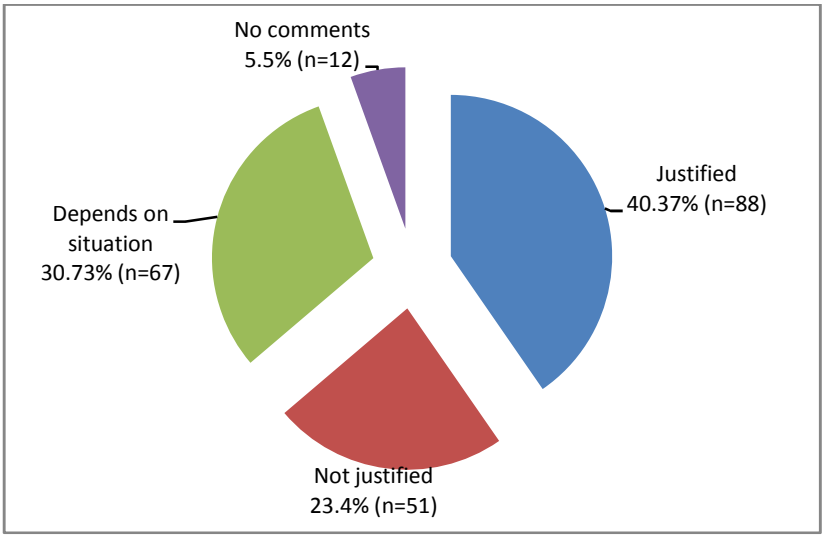


Figure 4.21: Overall perceptions of women regarding stigma for working in the fields

4.2.23 Perceptions of women regarding stigma due to poverty

Women are stigmatized due to poverty because they are financially weak. But they do not take this type of stigma normally. Poverty can normally and socially devastating ordeal.[11] Perceptions regarding stigma resulted from the poverty of respondents are shown in Table 4.24. More than two third (71.43%) of the stigmatized respondents did not accept this stigma normally. Similar perception was also found for majority (48.91%) of the non-stigmatized respondents (Table 4.23). Figure 4.22 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.23: Perceptions of women regarding stigma due to poverty

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	32	25.40	16	17.39
Not justified	90	71.43	45	48.91
Depends on situation	3	2.38	16	17.39
No comments	1	0.79	15	16.31
Total	*126*	*100*	*92*	*100*

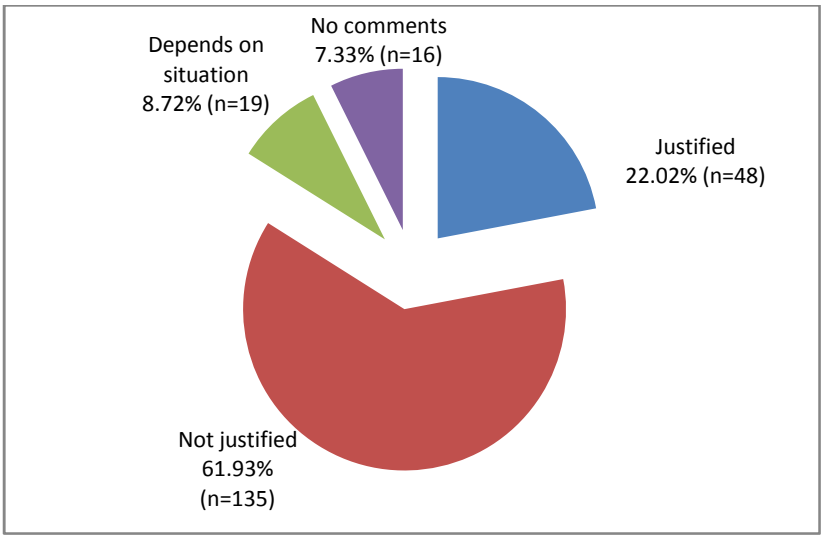


Figure 4.22: Overall perceptions of women regarding stigma emanating from poverty

[11] Dermot Foley and Jahan Chowdhury, "Poverty, Social Exclusion and the Politics of Disability: Care as a Social Good and the Expenditure of Social Capital in Chuadanga, Bangladesh", *Social Policy and Administration,* Vol. 41(4) (Aug. 2007), pp. 372-385.

4.2.24 Perceptions of women regarding stigma cast for having less hair

Hair style of the women makes them beautiful. Everybody expects that women should have black and dense hair. Table 4.24 shows the Perceptions of women regarding stigma due to less hair in the study area. Majority (80%) of the stigmatized women considered this stigma not justified. It was revealed from the survey that proportions of non-stigmatized respondents with positive and negative perceptions towards this stigma was almost equal (positive: 46.11%; negative: 49.74%) (Table 4.24). Figure 4.23 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.24: Perceptions of women regarding stigma due to less hair

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	05	20	89	46.11
Not justified	20	80	96	49.74
Depends on situation	-	-	6	4.11
No comment	-	-	2	1.04
Total	*25*	*100*	*193*	*100*

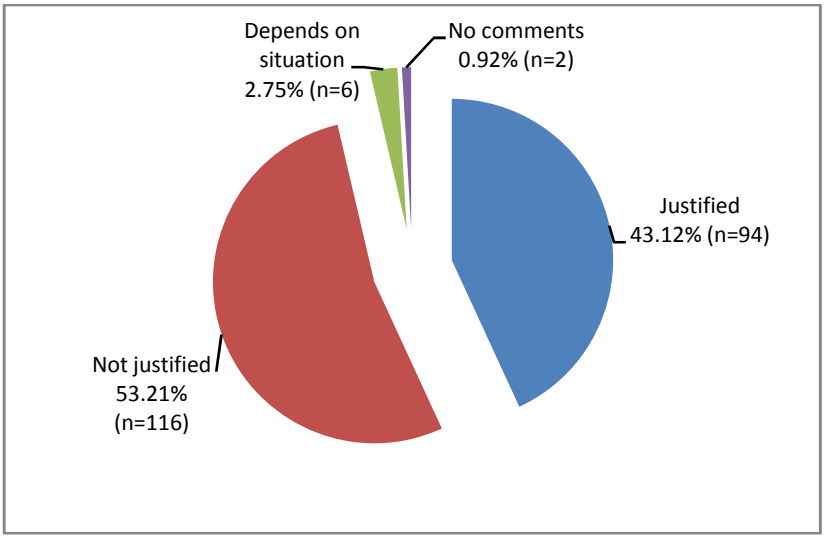


Figure 4.23: Overall perceptions of women regarding stigma due to less hair

4.2.25 Perceptions of women regarding stigma due to coloring hair

People have an ongoing interest in how others perceive and evaluate them. Because the impression that an individuals creates on others affects how they are perceived, evaluated and treated, people attempt to control the impression others form of them a process termed "impression management" (also called 'self presentation')[12].

Dense and long black hair of the women is a blessing from the God. In the rural society women should take care of her hair by using oil, not by coloring. In majority of the cases coloring of hair is not desired. This can bring about stigma to the women.

Perceptions of the respondents regarding stigma resulting from coloring their hair are shown in Table 4.25. It was revealed from the survey that all of the stigmatized women believed that casting this type of stigma to someone was not justified. But majority (65.91%) of the non-stigmatized women mentioned that this stigma was justified (Table 4.25). Figure 4.24 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.25: Perceptions of women regarding stigma cast for coloring hair

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	116	65.91
Not justified	42	100	45	25.57
Depends on situation	-	-	13	7.39
No comments	-	-	2	1.14
Total	*42*	*100*	*176*	*100*

[12] Robin M. Kowalski and Tracy Chapple, "The Social Stigma of Menstruation: Fact or Fiction?", *Psychology of Women Quarterly,* Vol. 24 (2000), pp. 74-80.

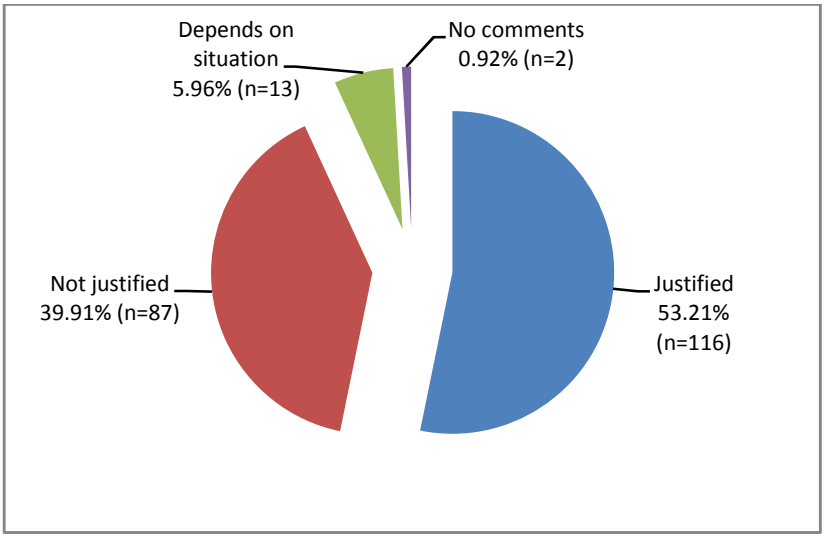


Figure 4.24: Overall perceptions of women regarding stigma for coloring hair

4.2.26 Perceptions of women regarding stigma for getting a haircut at parlor

The beautiful hair of women is the gift from the God. This beauty is damaged when the hair is cut. In rural societies of Bangladesh cutting hair at parlor is just a waste of time and money. But some women like to cut their hair in a parlor to groom themselves.

Perceptions of the respondents regarding stigma resulting from cutting their hair in parlor are shown in Table 4.26. It was revealed from the survey that majority of the stigmatized women (81.82%) believed that casting this type of stigma upon someone is not justified. Similar perception was also held by majority (52.66%) of the non-stigmatized women (Table 4.26). Figure 4.25 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.26: Perceptions of women regarding stigma for cutting hair in parlor

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	1	9.09	67	32.36
Not justified	9	81.82	109	52.66
Depends on situation	1	9.09	29	14.01
No comments	-	-	2	0.97
Total	*11*	*100*	*207*	*100*

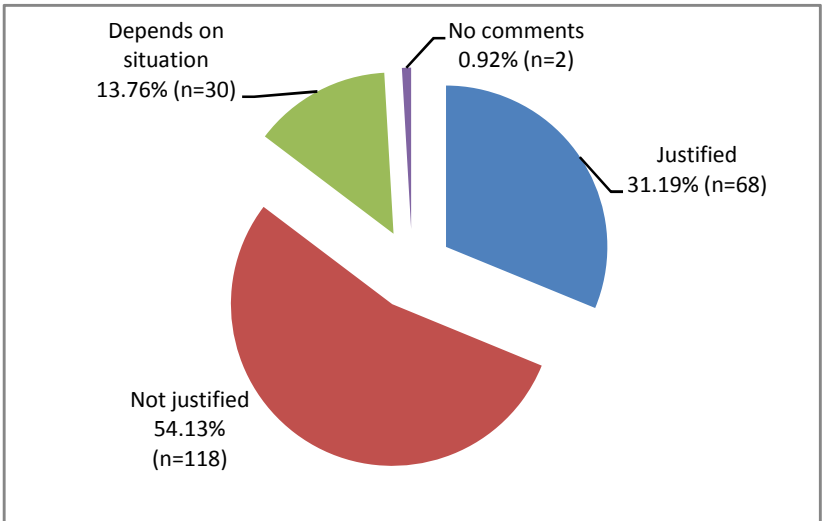


Figure 4.25: Overall perceptions of women regarding stigma for cutting hair in parlor

4.2.27 Perceptions of women regarding stigma emanating from childlessness

In an agrarian society childlessness is a curse for society. Sometimes society treats childless women as a devil/witch, sometimes a woman who brings bad luck. Table 4.27 shows the various perceptions of both stigmatized and non-stigmatized women in the study area regarding stigma due to childlessness. More than seventy percent (71.43%) of the stigmatized respondents believed that it was unfair to stigmatize them. However, mixed opinions were recorded from the non-stigmatized women. Almost equal proportions of the non-stigmatized women believed that this stigma was justified (44.96%) and not justified (42.20%) (Table 4.27). Figure 4.26 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.27: Perceptions of women regarding stigma due to childlessness

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	98	46.45
Not justified	5	71.43	87	41.23
Depends on situation	-	-	20	9.48
No comments	2	28.57	6	2.84
Total	*7*	*100*	*211*	*100*

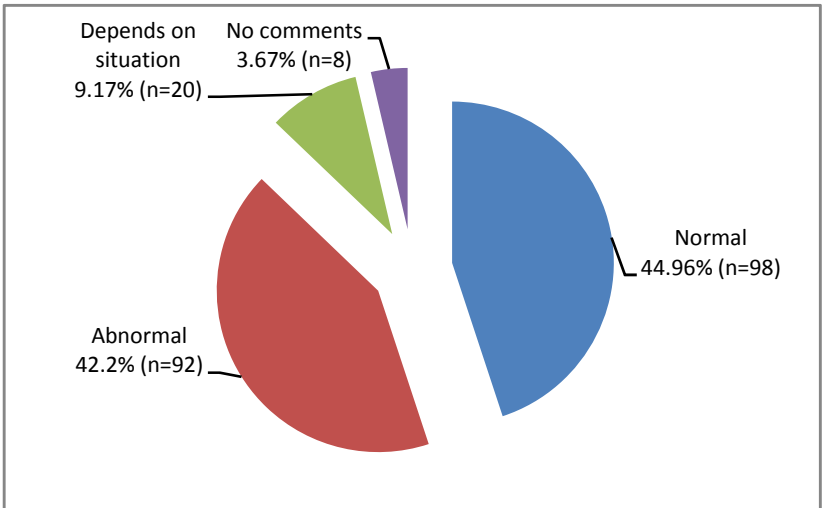


Figure 4.26: Overall perceptions of women regarding stigma due to childlessness

Giving birth to babies is the primary contribution women are expected to make to their families all around the globe. Women encounter stigma if they do not become mothers.[13] "Women are ultimately expected to marry and reproduce." A woman's body is presumed faulty to be unfit if a couple remains childless.[14]

4.2.28 Perceptions of women regarding stigma for having son/daughter only

In rural societies most of Bangladesh parents want that their first child will be a son. After that they may expect a daughter. Actually the parents of sons do not face any difficulty. But the parents of daughters have to face many difficulties, especially the mother. Women are found who are stigmatized for having daughters only. They stated that they felt bad but took this stigma normally. They do not know that it is the chromosome of the father that determines sex of a child.

Table 4.28 shows the various perceptions of both stigmatized and non-stigmatized women in the study area regarding stigma for having son/daughter only. Almost all (95.56%) the stigmatized believed that it was unfair to stigmatize them, *i.e.* not

[13] Shelley A Taylor and Ellen J Langer, "Pregnancy: A Social Stigma?", *Sex Roles,* Vol. 3(1) (1977), pp. 28-29.

[14] Catherine K Riessman, "Stigma and Everyday Resistance Practices: Childless Women in South India", *Gender & Society*, Vol. 14(1) (2000), pp. 111-135.

justified. Of the non-stigmatized women, a little more than half (54.76%) of the respondents considered this stigma justified (Table 4.28). Figure 4.27 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.28: Perceptions of women regarding stigma for having son/daughter only

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	93	54.76
Not justified	43	95.56	45	26.01
Depends on situation	-	-	29	16.76
No comments	2	4.44	6	4.47
Total	*45*	*100*	*173*	*100*

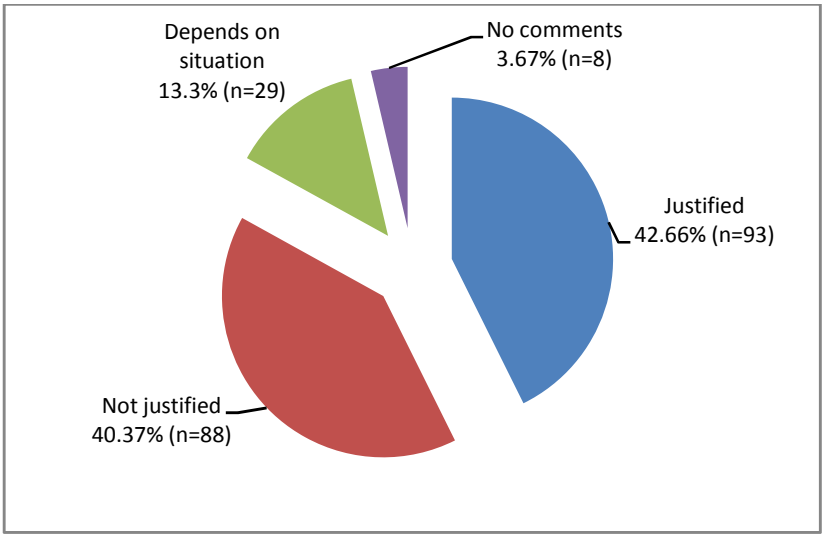


Figure 4.27: Overall perceptions of women regarding stigma for having son/daughter only

Without sons women have financial difficulty during old age. For sustaining the family name son is expected. Bearing and rearing children are central to a woman's power and well-being, and reproduction concrete benefits over her life course.[15]

[15] Catherine K Riessman, "Stigma and Everyday Resistance Practices: Childless Women in South India", *Gender & Society*, Vol. 14(1) (2000), pp. 111-135.

4.2.29 Perceptions of women regarding stigma emanating from dress up

Perceptions regarding stigmatization in response to dress up of the respondents are shown in Table 4.29. Almost opposite perceptions were recorded in the study area while working with stigmatized and non-stigmatized respondents. Majority of the stigmatized respondents (94.02%) have mentioned that it was not justified to stigmatize them for their dress up. On the other hand majority of the non-stigmatized women believed that stigmatizing a woman for her dress up is very much justified. However, a small portion of both stigmatized and non-stigmatized women did not have any perception regarding this issue (Table 4.29). Figure 4.28 shows the overall perceptions of the respondents regarding this issue in the study area.

Table 4.29: Perceptions of women regarding stigma emanating from dress up

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	-	-	134	76.57
Not justified	40	94.02	5	2.86
Depends on situation	1	2.33	23	14.14
No comments	2	4.65	13	7.43
Total	*43*	*100*	*175*	*100*

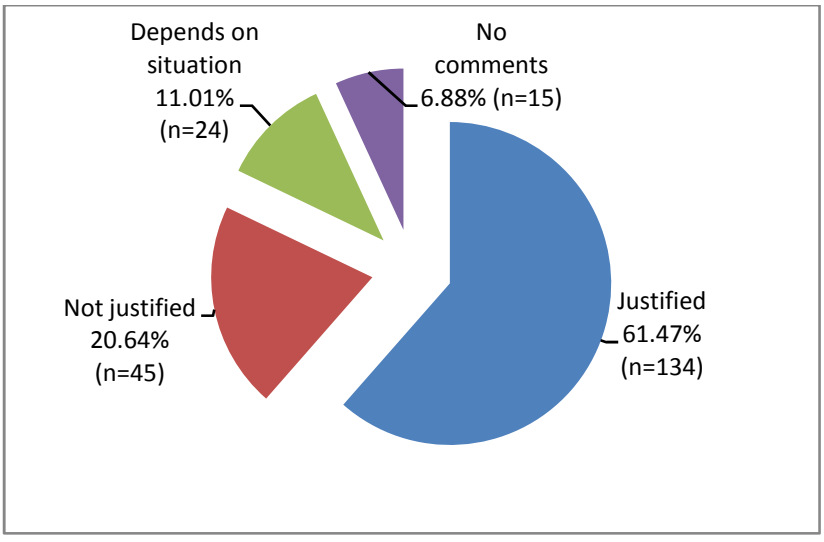


Figure 4.28: Perceptions of women regarding stigma emanating from dress up

4.2.30 Perceptions of women regarding stigma due to not to put wedding ring or nose pin

Nose ring is considered as the sign of being married in rural Bangladesh. Nose ring is put off when husband passes away both in Muslim and Hindu society. Society admonishes a married woman who does not put on a nose ring or nose pin. Perceptions of the respondents regarding projection of their married status by putting on wedding ring or nose pin are shown in Table 4.30. More or less similar perception was found for both stigmatized and non-stigmatized respondents. Ninety percent of the stigmatized and all of the non-stigmatized women considered this stigma justified. Only 2.5% stigmatized women did not consider it justified (Table 4.30).

Table 4.30: Perceptions of women regarding stigma due to not putting on wedding ring/nose pin

Perceptions	***Stigmatized***		***Non-stigmatized***	
	n	***%***	***n***	***%***
Justified	36	90	178	100
Not justified	1	2.5	-	-
Depends on situation	2	5	-	-
No comments	1	2.5	-	-
Total	*40*	*100*	*178*	*100*

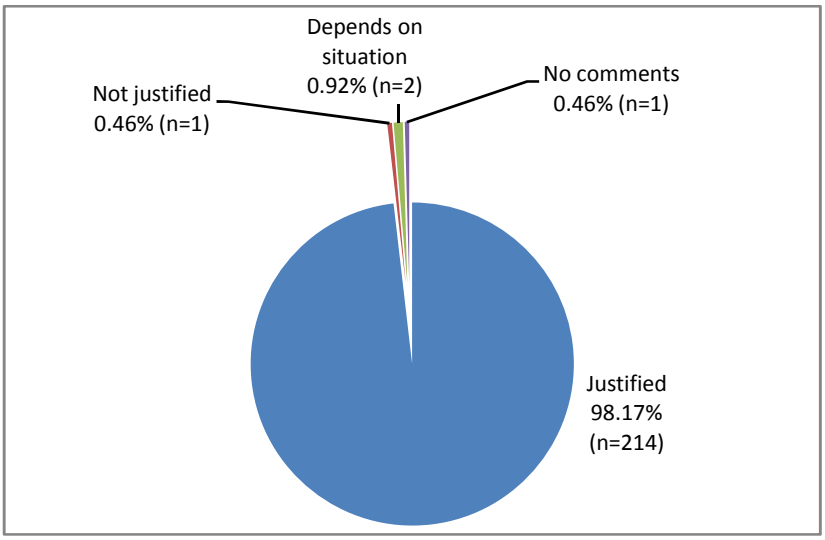


Figure 4.29: Overall perceptions of women regarding stigma for not putting wedding ring/nose pin on

The present study supports the idea that not all individuals experience the same level of stigma, even though they have the same socially stigmatized stressor. Even so, the results suggest that feelings of stigma are less likely to affect the marital relationship that is characterized by emotional closeness and day to day interactions than other extended family relationships that is characterized by less frequent contact and possibly less emotional ties. Perceptions of stigma powerfully affect individuals view not only of their network but also about themselves. Furthermore, although these results do not directly suggest the idea of a vicious circle starting from the perception of stigma balding to depression or lack of social support, they suggest that perceptions of stigma may set an individual on a dangerous psychological path.

CHAPTER FIVE

THE CONSEQUENCES OF SOCIAL STIGMA AMONG THE RURAL WOMEN IN BANGLADESH

CHAPTER FIVE

The consequences of social stigma among the rural women in Bangladesh

5.1 Introduction

Stigmatized women possess a devalued and denigrated identity in the society. They regularly confront prejudices and discrimination. They receive less help[1] and face glass ceilings in terms of carrier advancement.[2] They receive fewer positive non – verbal cues[3] and encounter problems occurred in social interactions more frequently.[4] They experienced greater difficulty in gaining access to resources. Moreover, these experiences lead to negative outcomes. For instance, stigma differs health seeking attempts of individuals and hinders their recovery. Stigma increases stress level for people with mental illness, increasing the likelihood of relapse,[5] and harms self-esteem and self-efficacy.[6]

According to Agnes Miles (1984) 'a stigmatized person is less accepTable to society'. She also stated that 'stigma was a societal reaction which certain singled out attributes, evaluated them as undesirable and devalued the persons who possessed

[1] R Crosby, S Bromley and L Saxe, "Recent unobtrusive studies of black and white discrimination and prejudice: A literature review", *Psychological Bulletin,* Vol. 87 (1980), pp. 546-63.

[2] AM Morrison and M Von Glinow, "Women and minorities in management", *American Psychologist,* Vol. 45 (1990), pp. 200-08.

[3] CO Word, MP Zanna and J Cooper, "The nonverbal mediation of self- fulfilling prophecies in inter-racial interaction" *Journal of Experimental Social Psychology,* Vol. 10 (1974), pp. 109-112.

[4] MR Hebl, J Tickel and TF Heatherton, " Awkward movements in interactions between nonstigmatized and stigmatized individuals" in *The Social Psychology of Stigma,* eds. TF Heatherton, RE Kleck, MR Hebl, and JG Hull (New York: Guilford, 2000), pp. 275-306.

[5] DL Penn, JR Kohlmaier, and PW Corrigan, "Interpersonal factors contributing to stigma of Schizophrenia: Social skills, perceived attractiveness and symptoms" *Schizophrenia Research*, Vol. 45 (2000), pp. 37-45.

[6] R Warner, D Taylor, M Powers and J Hyman, "Acceptance of the mental illness label by psychotic patients: Effects on function", *American Journal of Orthopsychiatry,* Vol. 59 (1989), pp. 398-409.

them.'[7] Further she says that the stigmatized person is devalued, and is considered by the social group as less acceptable. Lastly, the stigma is seen as being permanent.

Huxley (1993) puts forward the idea of stigma being a means of discrimination and that the discrimination is negative and uninformed.[8] Susman (1994) also describes stigma as the 'evocation of negative difference.' She also states that stigma refers to any persistent trait of an individual or group which evokes negative or punitive responses.[9]

There are some important ways in which the consequences of one stigma can differ from another. Irwin Katz (1981) mentioned some differences in the stimulus properties of stigmas that seem to determine the extent to which an observer will (a) be aware of a particular stigma, (b) feel threatened by it, (c) feel sympathy and/or pity for its possessor, and (d) hold the possessor responsible for having it.[10]

There are some factors that are related to the consequences of stigma. These are visibility and related variables: Goffman (1963) identified the strategies for impression management that are used by the stigmatized, and discusses at some length the visibility aspects of stigma.[11] He means not only visual perceptibility, but also the general 'evidentness' of a stimulus, which he distinguishes from three others notions that he feels are often confused with it. The first is the 'known-aboutness' of the attribute. The next feature to be distinguished from visibility is that of obtrusiveness- the extent to which a stigma interferes with the flow of interaction. The third factor is the perceived focus of a stigma. All of these factors determine peoples level of awareness of a particular stigma in various interaction situations, hence the extent to which they will treat the possessor as a deviant.

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[7] Agnes Miles, *The Mentally Ill in Contemporary Society* (Palgrave Macmillan, 1981) p. 70.

[8] P Huxley, "Location and Stigma: A Survey of Community Attitudes to Mental Illness", *Journal of Mental Health,* Vol. 2 (1993), pp.73-80.

[9] J Susman, "Disability, stigma and deviance", *Social Science and Medicine,* Vol. 38(1) (1994), p. 16.

[10] Irwin Katz, *Stigma: A Social Psychological Analysis* (Lawrence Erlbaum Associates, Incorporated, 1981), pp. 92-95.

[11] Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (New York: Simon & Schuster, Inc., 1963), pp. 121-143.

Threat: most stigmas probably have an element of threat for people who are exposed to them. But the kind and severity of threat seem to vary greatly among different stigmas. Behavioral deviants such as criminals, delinquents, political radicals and religious cultists challenge basic societal values and assumptions. These groups also arouse fears of physical harm or social disorder. Racial minorities are sometimes perceived by whites as dangerous competitors for jobs, housing, and community resources. Variations in threat factors across stigmas should be reflected at differential levels of fear and hostility on the part of the non-stigmatized.

Sympathy arousal: The deprivation of the stigmatized is not always apparent to observers. For instance, there is probably a more widespread awareness of job discrimination against black and women than against formal mental patients even though the latter may actually be subjected to as much negative bias. Stigmas also differ in the extent to which they are perceived as being intrinsically disabling. Heider (1958) has observed that deprivation is often taken as a sign of badness and guilt. It has been commonly believed through the ages that poverty and weakness evoke negative evaluations even contempt.[12]

Perceived responsibility: Stigmas differ in the extent to which the possessor is likely to be held responsible by judges for her deviance. Goffman's (1963) characterological stigmas, entailing known or alleged violations of moral norms, would no doubt tend to be viewed as more voluntary than tribal and bodily stigmas.[13] But also among the latter types there should be differences in the tendency to attribute responsibility for having a deviant characteristic. Thus some diseases are more likely to be seen as resulting from negligence or immorality on the part of the afflicted than are others. Whether the person is or is not blamed for possessing a deviant trait will of course have important consequences for the way she is treated.

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[12] Fritz Heider, The *Psychology of Interpersonal Relations* (New York: John Wiley & Sons, 1958), pp. 24-39.

[13] Erving Goffman, *Stigma: Notes on the Management of Spoiled Identity* (New York: Simon & Schuster, Inc., 1963), pp. 32-123.

Social stigma can have a negative impact on self-esteem as well as psychological and physical well-being.[14] Social stigma not only directly affects the self by implying devaluation, but it also has indirect effects on self-views by limiting opportunities and outcomes that could afford a positive sense of self. Members of socially stigmatized groups do not necessarily have poorer psychological wellbeing than members of non-stigmatized groups.[15] The general idea here is that members of stigmatized groups have access to various sources of resilience that either protect them from such negative effects or assist them in recovering from the damage caused by social stigmatization.

Another way by which stigma affects the self-concept is to take into account both private and public spheres. Components of self-views, that is, both the way people think they are seen by others as well as the way they manage their public reputation. An example of this approach is provided by Jahoda *et al.* (2010), who examine members of a chronically stigmatized group: the intellectually disabled.[16] This work shows how individuals with intellectual disabilities struggle to keep a sense of self value as they simultaneously accept and reject the stigma attached to their identity. It also makes a strong point in favor of the nuancing oppositions regarding the impact of stigma of the self, as it shows that the acceptance and rejection of social stigma are not mutually exclusive or alternation but can coexist, as people struggle to define themselves with reference to what they think they are, as well as to what others think of them. It also points to the importance of going further than disputing what people's real selves are all about, and how stigma impacts thereon, to consider what people want to be, and how they think they can achieve those self-images.

Stigmatization can cause individuals to systematically under perform in educational and world settings, making it harder for members of stigmatized groups to gain

[14] Hope Landrine and Elizabeth A Klonoff, *Discrimination against Women: Prevalence, Consequences, Remedies* (Thousand Oaks, CA: Sage, 1997), pp. 17-33.

15 J Crocker and B Major, "Social Stigma and self-esteem: The self-protective properties of stigma", *Psychological Review,* Vol. 96, (1989), pp. 608-630.

16 A Jahoda, A Wilson, K Stalker and A Cairney, " Living with stigma and the self- perceptions of people with mild intellectual disabilities" *Journal of Social Issues,* Vol. 66(3) (2010), pp. 521-534.

access to valued resources and outcomes related to educational and carrier success. This, in itself, might create and perpetuate negative effects on other aspects of individual functioning. The role of anxiety arousal, insecurity, and stereotype endorsement have all been examined, results have been largely inconclusive.[17] Although many studies demonstrate that contexts where social identities are not salient do not lead to poor performance among members of stigmatized groups, the fact is that for minority group members social identities are often highly salient, either chronically or contextually. Attempts to prevent or redress motivational and/or performance decrements among members of stigmatized groups should take into account that salience of the stigmatized identity leads to be a given one, and forms the background against which the effectiveness of any interventions has to be judged.

Using a sociological paradigm Corrigan *et al.* (2003) apply the concepts of structural discrimination to broaden understanding of stigmatizing processes directed at people with mental illness.[18] Structural or institutional discrimination includes the policies of private and governmental institutions that intentionally restrict the opportunities of people with mental illness. It also includes the major institution policies that are not intended to discriminate but whose consequences nevertheless hinder the options of the stigmatized. The researchers have developed a model which observes our attention (see page 115).

Macro-level constructs and corresponding measures provide an additional level of complexity to the research design.[19] How are the links in causal models changed when macro-level variables are added to the mix? Model A (see page 115) is an example of a causal model for an individual-level paradigm of stigma and is

[17] J R Shapiro and S L Neuberg, " From stereotype threat to stereotype threats: Implications of a multi-threat framework for causes, moderators, mediators, consequences, and interventions", *Personality and Social Psychology Review*, Vol. 11 (2007), pp. 107-30.

[18] PW Corrigan, EE Markowitz, A Watson, D Rowan and M Kubiak, "Attribution and dangerousness models of public discrimination against persons with mental illness", *Journal of Health and Social Behavior,* Vol. 44(2) (2003), pp. 235-48.

[19] J S Coleman, "Social theory, social research, and a theory of action", *American Journal of Sociology,* Vol. 91 (1986), pp. 1309-35.

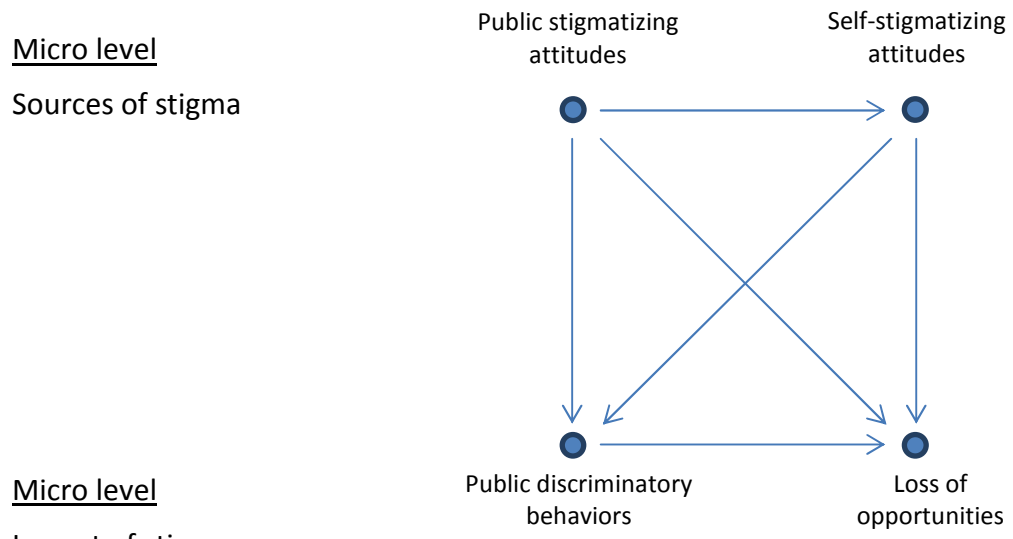
contrasted with a mixed causal model that includes the structural paradigm of stigma (Model B, see page 115). Individual level models represent micro to micro links (Model A). Model B outlines what macro-level variables implied by structural discrimination add to causal models of stigma. In particular, these models highlight the research question that suggests how structural discrimination may affect attitudes that people with mental illness have about themselves and their life opportunities. The macro to micro link was an important research agenda of sociologists in the first half of the twentieth century.[20] However, analyses using this form diminished in the 1970s after a series critiques concluded that only a small amount of variance in individual-level variables is attribuTable to macro-level variables.[21]

[20] R E L Faris and H W Dunham, *Mental Disorders in Urban Areas: An Ecological Study of Schizophrenia and other Psychoses* (Chicago: University of Chicago Press, 1939).

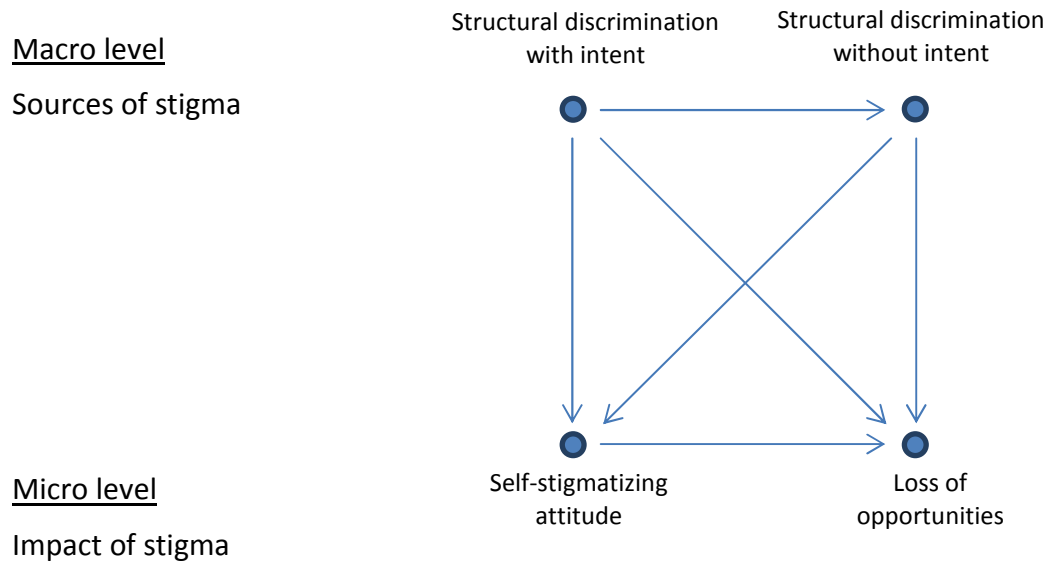
[21] K L Alexander and L J Griffin, "School District Effects on Academic Achievement: A Reconsideration", *American Sociological Review,* Vol. 52 (1976), pp. 222-237.

Model: Macro and micro levels of analysis in mental illness, stigma and discrimination[22]

Model A: Micro-to-Micro links



Model B: Macro-to-Micro links



[22] Patrick W Corrigan, Fred E Markowitz, and Amy C Watson, "Structural Levels of Mental Illness: Stigma and Discrimination", *Schizophrenia Bulletin,* Vol. 30(3) (2004), p. 488.

5.2 The consequences of stigma observed in Gopalpur

The respondents of this study were requested to list three consequences of specific categories of stigma hierarchically (e.g. first, second, third) in accordance with felt intensity. All these consequences were combined in order to represent the overall status of consequences. The responses of respondents on the consequences of each issue of stigma are discussed below.

5.2.1 Consequences of stigmatization resulting from the achieved level of education

A total of 191 respondents (87.62% of the total respondents) were stigmatized for their education. Table 5.1 shows the different consequences of stigma resulting from achieved level of education. As the first consequence, majority of the stigmatized women (64.92%) mentioned that they lost their importance in the society as well as in their own family due to lack of sufficient education. Other than this, other major consequences were having no importance in decision making process in family (17.80%), lack of confidence (6.81%) etc. (Table 5.1).

One hundred and twenty three (64.40%) of the stigmatized women mentioned a second consequence. As a second consequence more than one third (34.15%) of the women reported that they lost their importance in the decision making process in their families (Table 5.1).

A total of 98 (51.31%) of the stigmatized respondents reported a third consequence in the survey. Among them 36.73% (n=36) mentioned not getting due importance in family decision making as third consequence (Table 5.1).

Overall consequences of stigma emanating from education are shown in Figure 5.1. More than sixty percent (65%) of the stigmatized women mentioned that they had to depend on other people for many things connected to education followed by lost importance in the decision making process in family and society (18%), reduction of personality (7%) and others.

Table 5.1: Consequences of stigma emanating from education

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Lost importance in society as well as in family	124	64.92	33	26.83	34	34.69
lost importance in decision making process in family	34	17.80	42	34.15	36	36.73
Lack of confidence	13	6.81	20	16.26	10	10.20
Failed to reply in response to other's criticism	8	4.19	11	8.94	7	7.14
Have to depend on others for many things	12	6.28	17	13.82	11	11.22
Total	*191*	*100*	*123*	*100*	*98*	*100*

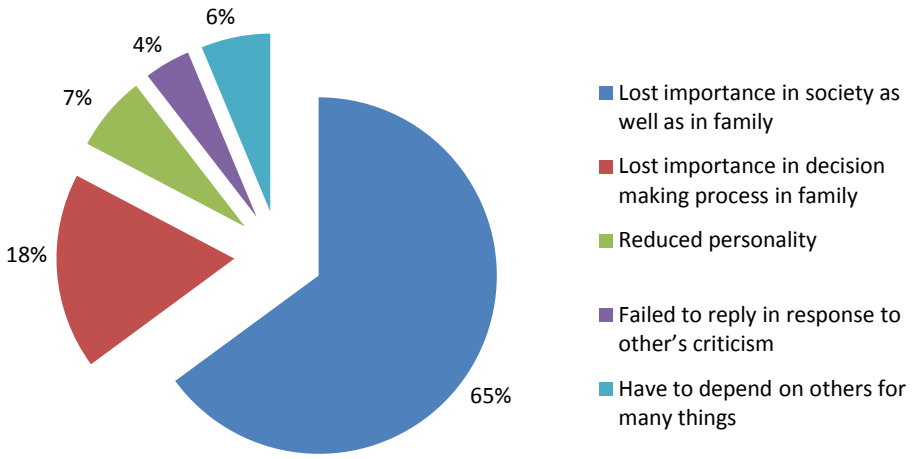


Figure 5.1: Overall consequences of stigma emanating from education

In the study area the percentage of educated women was very low. Those with lower level of education did not face any major problem because of their educational achievements. But they failed to participate in various aspects of their families where education was necessary and they had to tolerate others criticism, from both young and old members. This led to a mental depression of the women.

5.2.2 Consequences of stigmatization resulting from incapability to read religious books

Table 5.2 shows the different consequences of stigma generated from incapability of reading religious books. As first consequence, a little more than half (50.68%) of the stigmatized women mentioned that they had lost their position in religious community because of this reason. Other consequences were found as follows: suffering from mental depression (20.55%), reduced social status (14.38%) etc. (Table 5.2).

A second consequence was found for 101 stigmatized women (69.18%). In this case, nearly one third (32.67%) of the women reported that they were suffered from mental depression as a second consequence (Table 5.2).

A total of 89 (60.96%) stigmatized respondents reported a third consequence. As third consequence, majority of the respondents (26.97%) suffered from mental depression (Table 5.2).

Table 5.2: Consequences of stigma emanating from incapability of reading religious books

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Reduced social status	21	14.38	14	13.86	9	10.11
Lost importance in religious community	74	50.68	20	19.80	21	23.60
Suffering from mentally depression	30	20.55	33	32.67	24	26.97
Lost mental strength	4	2.74	15	14.85	16	17.98
Decreased personality	4	2.74	8	7.92	7	7.87
Got no duty associated with religious activities	13	8.90	11	10.89	12	13.48
Total	*146*	*100*	*101*	*100*	*89*	*100*

Overall consequences of stigma emanating from incapability of reading religious books are shown in Figure 5.2. More than half (51%) of the stigmatized women mentioned that their higher position in community had been jeopardized; other

consequences were- suffering from inferiority complex (20%), lower social status (14%), no role in religious functions (9%) and others.

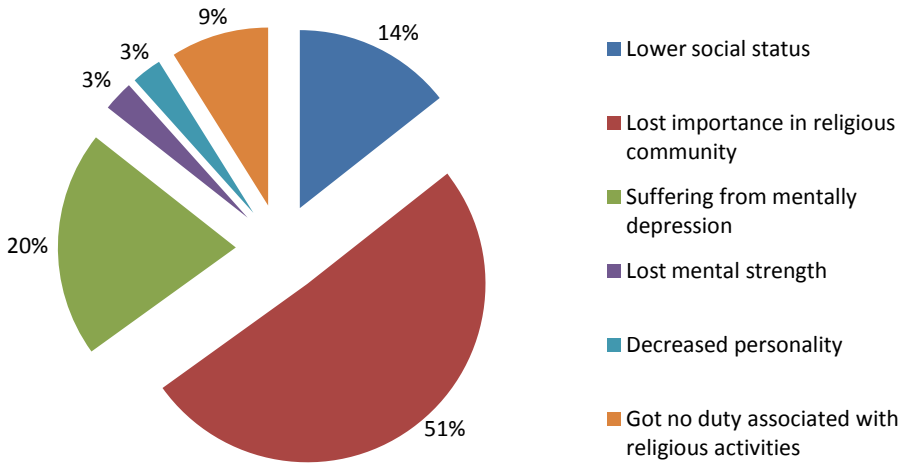


Figure 5.2: Overall consequences of stigma emanating from incapability to read religious books

Belief in religion is one of the prime concerns in rural societies of Bangladesh. Women who did not know how to read religious books struggled in both their family and society. They did not have a good position in own family or in society. They were considered most sinner and bad women in society. They were blamed for any accident in the family.

5.2.3 Consequences of stigma due to occupation

Consequences of stigma resulting from occupational status among the respondents are presented in Table 5.3. As the first consequence, it was revealed from the survey that 66.66% of the stigmatized respondents had to work more to minimize the stigma given to them. More than twenty percent (22.22%) of the women mentioned that it became hard for them to manage both family and job after putting up the stigmatization (Table 5.3).

A second consequence was found for 13 stigmatized women which was 72.22% of the total stigmatized respondents. As second consequence, majority of the

respondents (46.15%) mentioned that it became very hard for them to manage the family and job concurrently (Table 5.3).

A total of 12 (66.67%) of the stigmatized respondents reported a third consequence. Majority (58.33%) of the respondents mentioned that they had lost their importance in family as well as in society (Table 5.3).

Table 5.3: Consequences of stigma cast on grounds of occupation

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Lost importance in family as well as in society	1	5.56	5	38.46	7	58.33
Lost purchasing capabilities	1	5.56	1	7.69	2	16.67
Had to work hard to minimize this	12	66.66	1	7.69	1	8.33
Became hard to manage family and job together	4	22.22	6	46.15	2	16.67
Total	*18*	*100*	*13*	*100*	*12*	*100*

Overall consequences of stigma emanating from occupation are shown in Figure 5.3. Majority (67%) of the stigmatized women stated that they had to work hard to minimize this stigma. A considerable proportion (22%) of the stigmatized women was facing difficulties in maintaining family and job concurrently.

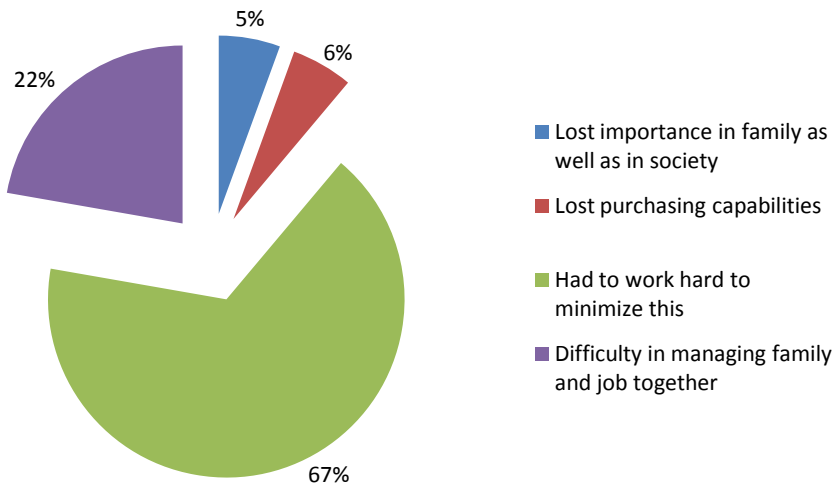


Figure 5.3: Overall consequences of stigma cast on grounds of occupation

Majority of the rural women are house-wives. This status is expected for women in our country, especially in rural areas. Rural women were stigmatized when they started working outside the house. Ultra poor women in rural areas worked outside house to earn a living and it would be hard for them to maintain religious customs all the time. As a result they were treated as shameless in society. People both inside and outside the house criticized them and sometimes used slang language too.

5.2.4 Consequences of stigma emanating from physical structure

Obesity is an important factor that is considered important in rural society. People who are conscious about health and lived in economic solvency would consider it negative and they always try to be slim. On the other hand in rural societies of Bangladesh where majority of the people are not economically strong obesity is considered in a positive manner. In this case, they generally made comments like "Wow! Health of this person is quite good." But females who belonged to this category were addressed by odd names. The interest in maintaining proper body size has increased following the industrialized social contexts. 'It begins with a discussion of bio-cultural paradigms, which accepts certain biomedical categories even when challenging or reconfiguring their hegemonic power.'[23]

Bryan Turner refuses to stabilize the body as a fixed object and attends to certain "disorders of women" including anorexia nervosa, which he takes to be cultural indications of the problem of having no control at different historical moments.[24]

The meanings of a fat body for the women in the study were very significant. "Tranquility, good appetite and health" indicated that these women were 'good wives and mothers' whose husbands adequately provided for them, and over eating may conform to a more common experience of 'managing stress' when it substitutes

[23] Helen Gremillion, "The Cultural Politics of Body Size", *The Annual Review of Anthropology",* Vol. 34 (2005), pp. 13-32.

[24] *Ibid.* pp. 13-32.

for the expression negative feelings in the presence of family members. For some married women, being over-weight also allowed for a respecTable, "asexual self-presentation" outside the home, an understanding in keeping with the widespread belief that thin is sexy.

Table 5.4 shows the different consequences of stigma emanating from physical structure of the respondents in the study area. As the most important consequence, majority (64%) of the stigmatized women were suffering from mental depression for their physical structure followed by degradation of status in both family and society (13%), failure in taking food as per wish (11%) and others (Table 5.4).

A second consequence was found for 64 stigmatized women which was 64% of the total stigmatized respondents. In this case, more than one-third (37.50%) of the stigmatized women mentioned that they failed to eat as per their wish (Table 5.4).

A total of 45 (45%) stigmatized respondents reported a third consequence. One-third (33.33%) of the respondents mentioned that they had lost their importance in family as well as in society as a third strategy (Table 5.4).

Table 5.4: Consequences of stigma emanating from physical structure

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Suffered from mental depression	64	64.0	13	20.31	9	20
Failed to eat as per demand/wish	11	11.0	24	37.50	9	20
Lost status in family and society	13	13.0	15	23.44	15	33.33
Gain status in family and society	9	9.0	10	15.63	12	26.67
Planned to commit suicide	3	3.0	2	3.13	-	-
Total	*100*	*100*	*64*	*100*	*45*	*100*

Overall consequences of stigma emanating from physical structure of the respondents are shown in Figure 5.4. Of these, almost half (47%) of the stigmatized women believed that possibility of getting a quality groom for their marriage had been reduced to a great extent. Huge amount of dowry at marriage was also

reported by 27% of the stigmatized women. Establishment in society became very difficult for 7% of the stigmatized women in the study area. People living in the rural areas prefer somewhat bulky Figure. After marriage if a bride gained weight then members of her husband's home considered it positive.

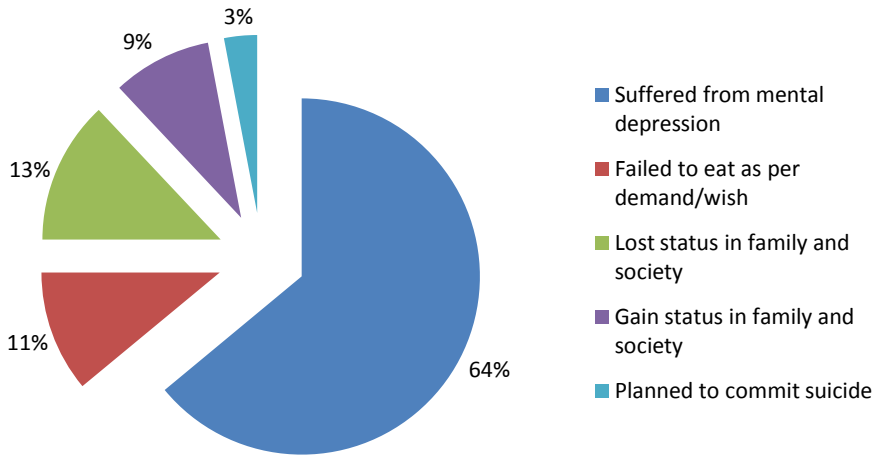


Figure 5.4: Overall consequences of stigma emanating from physical structure

5.2.5 Consequences of stigma cast due to height

Height is an important determinant of beauty of a woman. In case of females, it is associated with stigma too. Both too much and too short height are considered important in generating stigma. As a consequence, they are forced to give dowry for unusual height. Sometimes the husband gets married for the second time. Lacking in physical appearance, especially height, destroys their mental strength and they also become subjected to physical torture. All these lead to a severe condition for a woman in a poor family.

Table 5.5 shows the consequences of stigma generated from height of the respondents in the study area. Among the first consequences, nearly half (47.52%) of the respondents mentioned that they were harassed at the time their marriage for being too short or tall. Other important consequences were requirement of extra

money *i.e.* dowry at the time of marriage (27.66%), the stigma transmitted to children of stigmatized women (12.06%) etc. (Table 5.5).

A second consequence was found for 82 stigmatized women (58.16%). As second consequence, majority (52.44%) of the respondents mentioned that more dowry was required for their marriages (Table 5.5). A total of 40 (28.37%) stigmatized respondents reported a third consequence. Above forty percent (42.50%) of these respondents mentioned that they lost their mental strength because of this stigma (Table 5.5).

Table 5.5: Consequences of stigma emanating from height

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Hampered marriage	67	47.52	11	13.41	8	20
Needed more money for marriage	39	27.66	43	52.44	10	25
Lost mental strength	13	9.22	13	15.85	17	42.50
Lost eligibility for many works in society and family	5	3.55	6	7.32	-	-
Children were also stigmatized	17	12.06	9	10.98	5	12.5
Total	*141*	*100*	*82*	*100*	*40*	*100*

Overall consequences of stigma emanating from height are shown in Figure 5.5. Among the consequences of stigma due to height, children of almost half (47%) of the stigmatized women were also stigmatized. A considerable portion (28%) of the stigmatized women mentioned that they had to pay money (dowry) at the time of their marriage.

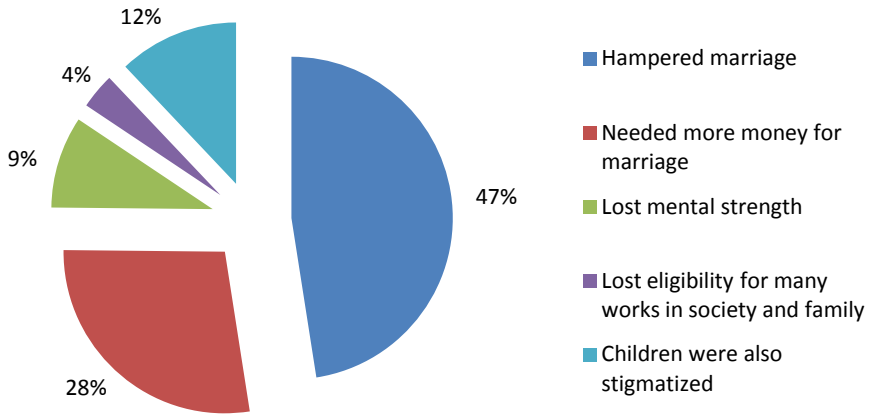


Figure 5.5: Overall consequences of stigma emanating from height

5.2.6 Consequences of stigma due to dark skin color

Women with dark skin in rural societies of Bangladesh are subjected to torture in many ways. Often they were physically tortured. Majority women paid dowry at the time of their marriage to avoid this situation. In husband's family, senior members including husband tortured wife physically and mentally.

Various consequences of social stigma resulting from dark skin color of the respondents are shown in Table 5.6. As first consequence, majority (46.67%) of the stigmatized women mentioned that the main consequence was reduction of their possibility of a good marriage. Furthermore, 26.67% of the stigmatized respondents reported that extra dowry was required for their marriage (Table 5.6). A second consequence was found for 27 stigmatized women (90%). As a second consequence, majority (29.63%) of the respondents mentioned that extra dowry was required at the time of marriage (Table 5.6). A total of twenty (66.67%) of the stigmatized respondents reported a third consequence. More than half (55%) of the respondents mentioned that possibility of a good marriage was reduced to a great extent due to this stigma (Table 5.6).

Table 5.6: Consequences of stigma cast for dark skin color

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Had to prove herself with other skills	4	13.33	6	22.22	1	5
Reduced potentiality of a good marriage	14	46.67	6	22.22	11	55
Required extra dowry	8	26.67	8	29.63	5	25
Faced extreme difficulty to establish in society	2	6.67	5	18.52	2	10
Transmission of the stigma to children	1	3.33	1	3.70	-	-
Lost social honor	1	3.33	1	3.70	1	5
Total	*30*	*100*	*27*	*100*	*20*	*100*

Overall consequences of stigma emanating from dark skin color are shown in Figure 5.6. Of these, almost half (47%) of the stigmatized women believed that possibility of getting a quality groom for their marriage had been reduced to a great extent. Huge amount of dowry at marriage was also reported by 27% of the stigmatized women. Establishment in society became very difficult for 7% of the stigmatized women in the study area.

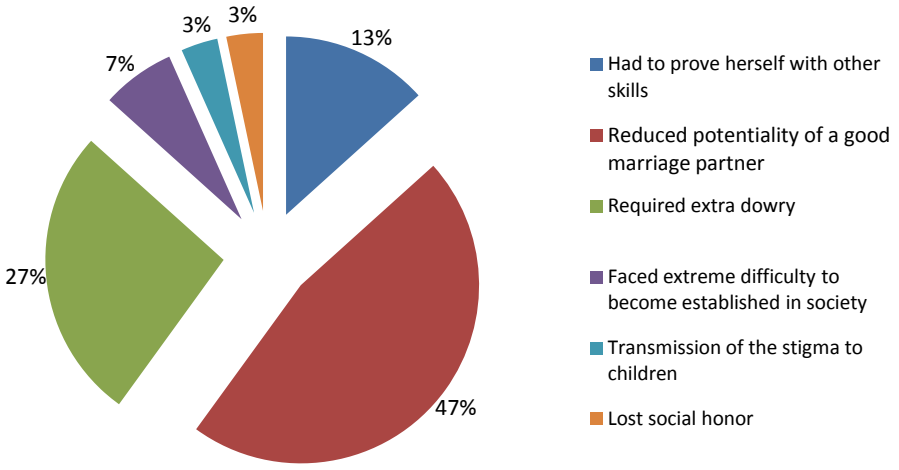


Figure 5.6: Overall consequences of stigma emanating from dark skin color

5.2.7 Consequences of stigma emanating from ailment

Various consequences of the stigma resulted from sickness in the study area are shown in Table 5.7. In case of first consequence, more than half (52.58%) of the stigmatized respondents have mentioned that they were treated as a source of unnecessary expenditure in the family. Reduction of importance in family was also reported by 16.50% women. However, one major consequence of sickness was it led to another type of stigma and this was reported by 13.40% women (Table 5.7).

A second consequence was found for 54 stigmatized women which was 55.67% of the total stigmatized respondents. Considering the second consequence, majority (27.78%) of the respondents mentioned that this stigma led to a new stigma (Table 5.7). A total of 53 (54.64%) stigmatized respondents reported a third consequence during survey. Majority (30.19%) of the respondents mentioned that they were considered valueless in their families due to this stigma (Table 5.7).

Table 5.7: Consequences of stigma emanating from ailment

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Considered valueless in family	16	16.50	12	22.22	16	30.19
Treated as a source of expenditure	51	52.58	13	24.07	6	11.32
Reduced acceptance in family as well as in society	12	12.37	6	11.11	7	13.21
Lost responsibilities	2	2.06	1	1.85	1	1.89
Threat for separation (divorce)	3	3.09	7	12.96	14	26.52
Led to a new stigma	13	13.40	15	27.78	9	16.98
Total	*97*	*100*	*54*	*100*	*53*	*100*

Overall consequences of stigma emanating from sickness are shown in Figure 5.7. More than half (53%) of the stigmatized women were treated as a source of unnecessary expenditure in the family. A considerable portion (17%) of these women was treated as valueless in their families. In case of 3% of the stigmatized women, husbands posed a threat of separation (divorce).

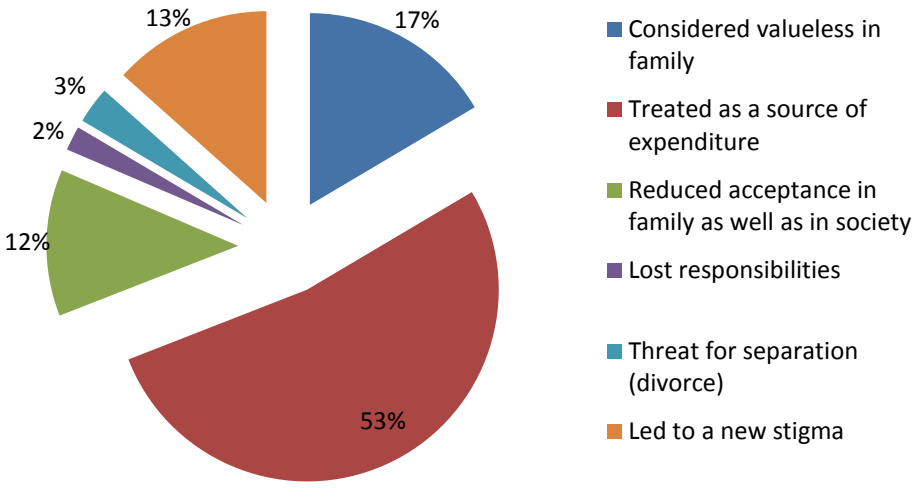


Figure 5.7: Overall consequences of stigma emanating from ailment

The sufferings of women level with disabilities are often ignored and neglected.[25] Stigma appears to affect health in four ways- first, stigma in and of itself may have negative help consequences for the individuals and groups who are stigmatized.[26] Second, because of a fear of the stigma and consequential potentially aversive situation event if they include apparently positive event such as attendance at a healthcare facilities a kind of self-regulated exclusion. Third, event should a stigmatized person not think about as adverse response from others they may nonetheless experience just such a response.[27] Finally there is evidence to suggest that in some circumstance stigmatizing one group can negatively affect the health of the broader population.[28]

[25] Dermot Foley and Jahan Chowdhury, " Poverty, Social Exclusion and the Politics of Disability: Care as Social Good and the Expenditure of Social Capital in Chuadanga, Bangladesh", *Social Policy & Administration,* Vol. 41(4) (Aug, 2007), pp. 372-385.

[26] A Mayer and D D Barry, "Working with the media to destigmatize mental illness", *Hospital and Community Psychiatry,* Vol. 43 (1992), pp. 77-8.

27 Pranee Liamputtong ed., *Stigma, Discrimination and Living with HIV/AIDS: A Cross-Cultural Perspective* (Dordrecht, Heidelberg: Springer, 2013), pp. 23-41.

[28] Daniel D Reidpath, Kit Y Chan, Sandra M Gifford, and Pascal Allotey, "He hath the French pox': stigma, social value and social exclusion", *Sociology of Health & Illness,* Vol. 27(4) (2005), pp. 468-489.

5.2.8 Consequences of stigma due to husband's activity

Wives have to bear results of negative activities performed by the husbands. People, especially neighbors, relatives criticize wives in this regard. Sometimes people cut off their relationship with this type of family and they are kept separate forcefully from the society. Women have to accept all these without any protest because they are much, fully in maximum cases, dependent on their husbands. Moreover, they cannot leave their husbands because of religious belief and emotional weakness resulting in development of extreme mental pressure.

Various consequences of the stigma resulted from different activities of husbands in the study area are shown in Table 5.8. In case of first stigma, more than one-third (34.09%) of the stigmatized respondents have mentioned that there was a reduced possibility to make a new relationship with a good family, mainly through the marriage of their son/daughter. Nearly thirty percent (29.55%) of the respondents have also mentioned that their tendency to commit suicide was increased to a great extent. Children of such parents were also stigmatized in the study area and this was observed in 16.67% cases (Table 5.8).

A second consequence was found for 45 stigmatized women which was 34.09% of the total stigmatized respondents. Considering the second consequence, majority of the respondents (26.67%) mentioned that their children were also stigmatized (Table 5.8).

A total of 37 (28.03%) stigmatized respondents reported a third consequence during survey. More than one-third (37.84%) of the respondents have mentioned increased tendency to commit suicide due to this stigma (Table 5.8).

Overall consequences of stigma cast for husband's activities are shown in Figure 5.8. A little more than one third (34%) of the stigmatized women believed that a possibility to establish a relationship through the marriage of son/daughter had been reduced to a great extent for this reason. Thirty percent of the stigmatized women reported an increased desire to commit suicide as a consequence of this stigma.

Table 5.8: Consequences of stigma cast for husband's activities

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Children were stigmatized	22	16.67	12	26.67	10	27.03
Reduced possibility to make a new relationship with a good family	45	34.09	11	24.44	6	16.22
Increased desire/attempt to commit suicide	39	29.55	10	22.22	14	37.84
Lost position and honor in society	22	16.67	7	15.56	3	8.11
Forced separation from society	2	1.52	4	8.89	4	10.81
Neighbors blocked road to house	2	1.52	1	2.22	-	-
Total	*132*	*100*	*45*	*100*	*37*	*100*

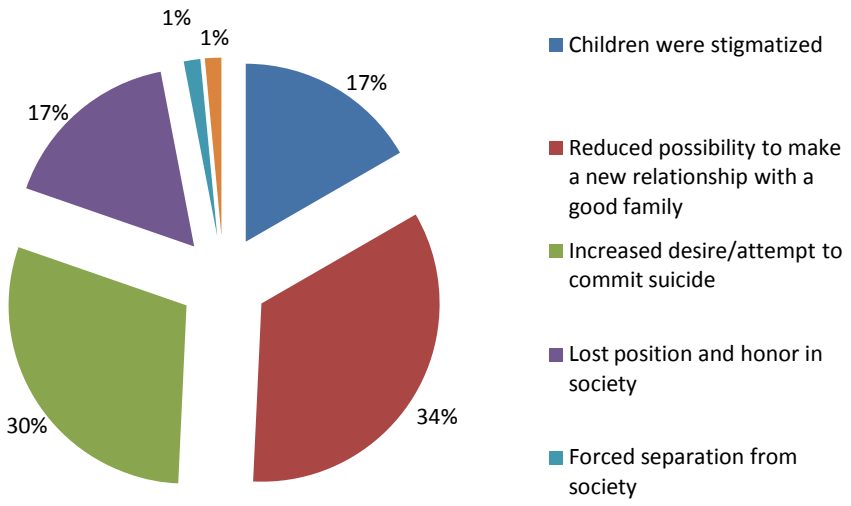


Figure 5.8: Overall consequences of stigma cast for husband's activities

5.2.9 Consequences of stigma due to children's activity

In rural societies, children are stigmatized because of drunken, theft, mocking, fighting and so on. Sons of the family are involved in this type of activities. In many instance, they get marry without their parent's concern or involved in an illegal relationship with opposite sex. Female children are stigmatized to some great extent than that of male children for these activities. If anything of these is done by female

children, society considerers it more badly and raises question regarding their character. A mother herself considers this a great shame. They lost honor in society and become separated from it.

Different consequences of the stigma resulted from different activities of children in the study area are shown in Table 5.9. In case of first consequence, more than half (53.22%) of the stigmatized respondents have mentioned that there was a reduced possibility to make a new relationship with a good family, through the marriage of their son/daughter. Other major consequences were reduction in social honor and position (17.74%), increasing criticism by both family members and others (16.13%), etc. (Table 5.9).

A second consequence was found for 49 stigmatized women which was 79.03% of the total stigmatized respondents. Considering the second consequence, majority of the respondents (30.61%) mentioned criticism both by the family members and other people was increased due to this stigma (Table 5.9). A total of 43 (69.35%) stigmatized respondents reported a third consequence during survey. Majority of the respondents (37.21%) mentioned the same consequence as of second consequence *i.e.* increased criticism by all (Table 5.9).

Table 5.9: Consequences of stigma cast for children's activities

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Reduced social honor and position	11	17.74	11	22.45	9	20.93
Forced separation from society	2	3.23	2	4.08	2	4.65
Ignored by others	2	3.23	7	14.29	7	16.28
Reduced chance of children's marriage in a good family	33	53.22	8	16.33	2	4.65
Punished by the social leader	1	1.61	-	-	-	-
Spent money to neutralize the unaccepTable events/activities	3	4.84	6	12.24	7	16.28
Increased criticism by both family members and others	10	16.13	15	30.61	16	37.21
Total	*62*	*100*	*49*	*100*	*43*	*100*

Overall consequences of stigma cast for children's activities are shown in Figure 5.9. Majority (53%) of the stigmatized women mentioned that due to this stigma possibility of establishing a relationship with a reputed or good family through marriage of children became very much difficult. A small portion (3%) of the stigmatized women ostracized by the social elites.

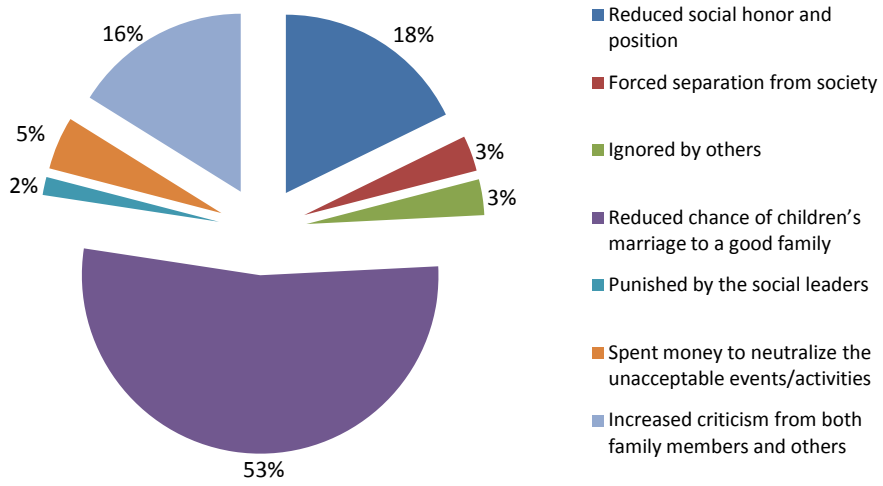


Figure 5.9: Overall consequences of stigma cast for children's activities

5.2.10 Consequences of stigma due to personality traits

Three types of consequences were recorded regarding stigma due to personality traits of the stigmatized respondents in the study area which are shown in Table 5.10. In case of first consequence, most (79.41%) of the stigmatized women mentioned that due to this, social harmony was decreased (Table 5.10).

A second consequence was found for 28 stigmatized women which was 41.18% of the total stigmatized respondents. Considering the second consequence, majority of the respondents (39.29%) mentioned that pressure has been increased on the earning person of the family (Table 5.10).

A total of 19 (27.94%) stigmatized respondents reported a third consequence during survey. Nearly sixty percent respondents (57.89%) have mentioned that their mental peace was hampering due to this stigma (Table 5.10).

Table 5.10: Consequences of stigma emanating from personality traits

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Hampered mental satisfaction	9	13.24	14	50	11	57.89
Brought negative impact on social harmony	54	79.41	3	10.71	2	10.53
Increased pressure on earning person of family	5	7.35	11	39.29	7	36.84
Total	*68*	*100*	*28*	*100*	*19*	*100*

Overall consequences of stigma emanating from personality traits are shown in Figure 5.10. More than half (51%) of the stigmatized respondents mentioned that their social integrity had been damaged for this reason followed by unstable mental conditions (29%) and increased pressure on the earning members of family (20%).

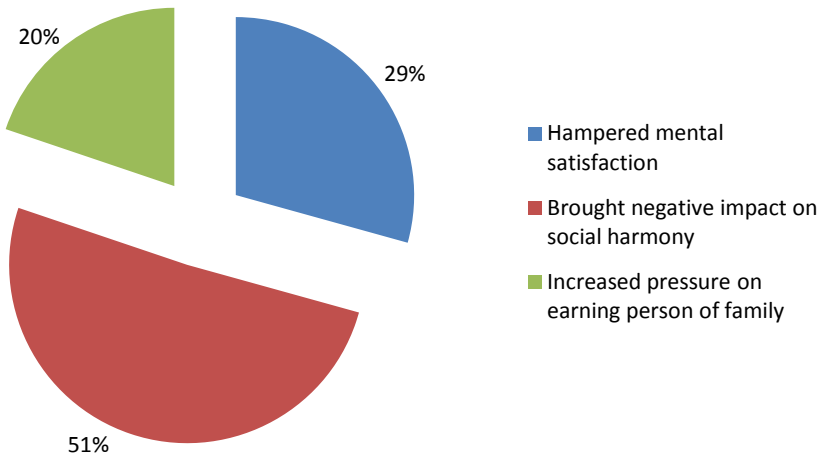


Figure 5.10: Overall consequences of stigma emanating from personality traits

5.2.11 Consequences of stigma cast for criticizing others

Various consequences regarding stigma resulted from the habit of criticizing others are shown in Table 5.11. In case of first consequence, more than two-third (66.95%) of the stigmatized respondents have mentioned that due to their concerned nature they were criticized by other people in absentia. A considerable portion (14.41%) of the stigmatized women believed that they lost their social honor because of this (Table 5.11).

A second consequence was found for 102 stigmatized women which was 86.44% of the total stigmatized respondents. Considering the second consequence, majority of the respondents (36.27%) mentioned that they were addressed as *kutni* (Table 5.11).

A total of 92 (77.97%) stigmatized respondents reported a third consequence during survey. Majority of the respondents (43.48%) mentioned that various mock titles were given to them for stigmatizing (Table 5.11).

Table 5.11: Consequences of stigma cast for criticizing other people

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Mock titles were given (e.g. social worker)	7	5.93	34	33.33	40	43.48
Addressed as "*kutni*" (a female who always try to make quarrel between two people telling lie)	5	4.24	37	36.27	36	39.13
Criticized in absentia	79	66.95	12	11.76	3	3.26
Proper evaluation hampered in society	10	8.47	8	7.84	3	3.26
Reduced social honor	17	14.41	11	10.78	10	10.86
Total	*118*	*100*	*102*	*100*	*92*	*100*

Overall consequences of stigma cast for criticizing other people are shown in Figure 5.11. More than two-third (67%) of the stigmatized respondents criticized people in their absent was found as the most common consequence in the study area.

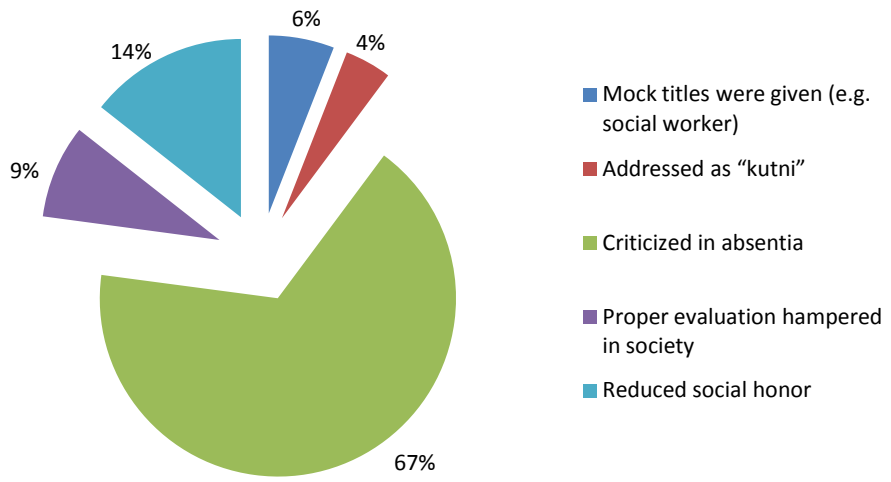


Figure 5.11: Overall consequences of stigma cast for criticizing other people

5.2.12 Consequences of stigma due to attraction to males other than husband

Stigma regarding attraction to other male refers to stigma based on their behavior which ostensibly they should be able to control that is achieved stigma. Women with achieved stigma experience higher levels of stigmatization because they are seen as morally responsible for their stigma. These stigmas are seen as character flaws reflecting the women's lack of self-restraint and control, and therefore these women are seen as undeserving of sympathy and acceptance.

Table 5.12 shows the various consequences of stigma generated from attraction to other male. Only a small percentage of the respondent was stigmatized due to this reason. Of them, in case of first consequence, majority women (40%) reported decreased interaction with both other family members and neighbors (Table 5.12).

A second consequence was found for 4 stigmatized women which was 80% of the total stigmatized respondents. Considering the second consequence, half of the respondents (50%) mentioned that peace in their families gone out due to this stigma (Table 5.12). A total of 2 (40%) stigmatized respondents reported a third consequence during survey (Table 5.12).

Table 5.12: Consequences of stigma emanating from attraction to males other than husband

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Reduced interaction with both family members and neighbors	2	40	1	25	1	50
Punished physically	1	20	1	25	1	50
Increased tendency to commit suicide	1	20	-	-	-	-
Lost peace in family life	1	20	2	50	-	-
Total	*5*	*100*	*4*	*100*	*2*	*100*

Overall consequences of stigma emanating from attraction to other male are shown in Figure 5.12. Social interaction had been reduced in case of 40% of the stigmatized respondents. Other consequences were increased tendency to commit suicide (20%), no peace in family life (20%) and physical punishment (20%).

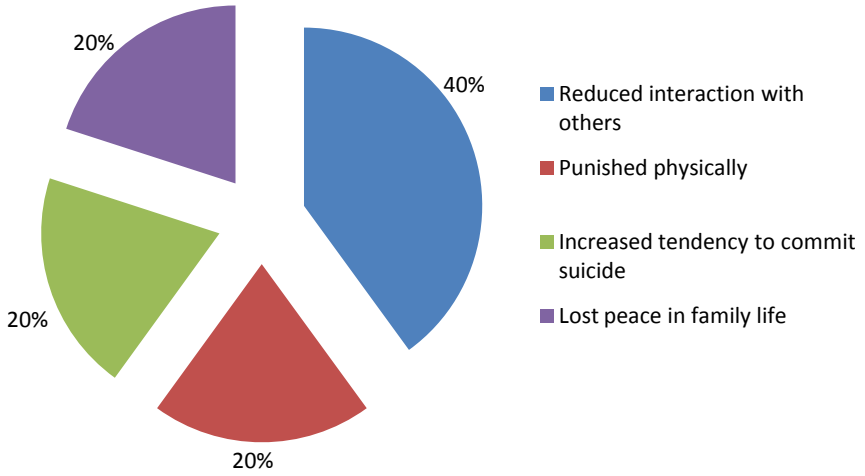


Figure 5.12: Overall consequences of stigma emanating from attraction to males other than husband

5.2.13 Consequence of stigma cast for food habit

Smart and Wegner (1996) took an interview of those women who have or did not have stigma of an eating disorder. But the women conceal it from the interviewer.

They proposed that attempting to conceal an important aspect of self-from others can set into motion cognitive processes of suppression and intrusion.[29] Wegner and Lane (1995) also proposed that cognitive processes of suppression and intrusion can persevere long after the secret is gone and can lead to psychological distress. Although there is evidence that cognitively ruminating about negative events is related to psychological distress[30,31]

Only three different consequences were found regarding stigma due to food habit which shown in Table 5.13. In case of first consequence, most (73.33%) of the stigmatized women reported that they were addressed with odd titles which resulted in creation of mental depression (Table 5.13).

A second consequence was found for 20 stigmatized women which was 44.44% of the total stigmatized respondents. Considering the second consequence, majority of the respondents (60%) mentioned that they were ignored by other people (Table 5.13). A total of 12 (26.67%) stigmatized respondents reported a third consequence during survey. Nearly sixty percent (58.33%) of the respondents have mentioned that various odd titles were given to them which resulted in an increased mental depression on them due to this stigma (Table 5.13).

Table 5.13: Consequences of stigma cast for food habit

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Odd titles were given which increased mental depression	33	73.33	3	15	7	58.33
Ignorance by others	5	11.11	12	60	1	8.33
Lost harmony with neighbors	7	15.56	5	25	4	33.33
Total	*45*	*100*	*20*	*100*	*12*	*100*

[29] L Smart and D M Wegner, "Invisible Stigma in Social Interaction" *American Psychological Society* (San Francisco, CA: 1996).

[30] D M Wegner and J D Lane, "From Secrecy to Psychopathology" in *Emotion, Disclosure and Health*, ed. J W Pennebaker (Washington, DC: American Psychological Association, 1995), pp. 25-46.

[31] Todd TF Heatherton ed., *The Social Psychology of Stigma* (Guilford Press, 2003), pp. 307-333.

Overall consequences of stigma emanating from food habit are shown in Figure 5.13. More than half (56%) of the stigmatized respondents mentioned that they were subject to more mental torture because of this stigma as they were addressed by various odd titles. Other consequences were ignorance by others (23%) and no social harmony (21%).

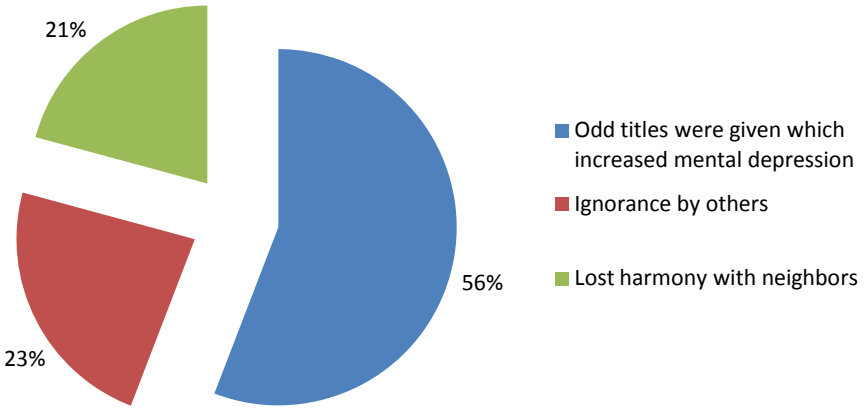


Figure 5.13: Overall consequences of stigma cast for food habit

5.2.14 Consequences of stigma emanating from hobbies

Only two consequences were found regarding stigma due to hobby which shown in Table 5.14. In case of first consequence, majority (85%) of the stigmatized women reported that this stigma hampered their mental satisfaction (Table 5.14).

A second consequence was found for 7 stigmatized women which was 35% of the total stigmatized respondents. Considering the second consequence, more than seventy percent of the respondents (71.43%) mentioned that a gap has been developed between respondent and others (Table 5.14).

A total of 1 (5%) stigmatized respondents reported a third consequence during survey. In this case all respondents mentioned decreased mental satisfaction due to this stigma (Table 5.14).

Table 5.14: Consequences of stigma emanating from hobbies of the respondents

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Hampered mental satisfaction	17	85	2	28.57	1	100
Increased gap with others	3	15	5	71.43	-	-
Total	*20*	*100*	*7*	*100*	*1*	*100*

Overall consequences of stigma emanating from hobbies of the women are shown in Figure 5.14. As a consequence mental satisfaction of most (71%) of the stigmatized respondents was hampered for this reason. Such stigma also caused an increased gap with others (29%).

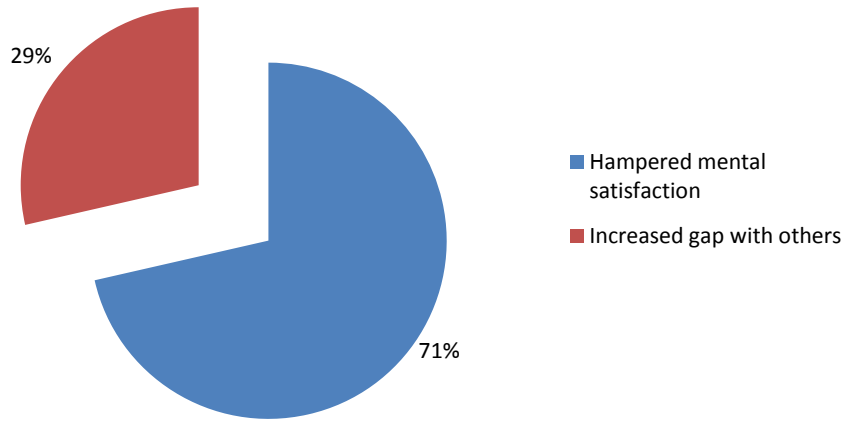


Figure 5.14: Overall consequences of stigma due to hobby

5.2.15 Consequences of stigma emanating from watching movie

Consequences regarding stigma generated for watching movie are shown in Table 5.15. In case of first consequence, more than half (55.56%) of the stigmatized women mentioned that their importance in social-religious works has been reduced to a great extent because of this reason.

A second consequence was found for 10 stigmatized women which was 37.04% of the total stigmatized respondents. Considering the second consequence, majority of the respondents (70%) mentioned that they were blamed for the unhappiness in their families (Table 5.15).

A total of 3 (11.11%) stigmatized respondents reported third consequences during survey. All the respondents (100%) mentioned that their position as a role playing person in the religious community has been lost due to this stigma (Table 5.15).

Table 5.15: Consequences of stigma emanating from watching movie

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Decreased importance in society from religious point of view	15	55.56	3	30	3	100
Blamed for unhappiness in family	12	44.44	7	70	-	-
Total	*27*	*100*	*10*	*100*	*3*	*100*

Overall consequences of stigma emanating from watching movies are shown in Figure 5.15. Most (55%) of the stigmatized respondents mentioned that their position in performing religious activities had been lowered and they were also blamed for the unhappiness in their families (45%).

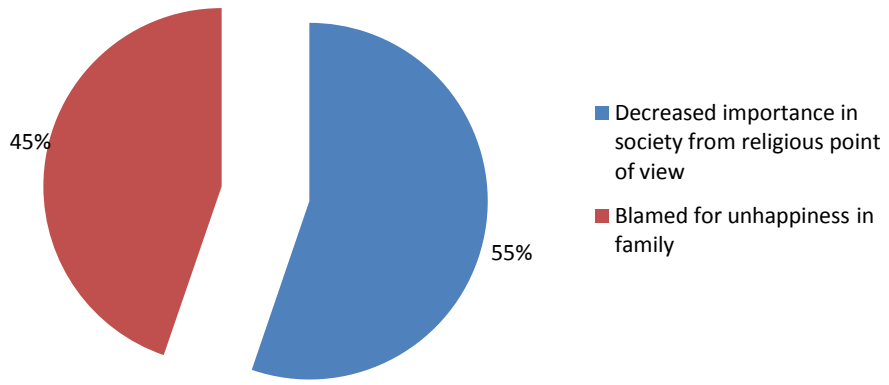


Figure 5.15: Overall consequences of stigma due to movie watching

5.2.16 Consequences of stigma due to gender

Young (1988) has defined condition as the material state in which women live: low wages, poor nutrition, lack of access to health care, education and training. Position, on the other hand, is the social and economic status of women as compared to men.[32] When resources are very limited, it is women, the most marginalized in the first place, who suffer first and most. Women have the smallest share of the resources pie of the world; when the pie shrinks, women's losses are the greatest.[33] Various consequences of stigma due to gender in the study area are shown in Table 5.16. As first consequence, majority (62.76%) of the stigmatized respondents have reported physical torture by the husbands followed by reduced importance in decision making process in family (20.79%), no way but to accept other's decision and tendency to commit suicide (6.21% each) etc. (Table 5.16).

A second consequence was found for 79 stigmatized women (54.48%). As the second consequence, most of the respondents (40.51%) mentioned that they could not contribute to the decision making process in their families (Table 5.16).

A total of 78 (53.79%) stigmatized respondents reported a third consequence during survey. Nearly half of the women (46.15%) mentioned the same consequence that was also stated by majority women as their first and second consequence *i.e.* no importance in decision making in family (Table 5.16).

[32] K Young, *Gender and Development: A Relational Approach* (Oxford: Oxford University Press, 1988)

[33] J Seager and A Olson, *Women in the World: An International Atlas* (NY: Simon and Schuster Inc., 1986).

Table 5.16: Consequences of stigma due to gender

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Physically tortured	91	62.76	14	17.72	14	17.95
No/Less importance in decision marking	30	20.79	32	40.51	36	46.15
Had to accept other's decision	9	6.21	4	5.06	2	2.56
Increased tendency to commit suicide	9	6.21	2	2.53	2	2.56
Self-stigmatization	2	1.38	10	12.66	8	10.26
Reduced faith in God	4	2.76	17	21.52	16	20.51
Total	*145*	*100*	*79*	*100*	*78*	*100*

Overall consequences of stigma emanating from gender issue are shown in Figure 5.16. Majority (63%) of the stigmatized women were subjected to physical torture in the study area for this stigma. A considerable portion (21%) of the stigmatized women reported that they had no importance in the decision making process in their families. However, a small proportion (1%) of the women was involved in stigmatizing themselves.

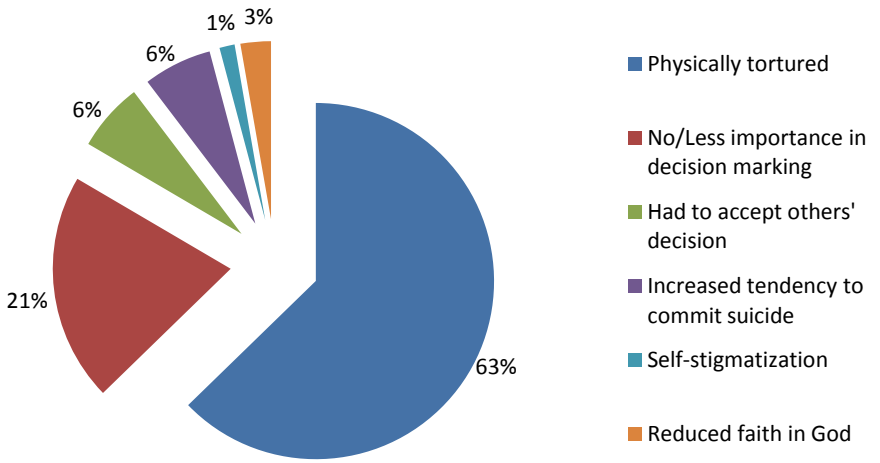


Figure 5.16: Overall consequences of stigma due to gender

5.2.17 Consequences of stigma for participation in political activities

Only a small portion of respondents were involved in politics in the study area. Consequences of stigma as a result of this involvement are shown in Table 5.17. Considering the first stigma, this was observed that relationship with neighbor has been degraded for this reason. No peace in family was reported by two-third (66.67%) of the stigmatized respondents. No third consequence was reported.

Table 5.17: Consequences of stigma emanating from political identity

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Bad relationship with neighbors	3	100	-	-	-	-
No peace in family	-	-	2	100	-	-
Total	*3*	*100*	*2*	*100*		

Politics involve power practice in society. Rural women in the study area are found inactive in politics but it is their husbands or sons that they are indirectly involved in politics. Political identity stigmatization makes the relationship worse with the neighbors. Sometimes it is manifested in disturbance of peace and comfort in the family. Overall consequences of stigma emanating from political identity of the women are shown in Figure 5.17. Bad relationship with neighbors (60%) was found as a dominant consequence, followed by no peace in family (40%).

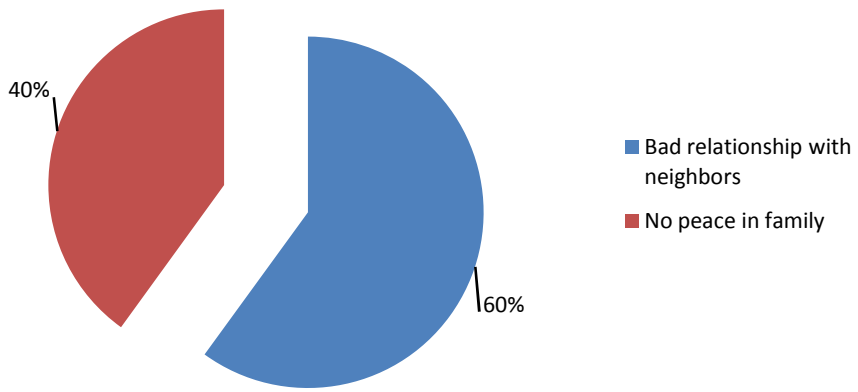


Figure 5.17: Overall consequences of stigma due to involvement in politics

5.2.18 Consequences of stigma due to other's tricks

Various consequences regarding stigma due to other people's tricks are shown in Table 5.18. In case of first consequence, most (43.59%) of the stigmatized respondents reported that their social honor has been decreased due to this stigmatization. Destruction of social harmony was also recorded in 28.11% cases. A considerable portion of the stigmatized women (17.95%) have mentioned that their children's marriages were also hampered due to this reason (Table 5.18).

A second consequence was found for 62 stigmatized women which was 79.49% of the total stigmatized respondents. Considering the second consequence, most of the respondents (45.16%) mentioned that they faced problems at the time of marriage of their children (Table 5.18).

A total of 37 (47.44%) stigmatized respondents reported a third consequence during survey. Almost thirty percent (29.73%) of the respondents mentioned that their social position has been deteriorated due to this stigma (Table 5.18).

Table 5.18: Consequences of stigma due to other's tricks

Type of consequences	***First***		***Second***		***Third***	
	N	***%***	***n***	***%***	***n***	***%***
Reduced social honor	34	43.59	13	20.97	11	29.73
Problem during marriage of children	14	17.95	28	45.16	7	18.92
Physical torture	6	7.69	3	4.84	-	-
Reduced faith in God	2	2.56	8	12.90	9	24.32
Lost social harmony	22	28.21	10	16.13	10	27.03
Total	*78*	*100*	*62*	*100*	*37*	*100*

Overall consequences of stigma due to other's tricks are shown in Figure 5.18. Almost one third (33%) of the stigmatized respondents reported that their social honor had been reduced due to this reason. Problem during marriage of children had also been reported by 27% of the stigmatized respondents.

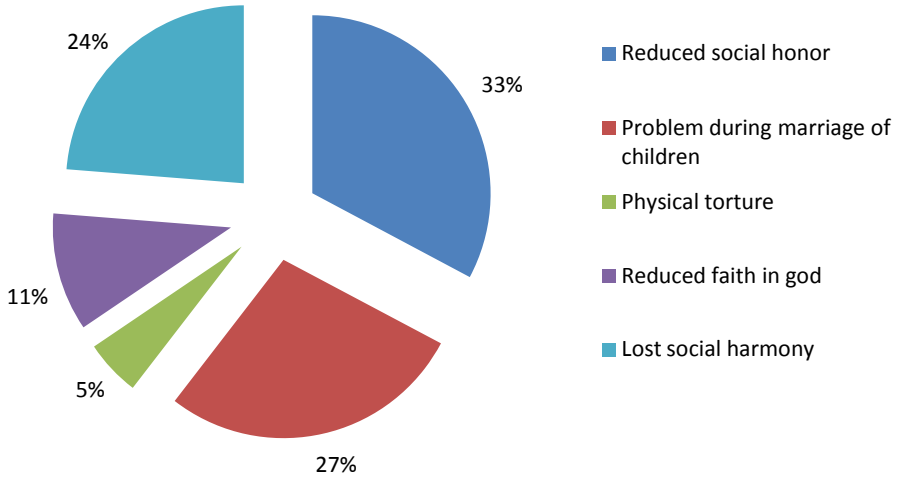


Figure 5.18: Overall consequences of stigma due to other's tricks

3.2.19 Consequences of stigma to widow, divorced or women married more than once

Various consequences regarding stigma given to widow, divorced or women married more than once are shown in Table 5.19. In case of first stigma, Nearly forty percent (39.48%) of the stigmatized respondents reported that their children were also stigmatized. Two other consequences reduction of social honor and increased tendency to commit suicide were also recorded in considerable number of cases, 23.69% and 21.05% respectively (Table 5.19).

A second consequence was found for 35 stigmatized women which was 92.12% of the total stigmatized respondents. Considering the second consequence, majority of the respondents (37.14%) mentioned that they faced problems at the time of marriage of their children (Table 5.19).

A total of 30 (78.95%) stigmatized respondents reported a third consequence during survey. More than one-third (36.67%) of the respondents mentioned that their children were also stigmatized as a result of this stigma (Table 5.19).

Table 5.19: Consequences of stigma to widow, divorced or women married more than once

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Increased tendency to commit suicide	8	21.05	3	8.57	3	10
Reduced honor in society	9	23.69	5	14.29	3	10
Lost importance in decision making process in family	2	5.26	8	22.86	7	23.33
Children were stigmatized	15	39.48	4	11.43	11	36.67
Problem of children's marriage	2	5.26	13	37.14	5	16.67
Unhappiness in family	2	5.26	2	5.71	1	3.33
Total	*38*	*100*	*35*	*100*	*30*	*100*

Overall consequences of stigma to widow, divorced or women married more than once are shown in Figure 5.19. In most cases (40%) the stigmatized women mentioned that their children were also stigmatized because of these reasons.

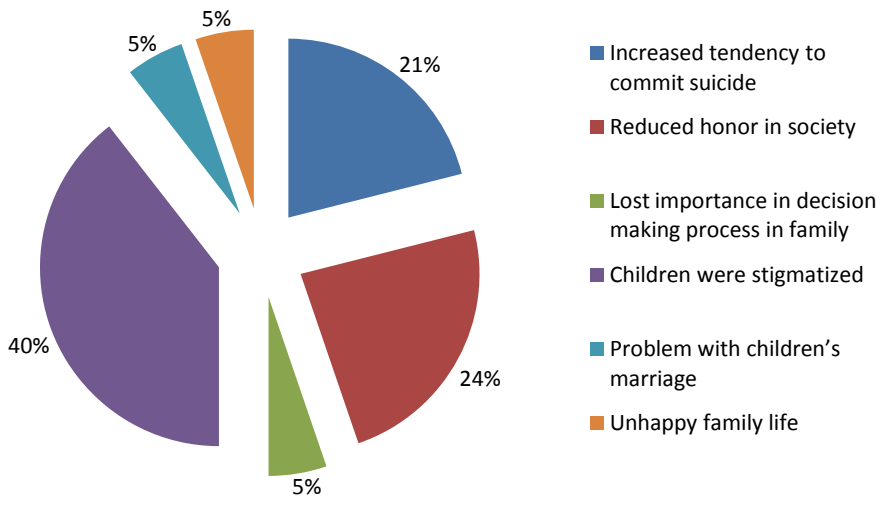


Figure 5.19: Overall consequences of stigma to widow, divorced or women married more than once

Widow women are entitled 'husband-eater' in the societies of Bangladesh. They lost importance in both their families and societies. Poor widow women are prone to sexual harassment by the social elites. Their presence in any social event is considered 'misfortunate'. In many instance these women commit suicide when they

cannot tolerate this type of behavior and stigmas. Divorced women are titled as characterless and they also are vulnerable to sexual harassment by the social elites. With divorced and widow women, family members have to face many difficulties. Similar statements are also applicable for women married more than one time. Unmarried female of family where any of these women are found also subjected to such social pressure. They lost honor in family as well as in society too. In case of second marriage, they got married to a man who had been married before and already got children. In this case, members of husband's family create difficulties in many ways.

5.2.20 Consequences of stigma due to involvement in cultural activities

A minute portion of the respondents were stigmatized for participating in cultural activities in the study area. Stigma led to two consequences- reduction of honor in society and faced problem during marriage (50% each in case of first priority consequence) (Table 5.20).

A second consequence was found for only 1 stigmatized woman which was 50% of the total stigmatized respondents. She mentioned that her social honor was degraded due to this stigma (Table 5.20). However, no third consequence was found for this stigma.

Table 5.20: Consequences of stigma due to involvement in cultural activities

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***N***	***%***
Reduced honor in society	1	50	1	100	-	-
Generated problem during marriage	1	50	-	-	-	-
Total	*2*	*100*	*1*	*100*	*n/a*	*n/a*

Overall consequences of stigma emanating from the involvement in cultural activities are shown in Figure 5.20. Two-third of the stigmatized respondents reported a reduction in honor in the society.

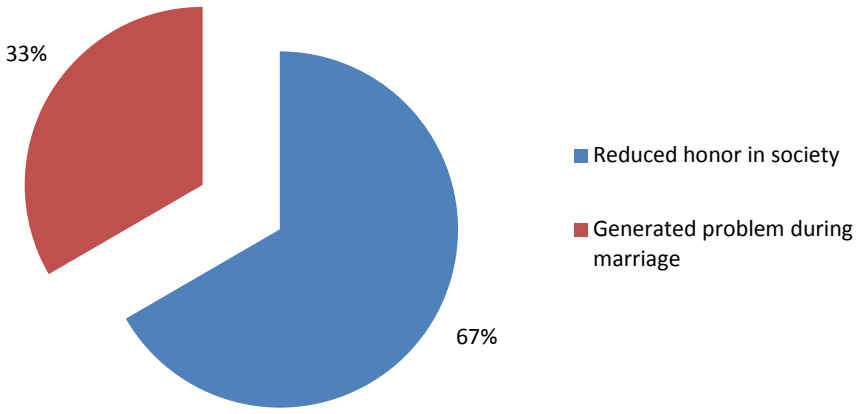


Figure 5.20: Overall consequences of stigma emanating from cultural activities

5.2.21 Consequences of stigma for sending financial support to parents

Various consequences regarding stigma for sending financial support to the parents of the respondents are shown in Table 5.21. In case of first consequence, more than half (52.38%) of the stigmatized women reported that their parents lost their honor in their (respondent's) families as they were taking finance from their daughter. Nearly one-fifth (19.04%) of the stigmatized respondents were subjected to physical punishment by their husbands because of this reason (Table 5.21).

A second consequence was found for 19 stigmatized women which was 90.48% of the total stigmatized respondents. Considering the second consequence, most of the respondents (36.84%) mentioned that they were tortured physically, mainly by their husbands (Table 5.21).

A total of 17 (80.95%) stigmatized respondents reported a third consequence during survey. Above half of the stigmatized women (52.94%) mentioned that they were blamed as thief due to this stigma (Table 5.21).

Table 5.21: Consequences of stigma for sending financial support to parents

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Tortured physically	4	19.04	7	36.84	4	23.53
Blamed as a thief	3	14.29	5	26.32	9	52.94
Led to another stigma	3	14.29	1	5.26	1	5.88
Parents lost honor in respondent's family	11	52.38	6	31.58	3	17.65
Total	*21*	*100*	*19*	*100*	*17*	*100*

Overall consequences of stigma cast for sending financial support to parents are shown in Figure 5.21. More than half (53%) of the respondents mentioned that their parents were looked down upon especially by the members of husband's family for receiving such support. Almost one fifth (19%) of the stigmatized respondents were subject to physical punishment for this reason.

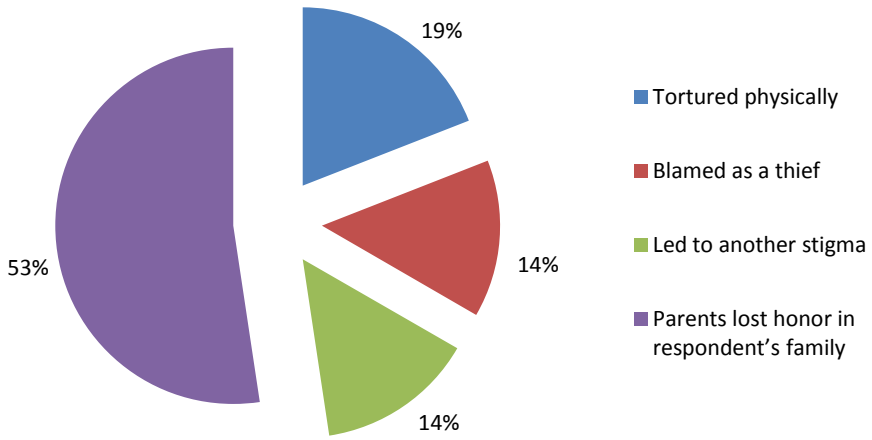


Figure 5.21: Overall consequences of stigma for sending financial support to parents

5.2.22 Consequences of stigma for working in the agricultural fields

Three types of consequences were recorded regarding stigma generated from working in the agricultural fields, are shown in Table 5.22. In case of first

consequence, more than four-fifth (81.63%) of the stigmatized women mentioned that their honor in the society has been reduced to a great extent.

A second consequence was found for 10 stigmatized women which was 20.41% of the total stigmatized respondents. Considering the second consequence, most of the respondents (70%) mentioned that social harmony was reduced (Table 5.22). A total of 3 (6.12%) stigmatized respondents reported a third consequence during survey. Two-third of the respondents (66.67%) mentioned same as of second consequence, *i.e.* reduction in social harmony due to this stigma (Table 5.22).

Table 5.22: Consequences of stigma for working in the agricultural fields

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Reduced honor in society	40	81.63	2	20	-	-
Self-stigmatization	5	10.21	1	10	1	33.33
Reduced social harmony	4	8.16	7	70	2	66.67
Total	*49*	*100*	*10*	*100*	*3*	*100*

Overall consequences of stigma cast for working in the agricultural fields are shown in Figure 5.22. Majority (68%) of the stigmatized respondents reported that their social position had been damaged because of this issue. Self-stigmatization was also found in case of 11% of the stigmatized respondents.

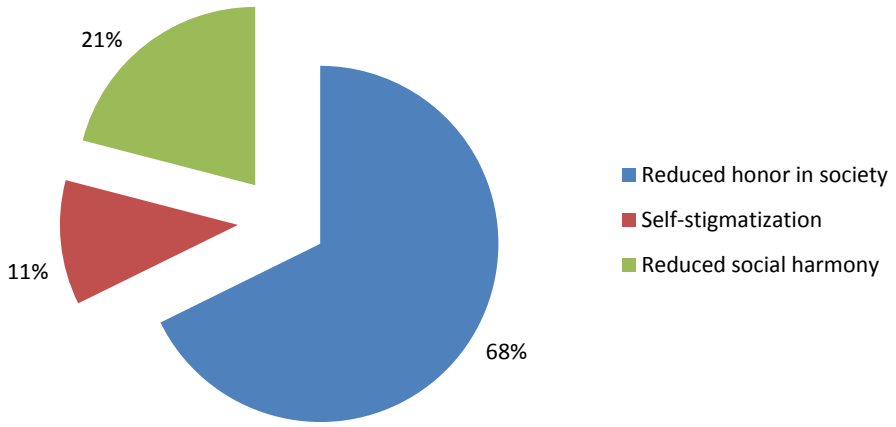


Figure 5.22: Overall consequences of stigma cast for working in the agricultural fields

5.2.23 Consequences of stigma due to poverty

When poverty predominantly occurs in long spells, the poor have virtually no chance of escaping from poverty. In such scenario the experience of poverty comes very close to that of social exclusion."[34]

The poor are highly stigmatized and a discourse of moral failure is used to legitimize their marginalization and social exclusion.[35] Poor women encounter harsh judgments from neighbors.[36]

Table 5.23 represents the various consequences of stigma resulted from poverty of the respondents in the study area. In case of first consequences, nearly thirty percent (28.57%) of the stigmatized women stated that their honor has been decreased in society due to poverty. No to this one, 24.16% women mentioned that they had to work more to cope any problem or adverse situation than that of ordinary people who is not a poor (Table 5.23).

A second consequence was found for 96 stigmatized women which was 76.19% of the total stigmatized respondents. Considering the second consequences, one-third of the respondents (33.33%) mentioned that they had to accept many other blames (Table 5.23).

A total of 87 (69.05%) stigmatized respondents reported a third consequence during survey. Majority of the respondents (35.63%) mentioned same consequence as mentioned by majority women in second consequences due to this stigma (Table 5.23).

[34] R Walker, " The Dynamics of Poverty and Social Exclusion" in *Beyond the Threshold: The Measurement and Analysis of Social Exclusion,* ed. Green Room (Bristol: The Policy Press, 1995), pp. 102-128.

[35] *Ibid*, p. 102.

[36] Catherine Kohler Riessman, "Stigma and Everyday Resistance Practices: Childless Women in South India", *Gender & Society,* Vol. 14(1) (2000), pp. 111-135.

Table 5.23: Consequences of stigma due to poverty

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Reduced honor in society	36	28.57	12	12.5	6	6.90
Reduced social harmony	8	6.35	4	4.17	4	4.60
Had to accept many blames	13	10.32	32	33.33	31	35.63
Increased mental weakness	6	4.76	11	11.46	5	5.75
Hard labor was required to achieve anything	17	13.49	15	15.63	14	16.09
Problem during children's marriage	15	11.91	10	10.42	15	17.24
Additional measures were required to cope any problem	31	24.60	12	12.5	12	13.79
Total	*126*	*100*	*96*	*100*	*87*	*100*

Overall consequences of stigma cast for poverty of the women are shown in Figure 5.23. The major consequence was reduction of social honor which was found in 29% cases. One fourth (25%) of the stigmatized women reported that they had to take additional measures to cope with problems arising from their poverty. Poverty could be a barrier to marriage and this was found for 12% of the stigmatized women.

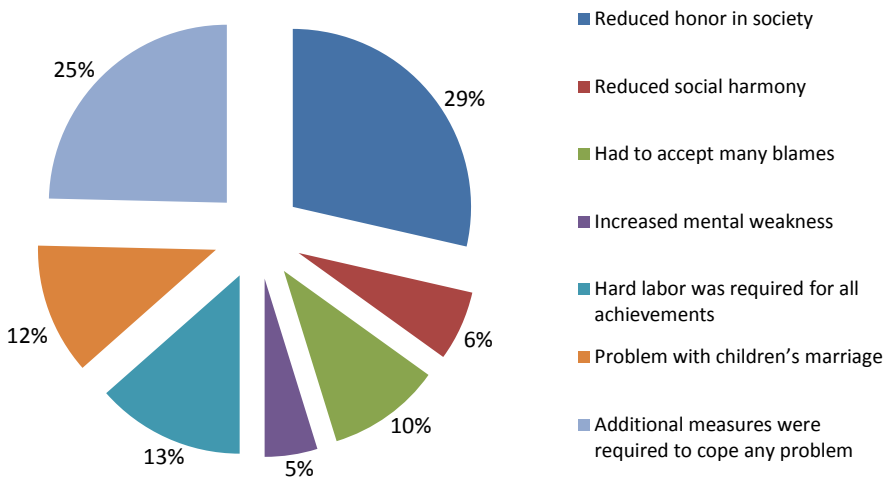


Figure 5.23: Overall consequences of stigma due to poverty

5.2.24 Consequences of stigma due to less hair

Various consequences regarding stigma resulted from having less hair are shown in Table 5.24. In case of first consequences, almost half (48%) of the stigmatized women mentioned that they required extra dowry during their marriage as hair is considered vital for selecting a bride in Bangladesh, especially in rural societies. Next to this one, 28% of the respondents mentioned that they were addressed by odd titles which hampered their mental strength (Table 5.24).

A second consequence was found for 17 stigmatized women which was 68% of the total stigmatized respondents. Considering the second consequence, majority of the respondents (41.18%) mentioned that they were given odd titles which hampered their mental peace (Table 5.24).

A total of 15 (60%) stigmatized respondents reported a third consequence during survey. Most of the respondents (46.67%) mentioned that a gap was developed with other people because of this stigma (Table 5.24).

Table 5.24: Consequences of stigma because of having less hair

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Addressed by odd titles which damaged mental strength	7	28	7	41.18	2	13.33
Required more dowry during marriage	12	48	6	35.29	6	40
Self-stigmatization	5	20	3	17.65	-	-
Increased gap with other people	1	4	1	5.88	7	46.67
Total	*25*	*100*	*17*	*100*	*15*	*100*

Overall consequences of stigma because of having less hair are shown in Figure 5.24. Involvement of dowry during marriage was the most common consequence, reported by 42% of the stigmatized population. A considerable proportion (14%) of the stigmatized women were also involved in self-stigmatization.

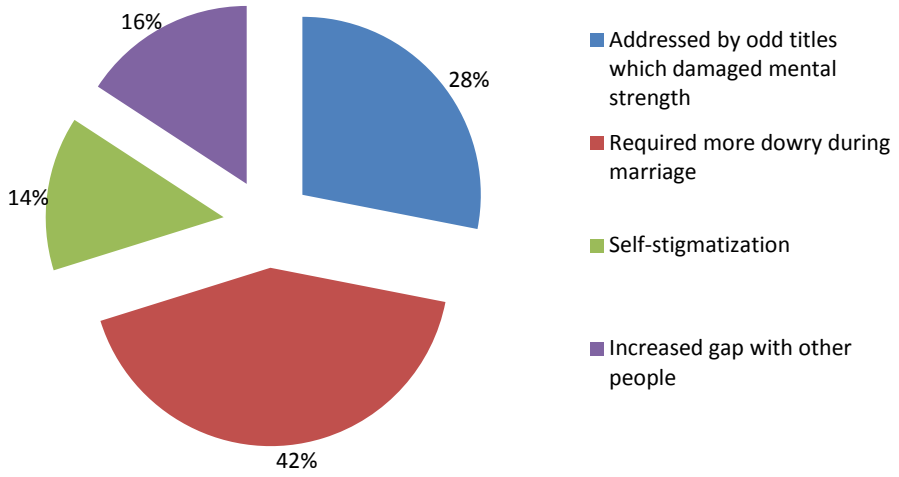


Figure 5.24: Overall consequences of stigma because of having less hair

5.2.25 Consequences of stigma emanating from coloring hair

Only four consequences were recorded regarding stigma generated for coloring hair are shown in Table 5.25. In case of first consequences, a little more than forty percent (40.48%) of the stigmatized women mentioned that their mental strength has been reduced due to this reason. Children were also stigmatized in the society as their mothers were coloring hair and this was observed in 11.90% cases (Table 5.25).

A second consequence was found for 33 stigmatized women which was 78.57% of the total stigmatized respondents. Considering the second consequence, most of the respondents (36.36%) mentioned that they were subjected to physical torture (Table 5.25).

A total of 20 (47.62%) stigmatized respondents reported a third consequence during survey. Majority of the respondents (45%) mentioned that their social honor was degraded due to this stigma (Table 5.25).

Table 5.25: Consequences of stigma emanating from coloring hair

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Reduced honor in society	14	33.33	4	12.12	9	45
Treated physically	6	14.29	12	36.36	-	-
Stigma to children	5	11.90	10	30.30	5	25
Reduced mental strength	17	40.48	7	21.21	4	20
Total	*42*	*100*	*33*	*100*	*20*	*100*

Overall consequences of stigma emanating from coloring hair are shown in Figure 5.25. Majority (30%) of the stigmatized women said that their mental strength had been reduced due to this stigma. Almost similar proportion (29%) of the women reported degradation of honor in the society.

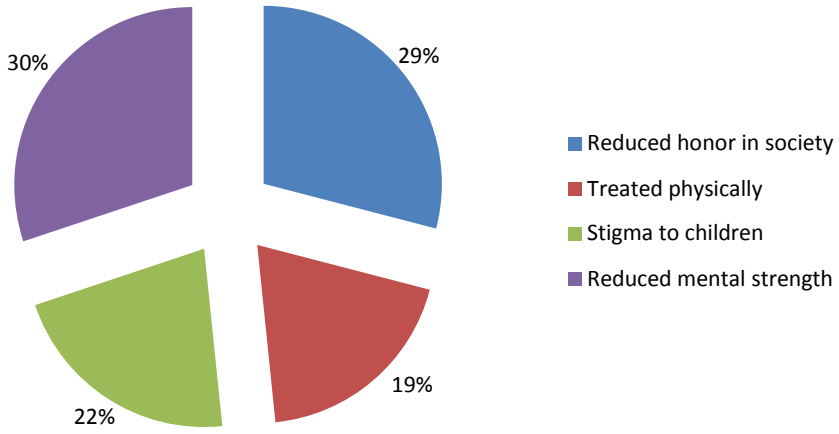


Figure 5.25: Overall consequences of stigma emanating from coloring hair

5.2.26 Consequences of stigma for getting a haircut at parlor

Only two consequences were recorded regarding stigma generated for getting a haircut at a parlor are shown in Table 5.26. In case of first consequences, most of the (81.82%) stigmatized women mentioned that their honor in the society has been reduced.

A second consequence was found for 2 stigmatized women which was 18.18% of the total stigmatized respondents. Considering the second consequence, equal number of respondents reported reduction in social honor and participation in religious works (Table 5.26).

Only one 1 (9.09%) of the stigmatized respondent reported a third consequence during survey. She mentioned reduction in social honor as a result of this stigma (Table 5.26).

Table 5.26: Consequences of stigma for getting a haircut at parlor

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Reduced honor in society	9	81.82	1	50	1	100
Lost eligibility to participate in religious rituals	2	18.18	1	50	-	-
Total	*11*	*100*	*2*	*100*	*1*	*100*

Overall consequences of stigma for getting a haircut at parlor are shown in Figure 5.26. The consequences were- not being able to participate in special religious ceremonies (79%) and degradation of social honor (21%).

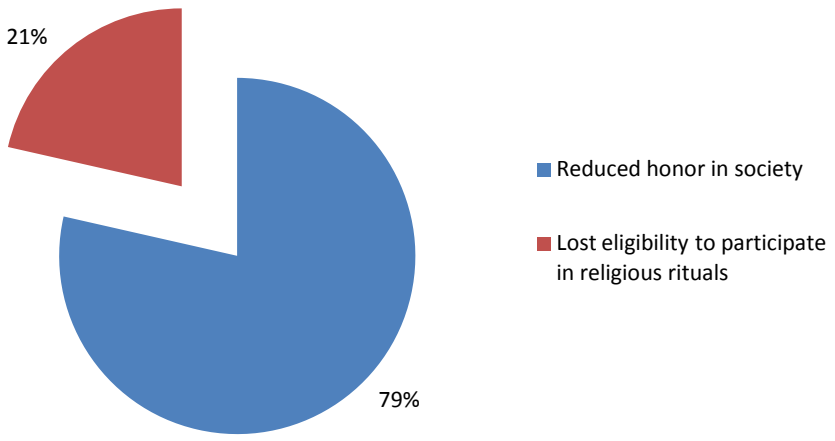


Figure 5.26: Overall consequences of stigma for getting a haircut at parlor

5.2.27 Consequences of stigma for having no son/daughter

Remaining childless after marriage challenges strong cultural beliefs about the 'ordinary and natural' life course for Bangladeshi women. "No childless women... were excluded from a marriage celebration or other event but many spoke of difficult encounters there."[37]

Different consequences regarding stigma generated for having no son/daughter are shown in Table 5.27. In case of first consequences, more than half (57.13%) of the stigmatized women mentioned that their tendency to commit suicide has been developed and increased to a great extent.

A second consequence was found for 100% of the stigmatized respondents. Considering the second consequences, most of the respondents (57.14%) mentioned that they stigmatized themselves (Table 5.27).

A total of 4 (57.14%) stigmatized respondents reported a third consequence during survey. Three-fourth of the respondents (75%) mentioned that a permanent unhappiness in their families existed due to this stigma (Table 5.27).

Table 5.27: Consequences of stigma for having no son/daughter

Type of consequences	***First***		***Second***		***Third***	
	N	***%***	***n***	***%***	***n***	***%***
Increased tendency to commit suicide	4	57.13	-	-	-	-
Self-stigmatization	1	14.29	4	57.14	-	-
Lost honor in society	1	14.29	1	14.29	1	25
Permanent unhappiness in family	1	14.29	2	28.57	3	75
Total	*7*	*100*	*7*	*100*	*4*	*100*

Overall consequences of stigma for having no son/daughter are shown in Figure 5.27. Almost one third (33%) of the stigmatized women mentioned a permanent

[37] *Ibid*, p. 119.

unhappy environment in their families because of this. More than one fifth (22%) of the stigmatized respondents reported an increased tendency to commit suicide.

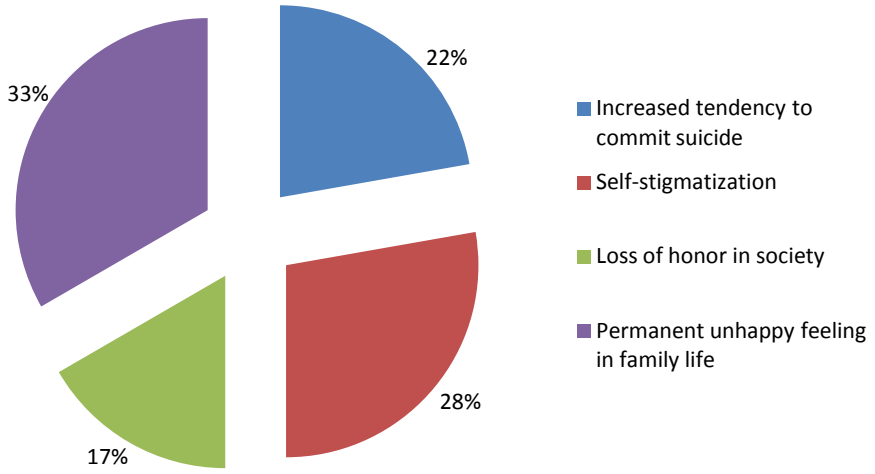


Figure 5.27: Overall consequences of stigma for having no son/daughter

The women stated that their relationship with their husband is deteriorating badly. They think their husband may divorce them and find another woman to have children with. Women also attribute the cause of infertility to God's will. However this seems to be the explanation they turn to only when they have exhausted a range of treatment options that fail to resolve the problem then they conclude that the cause might be something beyond human power. A common saying goes: women are like fruit trees, depending on God's wishes, some trees have fruits and some do not.

5.2.28 Consequences of stigma for having son(s) or daughter(s) only

Different consequences regarding stigma generated for having either son(s) or daughter(s) only are shown in Table 5.28. In case of first consequences, nearly half of the (48.89%) stigmatized women mentioned there were unhappiness in their family due to this reason. A considerable number of stigmatized women (35.55%) were involved in self-stigmatization regarding this issue in the study area (Table 5.28).

A second consequence was found for 28 stigmatized women which was 62.22% of the total stigmatized respondents. Considering the second consequence, most of the respondents (57.14%) mentioned that unhappiness existed in their families (Table 5.28).

A total of 17 (37.78%) stigmatized respondents reported a third consequence during survey. Majority of the respondents (58.82%) mentioned that same consequence, mentioned by the majority women as second consequence, *i.e.* unhappiness in family, due to this stigma (Table 5.28).

Table 5.28: Consequences of stigma regarding stigma for having either son or daughter only

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Self-stigmatization	16	35.55	7	25	4	23.53
Considered a sinner	7	15.56	5	17.86	3	17.65
Unhappiness in family	22	48.89	16	57.14	10	58.82
Total	*45*	*100*	*28*	*100*	*17*	*100*

Overall consequences of stigma for having either son or daughter only are shown in Figure 5.28. More than half (53%) of the stigmatized women reported unhappiness in their families because of this stigma followed by self-stigmatization (30%) and considered herself a sinner (17%).

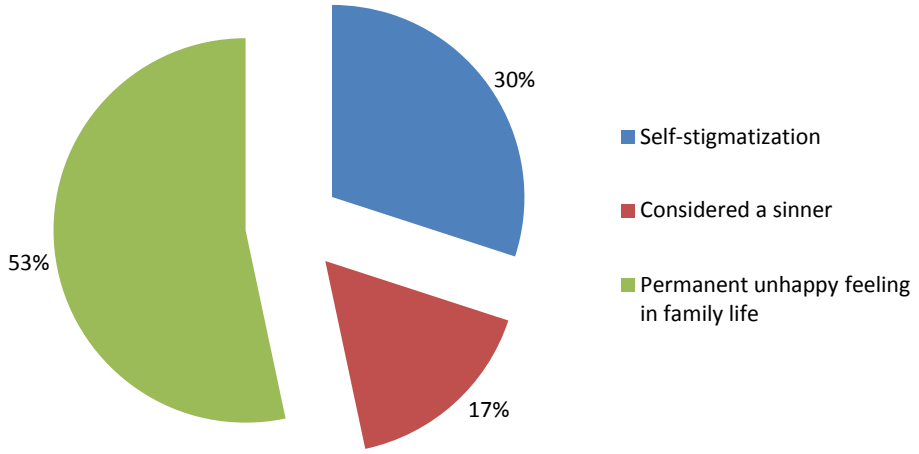


Figure 5.28: Overall consequences of stigma regarding stigma for having either son(s) or daughter(s) only

In the study area majority mothers were not stigmatized who gave birth to a son. Mother who had daughter only was subjected to various criticisms. People believe that this type of women was incapable of giving birth to a son so they lacked God's favor. In some cases they were subjected to physical torture for this reason. In extreme cases mother with newly born daughter also faced this punishment. Their husbands lost interest in family due to lack of son in the family. Daughters are considered a great source of expenditure in the rural family.

5.2.29 Consequences of stigma due to dress up

Purdah values are popularly held as an obstacle to women's participation in activities outside the home. In a poor country only the affluent can afford the luxury of ensuring an expensive prevention and seclusion of women; society tacitly accepts the relaxation of *purdah* rules by poor families on grounds of economic exigency. It was traditionally a sign of elevated status for a woman to stay at home and be supported by male relatives. Different consequences regarding stigma due to dress up are shown in Table 5.29. In case of first consequences, a little higher than one-

third (34.88%) of the stigmatized women mentioned that a gap has been developed with other people due to this stigma. Almost equal percentage (32.56%) of the stigmatized respondents reported that their honor in the society was reduced because of this (Table 5.29).

A second consequence was found for 32 stigmatized women which was 74.42% of the total stigmatized respondents. Considering the second consequences, majority of the respondents (37.50%) mentioned that their interest in normal activities was reduced to a great extend (Table 5.29).

A total of 27 (62.79%) stigmatized respondents reported a third consequence during survey. A bit more than forty percent of the respondents (40.74%) mentioned that their confidence level was decreased due to this stigma (Table 5.29).

Table 5.29: Consequences of stigma regarding dress up

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Reduced confidence	3	6.98	10	31.25	11	40.74
Increased gap with other people	15	34.88	7	21.89	7	25.93
Reduced honor in society	14	32.56	3	9.38	3	11.11
Reduced interest in normal activities	11	25.58	12	37.50	6	22.22
Total	*43*	*100*	*32*	*100*	*27*	*100*

Overall consequences of stigma regarding dress up are shown in Figure 5.29. Of the consequences, the most common consequence was development of a distance with other people, mentioned by 35% of the stigmatized respondents. Almost similar proportion (32%) of the stigmatized women also mentioned a reduction in their position in society.

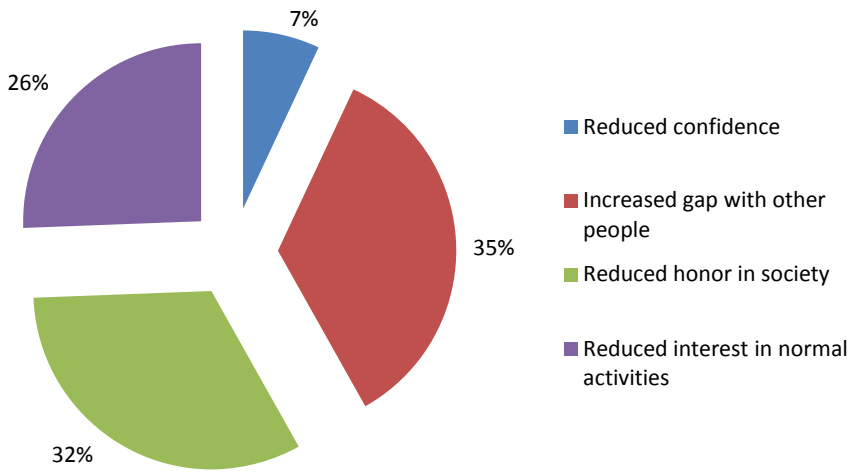


Figure 5.29: Overall consequences of stigma regarding dress up

5.2.30 Consequences of stigma emanating from not putting on wedding ring or nose pin

Various consequences regarding stigma resulted from not putting on wedding ring/nose pin are shown in Table 5.30. In case of first consequences, more than half (52.5%) of the stigmatized respondents have mentioned that they considered themselves sinner because of this reason. Forty percent of the stigmatized women were blamed for many accidents in family (Table 5.30). A second consequence was found for 39 stigmatized women which was 97.50% of the total stigmatized respondents. Considering the second consequence, one-third of the respondents (33.33%) mentioned that they were blamed for many accidents (Table 5.30). A total of 34 (85%) stigmatized respondents reported a third consequence during survey. Majority of the respondents (38.24%) mentioned that they lost honor in the society due to this stigma (Table 5.30).

Overall consequences of stigma emanating from not putting on wedding ring or nose pin are shown in Figure 5.30. More than half (52%) of the stigmatized women stated that they were treated as sinners in the society for this reason. A small portion (5%) of the stigmatized women reported that they lost their honor in society.

Table 5.30: Consequences of stigma emanating from not putting on wedding ring or nose pin

Type of consequences	***First***		***Second***		***Third***	
	n	***%***	***n***	***%***	***n***	***%***
Considered herself a sinner	21	52.5	10	25.64	9	26.47
Lost honor in society	2	5	11	28.21	13	38.24
Blamed for many accidents	16	40	13	33.33	7	20.59
Reduced participation in religious activities	1	2.5	5	12.82	5	14.71
Total	*40*	*100*	*39*	*100*	*34*	*100*

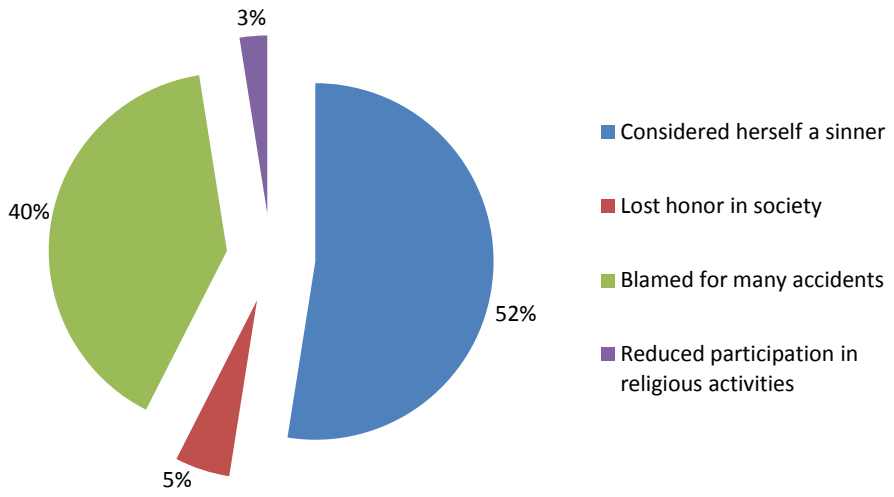


Figure 5.30: Overall consequences of stigma emanating from not putting on wedding ring or nose pin

CHAPTER SIX

SOCIAL STIGMA AND COPING STRATEGIES IN THE STUDY AREA

CHAPTER SIX

Social stigma and coping strategies in the study area

6.1 Introduction

Coping strategies denote the specific efforts at behavioral and psychological level, that people employ to master, tolerate, reduce, or minimize any stressful event. There are two general coping strategies namely i) problem-solving strategies as efforts to do something active to alleviate stressful circumstances, and ii) emotion-focused coping strategies that involve efforts to regulate the emotional consequences of stressful or potentially stressful events. Research shows that people use both types of strategies to address most stressful events (Folkman & Lazarus, 1980).[1] The dominance of one type of strategy over another is determined, in part, by personal styles (e.g., some people cope more actively than others) and also by the type of stressful event; for example, people typically employ problem-focused coping strategy to deal with potential controllable problems such as work-related problems and family-related problems, whereas stressors perceived certain kinds of physical health problems like health problems are less controllable and require more emotion-focused coping.

An additional difference is often made between active and avoidant coping strategies in the coping literature. Active coping strategies are either behavioral or psychological responses designed to change the nature of the stressor itself or how one thinks about it, whereas avoidant coping strategies lead people to activities (such as alcohol use) or mental states (such as withdrawal) that keep them from directly addressing stressful events.

[1] S Folkman, and RS Lazarus, "An analysis of coping in a middle-aged community sample", *Journal of Health and Social Behavior,* Vol. 21 (1980), pp. 219-239.

Generally, active coping strategies, whether behavioral or emotional, are thought to be better ways to deal with stressful events, and avoidant coping strategies appear to be a psychological risk factor or marker for adverse responses to stressful life events (Holahan & Moos, 1987).[2]

Broad distinctions, such as problem-solving versus emotion-focused, or active versus avoidant, have only limited utility for understanding coping, and so research on coping and its measurement has evolved to address a variety of more specific coping strategies.

Measurement

There are a number of idiosyncratic coping measures that exist, but in recent years, researchers have typically used one of one or two instruments. One was developed by Folkman and Lazarus (1980)[3] and other was COPE developed by Carver, Scheier, and Weintraub (1989).[4] The 'Ways of Coping' was developed by Folkman, Lazarus, and their associates (Folkman, Lazarus, Dunkel-Schetter, DeLongis, and Gruen, 1986).[5] It is an empirically-derived inventory of specific ways in which people might cope with a stressful event. Individuals are asked to designate or respond to a specific stressor (such as neighborhood crime) and indicate the degree to which they have utilized each particular coping method to deal with it. Responses to the statements are then factor-analyzed to identify more general patterns of coping. In a representative community study that employed this measure, eight distinct coping strategies emerged: Confrontative Coping, Seeking Social Support, Planful Problem-Solving, Self-Control, Distancing, Positive Appraisal, Accepting Responsibility, and Escape/Avoidance. Researchers often add items that address the particular coping

[2] CJ Holahan, and RH Moos, "Risk, resistance, and psychological distress: A longitudinal analysis with adults and children", *Journal of Abnormal Psychology,* Vol. 96 (1987), pp. 3-13.

[3] S Folkman, and RS Lazarus,"An analysis of coping in a middle-aged community sample", *Journal of Health and Social Behavior,* Vol. 21 (1980), pp.219-239.

[4] CS Carver, MF Scheier, and JK Weintraub, "Assessing coping strategies: A theoretically based approach" *Journal of Personality and Social Psychology*, Vol. 56 (1989), pp. 267-283.

[5] S Folkman, RS Lazarus, C Dunkel-Schetter, A DeLongis, and RJ Gruen, "Dynamics of a stressful encounter: Cognitive appraisal, coping, and encounter outcomes" *Journal of Personality and Social Psychology,* Vol. 50 (1986), pp. 992-1003.

needs of the stressful events they are studying. The result, however, is that the Ways of Coping instrument is employed idiosyncratically across different studies, limiting the comparability of results from the instrument across different samples and situations. Moreover, because the specific coping strategies are determined by factor analysis, the factor structure, as well, varies across studies.

By contrast, the development of the COPE was theoretically guided, and items were created to tap a predetermined set of coping strategies. The COPE has a constant set of scales and items and, for this reason, it currently enjoys wide acceptability among coping researchers. The "trait" form of the COPE asks respondents to designate how they typically react to stressful events. The state measure of the COPE is completed by respondents with respect to a specific stressor, designated either by the respondent or by the researcher. An additional advantage of the COPE is the fact that a reliable and validated brief form exists (Carver, 1997).[6]

The full COPE is a 60-item measure that yields 15 factors that reflect active versus avoidant coping strategies. In the "traitlike" version, respondents are asked to rate the degree to which they typically use each coping strategy when under stress. In the "statelike" version, respondents rate the degree to which they use each coping strategy to deal with a particular stressful event. Ratings are made on a 4-point Likert-type scale that ranges from "I (usually) don't do this at all" (1) to "I (usually) do this a lot" (4). The measure has good psychometric properties with alphas ranging from 0.45 to 0.92, test-retest reliabilities ranging from .46 to .86, and strong evidence of discriminant and convergent validity, with constructs such as hardiness, optimism, control, and self-esteem. The COPE scales are: Active Coping (taking action or exerting efforts to remove or circumvent the stressor), Planning (thinking about how to confront the stressor, planning one's active coping efforts), Seeking Instrumental Social Support (seeking assistance, information, or advice about what to do), Seeking Emotional Social Support (getting sympathy or emotional support

6 CS Carver, "You want to measure coping but your protocol's too long: Consider the brief COPE", International *Journal of Behavioral Medicine,* Vol. 4 (1997). pp. 91-100.

from someone), Suppression of Competing Activities (suppressing one's attention to other activities in which one might engage in order to concentrate more completely on dealing with the stressor), Religion (increased engagement in religious activities), Positive Reinterpretation and Growth (making the best of the situation by growing from it or viewing it in a more favorable light), Restraint Coping (coping passively by holding back one's coping attempts until they can be of use), Resignation/Acceptance (accepting the fact that the stressful event has occurred and is real), Focus on and Venting of Emotions (an increased awareness of one's emotional distress, and a concomitant tendency to ventilate or discharge those feelings), Denial (an attempt to reject the reality of the stressful event), Mental Disengagement (psychological disengagement from the goal with which the stressor is interfering, through daydreaming, sleep, or self-distraction), Behavioral Disengagement (giving up, or withdrawing effort from the attempt to attain the goal with which the stressor is interfering), Alcohol/Drug Use (turning to the use of alcohol and other drugs as a way of disengaging from the stressor), and Humor (making jokes about the stressor).

People who are stigmatized possess an attribute or aspect of self that is devalued by others.[7] Some stigmas are immediately visible to others and hence have the potential to elicit negative treatment across a wide variety of contexts and relationships. Other stigmas, in contrast, are invisible. Because they can be concealed from others, their possessors may be able to minimize their inter-personal impact. Even invisible stigmas, however, can have profound psychological, behavioral and inter-personal consequences for the persons who possess them.[8] In order to avoid rejection, persons who are labeled engage in coping strategies, such

[7] J Crocker, B Major and C Steele, " Social Stigma", in *Handbook of Social Psychology*, eds. D Gilbert, S T Fiske, & G Lindzey (NY: McGraw-Hill, 1998), pp. 504-523.

[8] DES Frable, L Platt and S Hoey, "Concealable stigmas and positive self-perceptions: Feeling better around similar others", *Journal of Personality and Social Psychology,* Vol. 74 (1998), pp. 140-144.

as secrecy, disclosure or social withdrawal, which may constrict social networks, leading to unemployment and low income.[9]

Considering the weight of the consequences associated with stigma, stigma research has understandably focused on the detrimental effects of stigmatization, paying attention to how stigmatized individuals are devalued, exposed to prejudices, and negatively stereotyped. As a result this body of work paints a grim picture suggesting that targets of stigma are inflicted by rejection, despair and failure.

In the real world, however, there exist many cases of individuals' living successfully with stigma. The most prominent examples of such cases are celebrities who have come forward to discuss their experiences overcoming stigmatizing disorders and the valuable lessons learned from these experiences. Stigmatized individuals often function just as well as individuals who are not stigmatized. In the article titled Positive Stigma: Examining Resilience and Empowerment in Overcoming Stigma, Margaret Shih (2004) stated three processes to overcome the harmful consequences of stigmatization: (1) compensation, (2) strategic interpretations of the social environment and (3) focusing on multiple identities that have been identified to help stigmatized individuals handle prejudice and discrimination.[10]

Link *et al.* (1991) looked at three possible coping methods for the individuals to help them deal with stigma[11]:

(1) Secrecy- where people conceal their history from relatives, employers and potential partners.
(2) Selective avoidance- where stigmatized people limit interactions to those who know about their history and do not stigmatized them for it.

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[9] Fred E. Markowitz,"The effects of stigma on the psychological well-being and life satisfaction of persons with mental illness", *Journal of Health & Social Behavior,* Vol. 39 (1998), pp. 335-341.

[10] Margaret Shih, "Positive Stigma: Examining Resilience and Empowerment in Overcoming Stigma", *The Annals of the American Academy",* Vol. 591 (2004), pp. 175-185.

[11] Bruce G Link, Jerold J Mirotznik, and Francis T Cullen, "The Effectiveness of Stigma Coping Orientations: Can Negative Consequences of mental Illness Labeling be avoided?", *Journal of Health and Social Behavior,* Vol. 32 (1991), pp. 302-320.

(3) Education- where they inform others of their history at the first meeting in the hope of enlightening them.

Contemporary research emphasizes the resilience with which stigmatized individuals cope with their social worlds.[12] Shih (2004) draws attention to the similarities in underlying psychological processes used by stigmatized and non-stigmatized individuals to understand their social worlds.

6.2 Coping strategies of the respondents

Responses to stigmas by the women's in Indian subcontinent have been termed 'complex and contradictory'.[13] The coping strategies of the stigmatized women under this study are explained in this chapter. The respondents expressed their coping strategies in a hierarchical fashion (first, second, and third) in order of importance to them.

6.2.1 Coping strategies to overcome stigma emanating from education

It is possible that women with limited literacy skills may be more sensitive to matters of shame and stigma as a result of their co-existing concern for social stigma related to their limited reading proficiency, among other psychological issues. Priority-wise general coping strategies of the respondents in the study area regarding stigma emanating from education are shown in Table 6.1.

As the first strategy, majority of the respondents (58.64%) maintained silence to cope with the stigma resulting from insufficient education and more than one-third (34.55%) of the respondents planned to ensure education for children, as they did not get proper education (Table 6.1).

A total of 189 (98.95%) stigmatized respondents mentioned a second coping strategy regarding the above issue. Above forty percent (41.80%) of the stigmatized

[12] J Nicole Shelton, Jan Marie Alegre, and Deborah Son, "Social Stigma and Disadvantages: Current Themes and Future Prospects", *Journal of Social Issues,* Vol. 66(3) (2010), pp. 618-633.

[13] Catherine Kohler Riessman, "Stigma and Everyday Resistance Practices: Childless Women in South India", *Gender & Society,* Vol. 14(1) (2000), pp. 111-115.

respondents mentioned that they remained silent as a second strategy to cope with this stigma (Table 6.1).

A third coping strategy was found for 106 (55.50%) stigmatized. Most (41.80%) of the stigmatized respondents mentioned that they blamed their parents as a third strategy to cope with this stigma (Table 6.1).

Table 6.1: Coping strategies to overcome stigma emanating from education

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Kept silent	112	58.64	79	41.80	-	-
Blamed parents for not sending to school	13	6.81	40	21.16	61	57.55
Planned to ensure education for children	66	34.55	70	37.04	45	42.45
Total	*191*	*100*	*189*	*100*	*106*	*100*

Overall coping strategies regarding stigma emanating from education are shown in Figure 6.1. Almost half (49%) of the stigmatized respondents have reported maintenance of silence as their coping strategy. More than thirty percent of the women planned to ensure proper education for their children so that they would not be stigmatized.

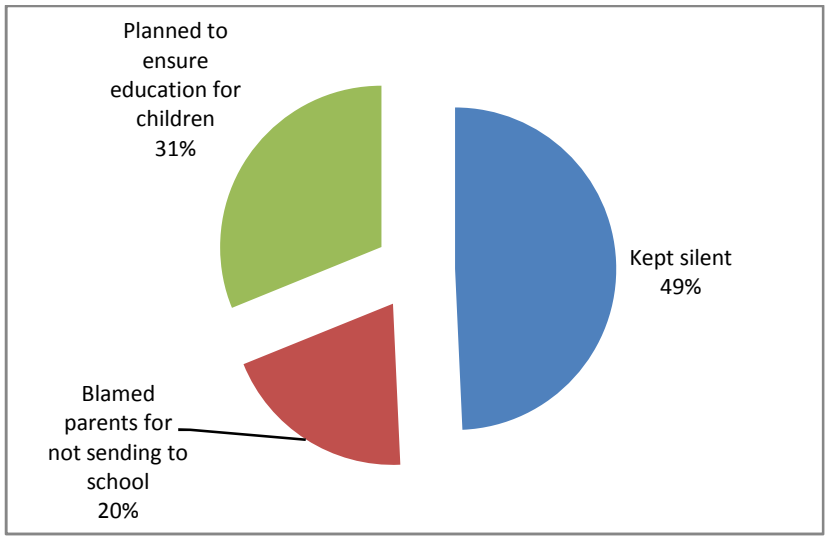

Figure 6.1: Overall coping strategies regarding stigma emanating from level of educational achievement

6.2.2 Coping strategies regarding stigma emanating from inability to read religious books

Priority-wise general coping strategies of respondent in the study area regarding stigma due to incapability of regarding religious books are shown in Table 6.2.

As a first strategy, most of the respondents maintained silence to cope with this issue of stigmatization. Among 146 stigmatized respondents of the study area this coping strategy was adopted by 132 (90.41%) respondents (Table 6.2). A small portion (4.11%) of the stigmatized women tried to hide the fact they did not know how to read religious books (Table 6.2).

A total of 140 (95.89%) stigmatized respondents had a second coping strategy regarding above issue. Almost forty percent (39.29%) of the stigmatized respondents mentioned that they replied others telling them not to worry about them (the respondents) as a second strategy to cope with this stigma (Table 6.2).

A third coping strategy was adopted by 103 (70.55%) stigmatized respondents. More than half (54.37%) of the stigmatized respondents mentioned that as a third strategy they tried their best conceal from other people that they could not read religious holy books (Table 6.2).

Table 6.2: Coping strategies regarding stigma inflicted on grounds of incapability of reading religious books

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***%***	***n***
Maintained silence	132	90.41	13	9.29	1	0.97
Replied others not to worry about me	4	2.74	55	39.29	-	-
Tried not to know others that I cannot read	6	4.11	41	29.28	56	54.37
Wished to learn reading	4	2.74	31	22.14	32	31.07
Total	*146*	*100*	*140*	*100*	*103*	*100*

Overall coping strategies regarding stigma inflicted due to incapability of reading religious books are shown in Figure 6.2. Maintenance of silence was found as the most commonly adopted strategy (36%).

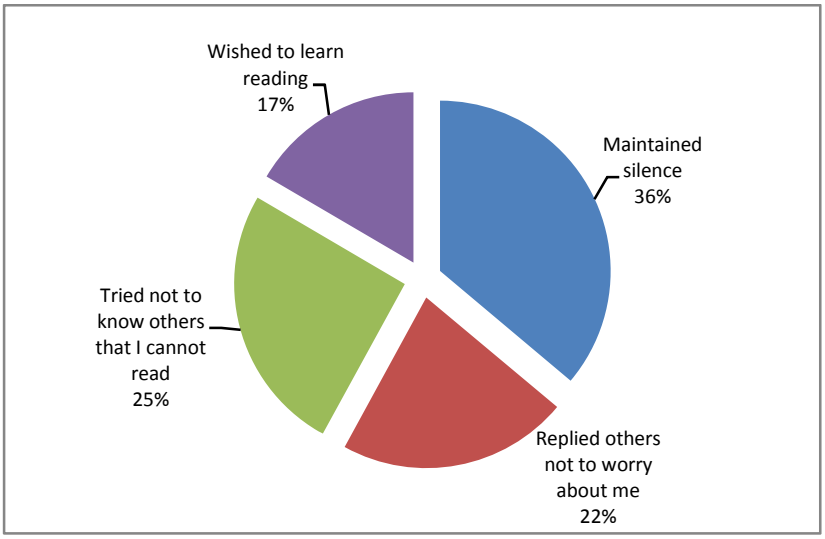

Figure 6.2: Overall coping strategies regarding stigma cast for incapability of reading religious books

Every woman was religious and considered religious activities very important. When they could not execute those activities in a proper way, they felt sorry and prayed to God for mercy. According to them, it was not always possible to perform religious activities because they have to do lots of other family work every day. They blamed themselves for ignorance and laziness. They also blamed themselves for not being able to read religious books. In this regard, they accepted the concerned stigma and maintained silence when the issue was raised against them.

6.2.3 Coping strategies regarding stigma inflicted due to occupation

Priority-wise general coping strategies of respondent in the study area regarding stigma that generated from their occupation are shown in Table 6.3.

As a first strategy, most of the women (72.22%) maintained silence to cope with this type of stigmatization. A considerable portion (16.66%) of the respondents replied well to criticizer, and challenged them too (Table 6.3).

As a second strategy, majority (44.44%) of the stigmatized respondents mentioned that they replied to others well, followed by not paying attention to this stigma (27.78%), keeping silent (16.67%) etc. (Table 6.3).

A third coping strategy was found for 17 (94.44%) of the stigmatized respondents. More than one-third (35.30%) of the stigmatized respondents mentioned that they did not consider this stigma so important as a third strategy to cope with stigma inflicted on them due to their occupation (Table 6.3).

Table 6.3: Coping strategies to overcome stigma inflicted due to one's profession

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Tried to work more	1	5.56	2	11.11	4	23.53
Kept silent	13	72.22	3	16.67	2	11.76
Replied well with challenge to criticizer	3	16.66	8	44.44	5	29.41
Did not give priority on stigma	1	5.56	5	27.78	6	35.30
Total	*18*	*100*	*18*	*100*	*17*	*100*

Overall coping strategies to overcome stigma inflicted due to occupation of the women are shown in Figure 6.3. One-third of the stigmatized women remained silent when they were stigmatized. However, a considerable portion (13%) mentioned that they worked hard as a strategy in this regard.

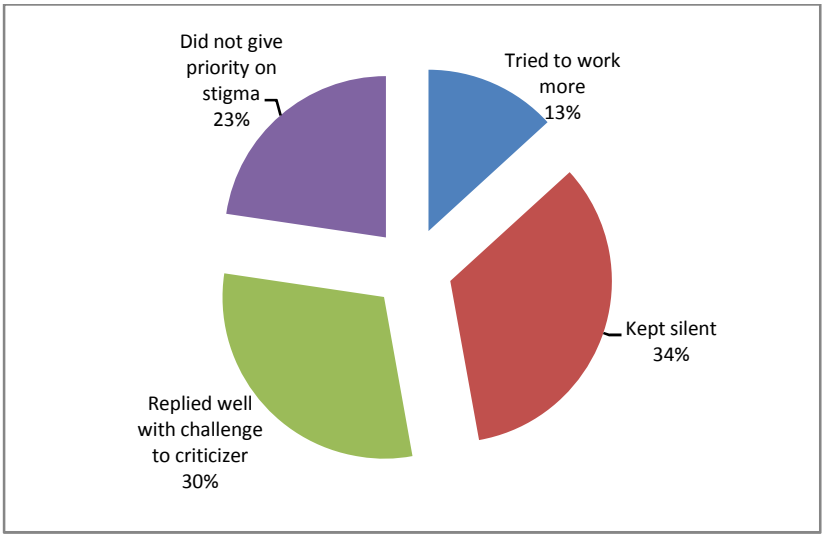

Figure 6.3: Coping strategies regarding stigma inflicted due to occupation

Ultra poor rural women who came outside house for income were stigmatized. They also feared insufficient security when they remained outside home. As they did not have any financial solvency they had to accept all the stigmas without any protest. However, sometimes, they got excited and protested, also prayed to God for help.

6.2.4 Coping strategies regarding stigma emanating from physical structure

Priority-wise general coping strategies of respondent in the study area regarding stigma resulting from their physical structure (primarily obesity) are shown in Table 6.4.

As a first strategy, it was seen that nearly half (48%) of the stigmatized women did not reply during stigmatization, followed by an effort to loss weight (40%) (Table 6.4). A total of 97 (97%) stigmatized respondents had second strategy. In this case, most (43.30%) of the women maintained silence to cope with the stigmatized situation (Table 6.4).

A third coping strategy was found for 72 respondents. Majority (44.44%) of the stigmatized women mentioned that they wished to commit suicide to overcome this stigma, followed by attempts to lose weight (41.67%) and remaining silent (13.89%) (Table 6.4).

Table 6.4: Coping strategies regarding stigma emanating from physical structure

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Remained silent	48	48	42	43.30	10	13.89
Tried to lose weight	40	40	30	30.93	30	41.67
Wished to commit suicide	12	12	25	25.77	32	44.44
Total	*100*	*100*	*97*	*100*	*72*	*100*

Overall coping strategies regarding stigma emanating from physical structure are shown in Figure 6.4. Maintenance of silence and attempts to lose weight were two commonly adopted strategies to cope with this stigma (37%).

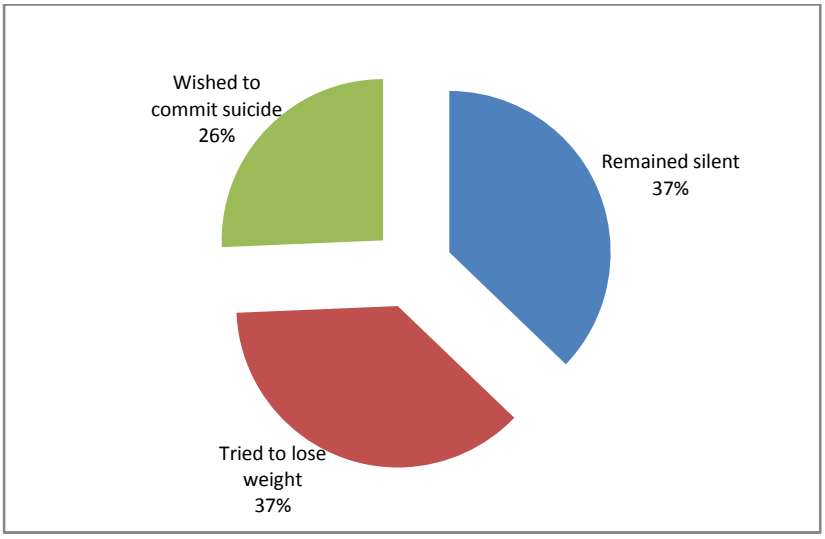

Figure 6.4: Overall coping strategies to overcome stigma emanating from physical structure

Cultural politics of physical structure bears a relationship to specific social concerns about body size in post industrial contexts. Turner (1984) critically examines various permutations of a nature/culture dichotomy which he considers "a product of western metaphysics" evident in Marx and Durkheim.[14] He focuses on dietary management, which "emerged out of a theology of the flesh, developed through a moralistic medicine and finally established itself as a science of the efficient body."[15]

Stigmatized individuals may try harder to be more likeable. Unattractive female were more assertive when they were trying to influence their peers than were attractive female adolescents.

They may also pay closer attention to how they present themselves. Women interacting with socially desirable men portrayed themselves differently depending upon whether they believe these men endorsed more traditional or progressive gender roles.[16] Obese women might affirm their self-worth by emphasizing desirable

[14] BS Turner, *The Body and Society: Explorations in Social Theory* (London: Sage, 1984)

[15] *Ibid.*

[16] MP Zanna and SJ Pack, "On the Self-fulfilling Nature of Apparent Sex Differences in Behavior", *Journal of Experimental Social psychology*, Vol. 11 (1975), pp. 583-591.

aspects of themselves other than their appearance.[17]

6.2.5 Coping strategies regarding stigma emanating from height

Various coping strategies of rural women regarding stigma emanating from height of the women are shown in Table 6.5. As first strategy, most commonly adopted coping strategy was spending extra money at the time of marriage (62.41%). Other coping strategies were maintenance of silence (21.99%), crying and praying to God (8.51%) etc. All the stigmatized respondents had a second strategy to cope with the stigmatized situation. More than forty percent (43.26%) of the women cried and prayed to God to cope with the situation (Table 6.5).

A total of 109 respondents (77.30%) adopted a third strategy to overcome their stigmatized situation resulting from stigma due to height. While surveying the third strategy, it was most (41.28%) of the women cried and prayed to God to cope with the stigmatized situation, followed by maintaining silence (20.18%), spending extra money at the time of marriage (19.27%) and others (Table 6.5).

Table 6.5: Coping strategies to overcome stigma emanating from height

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Maintained silence	31	21.99	52	36.88	22	20.18
Cried and pray to God	12	8.51	61	43.26	45	41.28
Blamed parents	2	1.42	4	2.84	8	7.34
Spent extra money at the time of marriage	88	62.41	16	11.35	21	19.27
Tried to work hard to satisfy others	8	5.67	8	5.67	13	11.93
Total	*141*	*100*	*141*	*100*	*109*	*100*

[17] CT Miller, ED Rothblum, D Felicio, and P Brand," Compensating for stigma: Obese and nonobese women's reaction being visible", *Personality and Social Psychology Bulletin,* Vol. 21 (1995), p. 1093.

Overall coping strategies regarding stigma emanating from height are shown in Figure 6.5. Nearly one-third of the stigmatized women spent extra money at marriage to cope with the stigmatized situation.

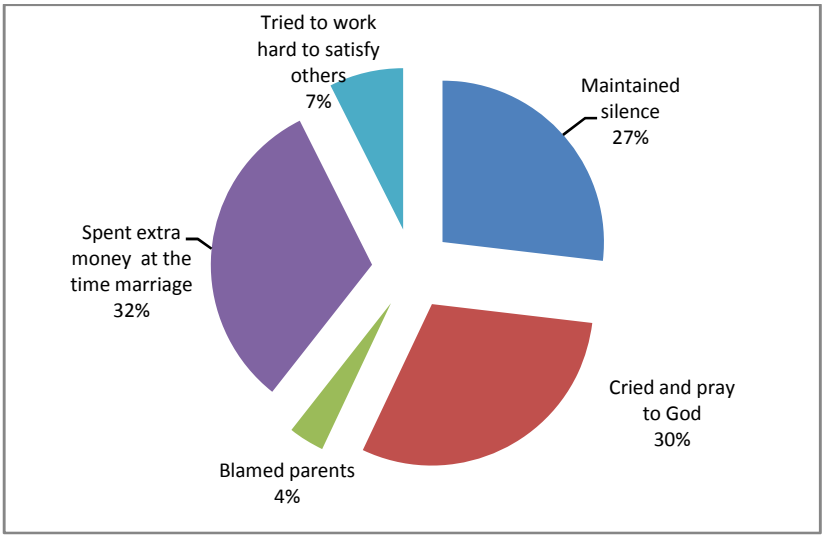

Figure 6.5: Coping strategies regarding stigma emanating from height

Reis *et al.* suggested that attractive women rely on their looks, and less attractive women learn to be socially assertive.[18] Most of the women maintain silence. They said that it is very normal that the husband and members of his family would wished for a beautiful wife; they cannot be blamed for that. But they asked the almighty, why they were not beautiful. Poor women worked hard and try to convince members of the family to minimize the stigma.

6.2.6 Coping strategies to overcome stigma cast for dark skin color

Various coping strategies of rural women regarding stigma cast for the skin color of the respondents are shown in Table 6.6. As God has created them with dark skin so they believe that it is normal for them to be stigmatized. They do not reply if other members of the family criticize them their skin color.

[18] HT Reis, L Wheeler, W Spiegel, MH Kernis, J Wejlek, and M Perri, "Physical attractiveness and social interaction :II. why does appearance affect social experience?", *Journal of Personality and Social Psychology,* Vol. 43 (1982).

As first strategy, it was revealed that majority of the women kept silent to cope with the stigmatization and this was adopted by 56.67% of the stigmatized respondents. A considerable portion (16.67%) of the respondents prayed to God so that their skin color would develop and gain some fairness. Spending extra money at the time of marriage of daughter/female of dark skin color was reported by 6.67% stigmatized respondents (Table 6.6).

All the stigmatized women had a second coping strategy. While focusing on second coping strategy, this was found that more than one-third (36.66%) of the stigmatized women used various cosmetics to bring fairness to their skin (Table 6.6).

A third coping strategy was reported by 27 (90%) women. Like second coping strategy, use of cosmetics to cope with the stigmatized situation; adopted by 51.85%) as third coping strategy (Table 6.6).

Table 6.6: Coping strategies to overcome stigma cast for dark skin color

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Maintained silence	17	56.67	2	6.67	2	7.41
Prayed to God	5	16.67	2	6.67	1	3.70
Paid extra money during marriage	5	16.67	12	40	4	14.82
Tried to improve other qualifications	2	6.67	3	10	6	22.22
Used cosmetics to get fair	1	3.33	11	36.66	14	51.85
Total	*30*	*100*	*30*	*100*	*27*	*100*

Overall coping strategies of rural women regarding stigma cast for the skin color of the respondents are shown in Figure 6.6. Nearly one-third (30%) of the women used different cosmetics to make their skin fair. However, nine percent of the stigmatized respondents were crying and praying to God.

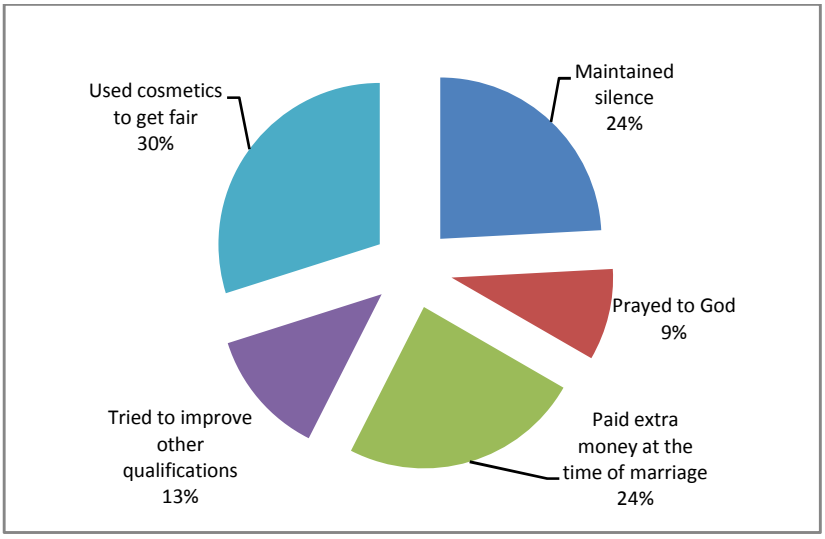

Figure 6.6: Overall coping strategies to overcome stigma emanating from dark skin color

6.2.7 Coping strategies to overcome stigma emanating from ailment

In developing countries such as Bangladesh, the lack of formal state provided services often force people to seek help in social networks.[19] These networks provide crucial emotional and practical support and additionally, facilitate access to formal services, if there are any. Being part of such networks is essential, especially in situations of sudden illness, natural disasters or accidents.[20] The absence of social connections makes it far more difficult to break away from poverty and ill-health.

Whenever the specific exclusion mechanisms and specific needs affecting people labeled with disabilities are not explicitly identified, the related strategies and programs also miss their specific target.[21] Information, education and communication (IEC) campaign have been developed as a means of reducing the level of stigma in diverse areas of health related stigma such as epilepsy,[22]

[19] M Momin, "Researching Disability in Bangladesh: An Emancipatory Approach", *Society for Disability Studie,* (2001).

[20] *Ibid.*

[21] International Labour Office, *Dispelling the Shadow of Neglect: A Survey on Women and Disabilities in Six Asian and Pacific Countries* (Geneva: ILO, 1989).

[22] G Baker and A Jakoby, "The stigma of epilepsy: Implications for clinical management" in *Stigma and Social Exclusion in Health Care,* eds. T Mason, C Carlisle, C Watkins, and E Whitehead (London: Routledge, 2001).

communicative disorders, and congenital abnormalities.[23] Table 6.7 shows different coping strategies of women regarding stigma due to sickness. At least three coping strategies were recorded for all of the stigmatized women. As first strategy, majority (42.27%) of the stigmatized respondents maintained silence whereas 40.21% of the respondents wished their death/recovery, especially when the sickness was severe. As a second strategy, most (46.39%) of the respondents wished their death or recovery. Whereas, as third strategy, nearly half (47.42%) of the stigmatized women tried to ensure their treatments as per their capability (Table 6.7).

Table 6.7: Coping strategies to overcome stigma emanating from ailment

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Maintained silence	41	42.27	18	18.56	38	39.18
Tried to ensure treatment as per capability	17	17.53	34	35.05	46	47.42
Wished death/recovery	39	40.21	45	46.39	13	13.40
Total	*97*	*100*	*97*	*100*	*97*	*100*

Figure 6.7 shows overall coping strategies of women to overcome stigma emanating from their ailment. All three coping strategies were adopted by the equal number of the stigmatized women in the study area to cope with the stigmatized situation.

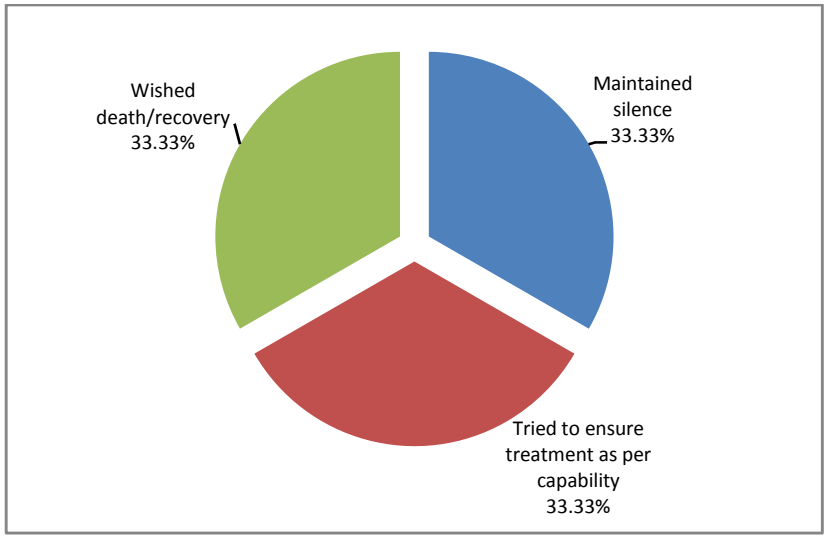

Figure 6.7: Overall coping strategies to overcome stigma emanating from ailment

[23] Daniel D Reidpath, Kit Y Chan, Sandra M Gifford and Pascale Allotey, "He hath the French pox: stigma, social value and social exclusion" *Sociology of Health & Illness"* Vol. 27(4) (2005), pp 468-484.

6.2.8 Coping strategies to overcome stigma cast for husband's activity

"Stigmatized individuals manipulate the type of attribution they make to explain social events... can also draw upon their alternate identities to protect themselves from stigma."[24] To cope with the stigma due to husband's activity the stigmatized women adopted various coping strategies which are shown in Table 6.8.

As first strategy, picking up quarrels with others (38.64%) was the most common practice, followed by maintaining silence (25.76%), crying and praying to God (24.24%) and others (Table 6.8).

A second coping strategy was found for 125 (94.70%) respondents. Crying and praying to God was identified as the most common strategy, adopted by 43.3% of the stigmatized women (Table 6.8).

A third coping strategy was found for 124 (93.94%) of the stigmatized respondents. More than one-third (34.68%) of the women maintained silence as their third coping strategy in the study area (Table 6.8).

Table 6.8: Coping strategies to overcome stigma cast for husband's activities

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Quarrel with others	51	38.64	19	15.2	31	25
Maintained silence	34	25.76	21	16.8	43	34.68
Spent money to minimize	02	1.52	-	-	-	-
Cried and prayed to God	32	24.24	54	43.2	41	33.06
Tried to convince husband	13	9.85	31	24.8	9	7.26
Total	*132*	*100*	*125*	*100*	*124*	*100*

Figure 6.8 shows overall coping strategies of women regarding stigma cast for activities by their husbands. One-third of the stigmatized women was crying and praying to God to get rid of their stigmatized situations. A small portion (2%) spent money to cope with the stigma.

[24] Margaret Shih, "Positive stigma: examining resilience and empowerment in overcoming stigma", *The Annals of the American Academy,* Vol. 591 (2004), pp. 175-183.

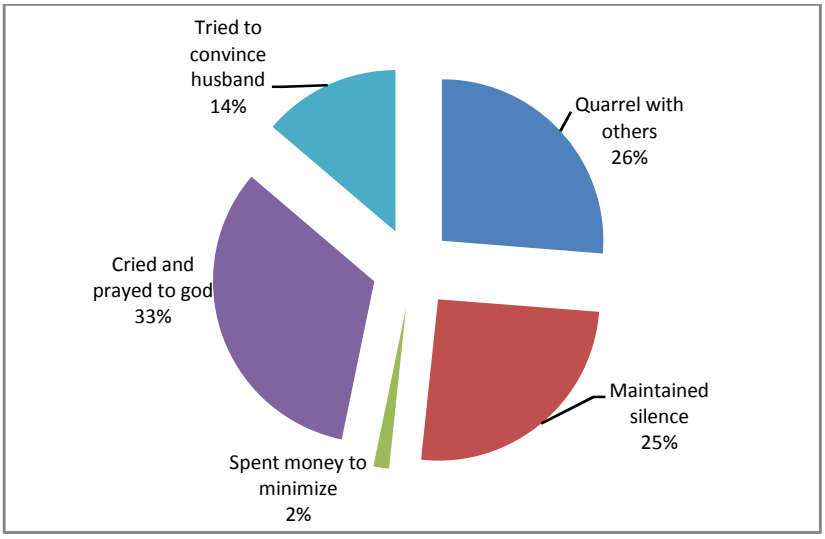

Figure 6.8: Overall coping strategies to overcome stigma cast for husband's activities

6.2.9 Coping strategies to overcome stigma cast for children's activity

More developmental work is needed on how children become aware of their social stigmas, and how their self-identities evolve over time to accommodate or reject what they learn about what others think about their stigmatized identity.[25] General coping strategies of the respondents in study area to overcome stigma due to children's activity are shown in Table 6.9.

As first strategy, the majority of the respondents (46.77%) spent money to cope with the stigma *i.e.* they solved problems providing money and 33.47% of the stigmatized respondents tried to convince their children to be a good body/girl (Table 6.9).

A second coping strategy was found for 58 (93.55%) stigmatized respondents. Forcing children to be a good boy/girl was identified as the most common strategy, adopted by 56.89% of the stigmatized women (Table 6.9).

A third coping strategy was found for 43 (69.35%) stigmatized respondents. Nearly sixty percentage of the women (58.14%) forced their children to be good in the study area as third coping strategy (Table 6.9).

[25] J Nicole Shelton, Jan Marie Alegre, and Deborah Son, "Social Stigma and Disadvantages: Current Themes and Future Prospects", *Journal of Social Issues,* Vol. 66(3) (2010), pp. 618-629.

Table 6.9: Coping strategies to overcome stigma cast for children's activities

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Tried to convince children	25	41.93	21	36.21	16	37.21
Spent money to minimize	29	46.77	4	6.90	2	4.65
Forced children to be good	4	6.45	33	56.89	25	58.14
Replied well	3	4.84	-	-	-	-
Total	*62*	*100*	*58*	*100*	*43*	*100*

Overall coping strategies regarding stigma cast for children's activities are shown in Figure 5.9. Most of the women tried to convince their children (38%) and forced them to be good (38%) as two commonly adopted coping strategies in the study area.

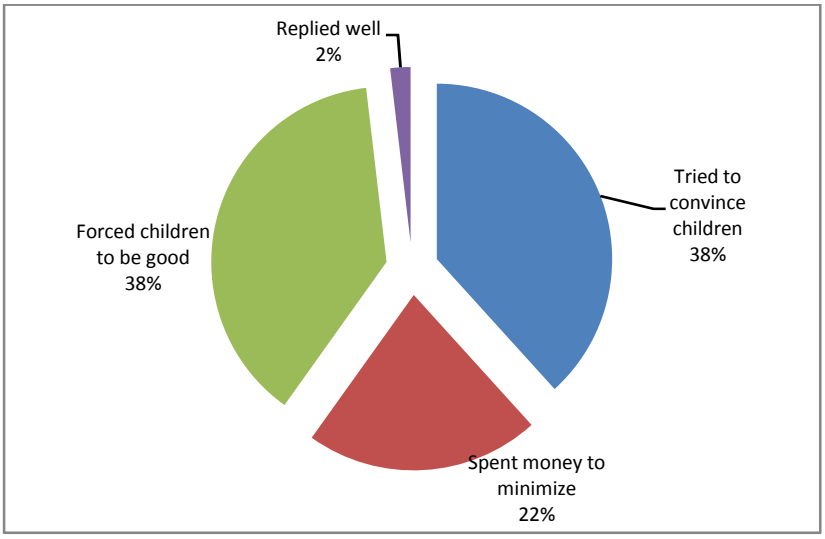

Figure 6.9: Overall coping strategies to overcome stigma due to children's activities

6.2.10 Coping strategies to overcome stigma emanating from personality traits

When people believe that others hold an impression of them that falls outside of the latitude of images they deem acceptable, they presumably become motivated to repair the damaged image. Stigmatized individuals could be expected to be more motivated to manage their impression strategically in an attempt to save face or repair their damaged image. Table 6.10 shows different coping strategies of

respondents to overcome stigma emanating from personality traits in the study area. While identifying the first coping strategy, it was found that half (50%) of the respondents maintained silence when they were stigmatized. It was also revealed that a large part of the respondents (38.24%) did not care about this type of stigma (Table 6.10). A second coping strategy was found for 55 (80.88%) of the stigmatized respondents. Maintenance of silence was identified as the most common strategy, adopted by 43.63% of the stigmatized women (Table 6.10). A third coping strategy was found for 21 (30.88%) of the stigmatized respondents. Most of the women (52.38%) picked quarrels as their third coping strategy in the study area (Table 6.10).

Table 6.10: Coping strategies to overcome stigma emanating from personality traits

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Replied well	08	11.76	12	21.82	11	52.38
Did not care about stigma	26	38.24	19	34.55	-	-
Maintained silence	34	50	24	43.63	10	*47.62*
Total	*68*	*100*	*55*	*100*	*21*	*100*

Overall coping strategies to overcome stigma emanating from personality traits are shown in Figure 6.10. Maintenance of silence was the most common coping strategy, adopted by 41% of the stigmatized women.

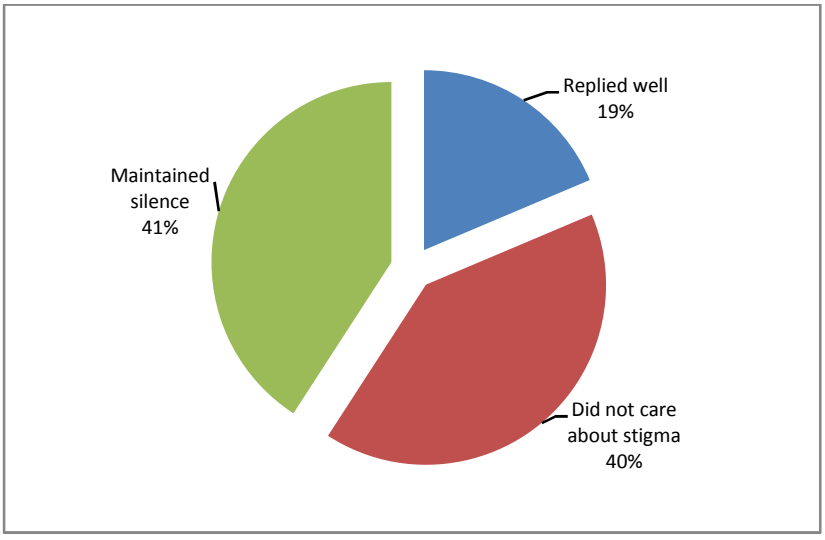

Figure 6.10: Overall coping strategies to overcome stigma emanating from personality traits

6.2.11 Coping strategies regarding stigma for criticizing others

Different coping strategies of respondents to overcome stigma resulting from criticizing other people are shown in Table 6.11.

During identification of first coping strategy, majority of the respondents (52.54%) replied well *i.e.* picked quarrel when they were stigmatized and 37.29% of the respondents did not care about this type of stigma to themselves (Table 6.11).

A second coping strategy was found for 85 (72.03%) of the stigmatized respondents. Picking up a quarrel was identified as the most common second coping strategy adopted by more than forty percent (42.35%) of the stigmatized women (Table 6.11).

A third coping strategy was found for 48 (40.68%) of the stigmatized respondents. Most of the women (39.58%) did not care about stigma of this study as their third coping strategy in the study area (Table 6.11).

Table 6.11: Coping strategies to overcome stigma cast for criticizing others

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Replied well or picked quarrel	62	52.54	36	42.35	15	31.25
Did not care about stigma	44	37.29	22	25.88	19	39.58
Enjoyed stigmatization	5	4.24	12	14.12	-	-
Alliance with rural elites	7	5.93	15	17.65	14	29.17
Total	*118*	*100*	*85*	*100*	*48*	*100*

Overall coping strategies of respondents to overcome stigma resulting from criticizing others are shown in Figure 6.11. Picking of quarrels was the most common coping strategy adopted by 43% of the stigmatized women. However, 10% of the women answers that they did not adopt any coping strategy as they enjoyed the stigma.

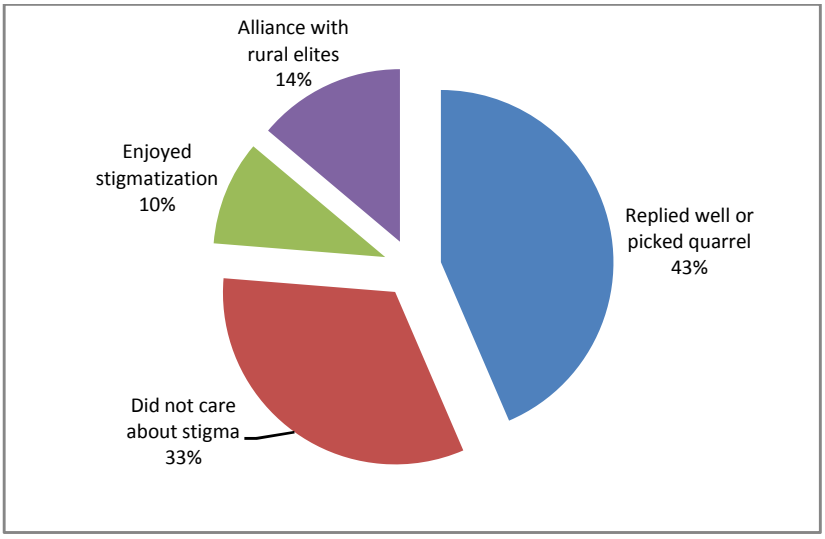

Figure 6.11: Overall coping strategies to overcome stigma due to criticize others

6.2.12 Coping strategies to overcome stigma cast for attraction to males other than husband

Women who felt stigmatized by this issue were more likely to feel a need to keep it a secret from family and friends. Secrecy was related positively to suppressing thoughts of the issue and negatively to disclosing emotions to others. 'Fear of social disapproval is one of the most common reasons reported for keeping significant life events secret.'[26]

Women who have had the issue often do keep it a secret from others. Concealing may allow a woman to avoid the disapproval of others and avert social conflict, both of which can be detrimental to mental health.[27] Disclosure of stressful life events to others is an important part of the coping process.[28] General coping strategies of women regarding stigma cast for attraction to another male are shown in Table 6.12.

This stigma was found for a few numbers of women (n=5) in the study area and four types of coping strategies were recorded in the present study. As first strategy, most

[26] Brenda Major and Richard H Gramzow, "Abortion as Stigma: Cognitive and Emotional Implications of Concealment", *Journal of Personality and Social Psychology,* Vol. 77(4) (1995), pp. 735-737.

[27] SJ Lepore, Social conflict, "social support and psychological distress: Evidence of cross-domain buffering effects", *Journal of Personality and Social Psychology,* Vol. 63 (1992), pp. 857-861.

[28] R Tait and RC Silver, "Coming to terms with major negative life events", in *Unintended Thought,* eds. J S Uleman & J A Bargh (New York: Guilford Press, 1989), pp. 351-369.

(40%) of the stigmatized women did not confess this blame while other strategies were maintaining silence, crying and praying to God and self-control (Table 6.12).

At least three coping strategies were found for all the stigmatized women to cope with the stigmatized situation. As most common second coping strategy, women controlled themselves by thinking about their children and family adopted by 60% of the stigmatized women (Table 6.12).

As third coping strategy, maintaining silence and crying and praying to God were found as two common strategies (40% each) to cope with the stigmatized situation (Table 6.12).

Table 6.12: Coping strategies to overcome stigma cast for attraction to male other than husband

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Maintained silence	1	20	1	20	2	40
Tried not to accept the blame	2	40	-	-	-	-
Cried and prayed to God	1	20	1	20	2	40
Controlled herself thinking about children and family	1	20	3	60	1	20
Total	*5*	*100*	*5*	*100*	*5*	*100*

Overall coping strategies of women to overcome stigma cast for attraction to male other than husband are shown in Figure 6.12. Almost one-third (32%) of the stigmatized women did not confess their attraction to a male other than husband. A little more than one-fourth (26%) of the women controlled themselves by thinking about their children and family.

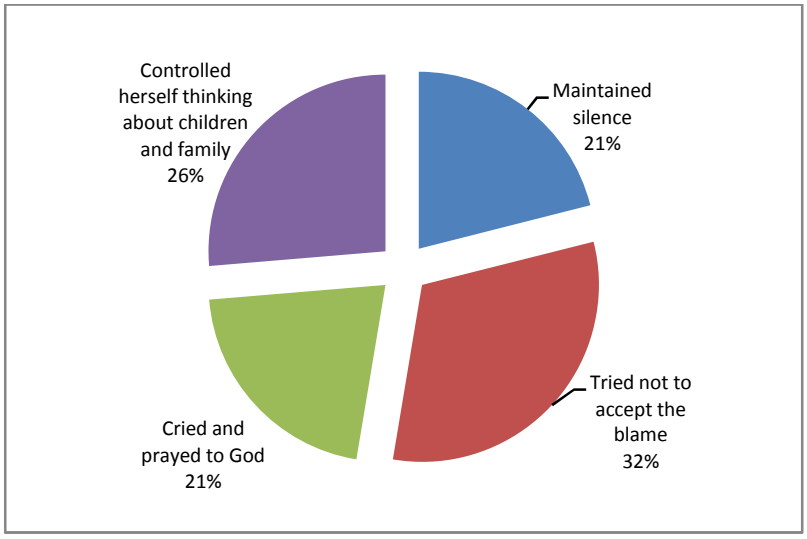

Figure 6.12: Overall coping strategies regarding stigma for attraction to other male

6.2.13 Coping strategies to overcome stigma resulting from food habit

Smart and Wegner (1996) asked women who did or did not have a stigma (an eating disorder) to take part in an interview in which they were to play the role of someone who did or did not have an eating disorder. Women who had a stigma but who were asked to conceal it from the interviewer where more likely to suppress thoughts about their eating habits or body image during the interview, to experience intrusive thoughts of these issues and to project concerns about eating onto the interviewer than were women in the other conditions.[29]

Table 6.13 shows various coping strategies of women to overcome stigma emanating from food habit. When they were stigmatized majority (42.22%) of the respondents remained silent as their first coping strategy. Other first-priority coping strategies were replied people well during stigmatization and not to care about stigma (Table 6.13).

A second coping strategy was found for 24 (53.33%) of the stigmatized respondents. Keeping silent was identified as the most common second strategy, adopted by 62.50% of the stigmatized women (Table 6.13).

[29] L Smart and DM Wegner, *Invisible Stigma in Social Interaction* (San Francisco, CA: 1996).

A third coping strategy was found for 18 (40%) of the stigmatized respondents. Most of the women (61.11%) maintained silence in the study area as third coping strategy (Table 6.13).

Table 6.13: Coping strategies to overcome stigma emanating from food habit

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Remained silent	19	42.22	15	62.50	11	61.11
Replied others saying oil their own machines	16	35.56	5	20.83	3	16.67
Did not care about stigma	10	22.22	4	16.67	4	22.22
Total	*45*	*100*	*24*	*100*	*18*	*100*

Figure 6.13 shows overall coping strategies of women to overcome stigma emanating from food habit of the women. More than half (52%) of the stigmatized women remained silent whereas another 27% of the stigmatized women replied others saying not to worry about them.

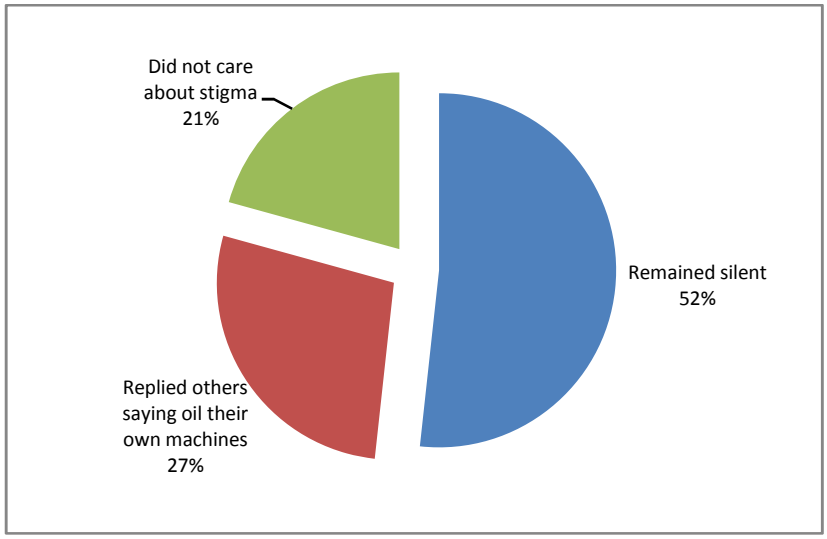

Figure 6.13: Overall coping strategies to overcome stigma emanating from food habit

6.2.14 Coping strategies to overcome stigma emanating from hobbies

Table 6.14 shows the common coping strategies of women to overcome stigma emanating from hobbies. As first coping strategy, it was appeared that half of the total stigmatized respondents maintained silence when they are stigmatized. They

also followed some coping strategies like tried to convince other with logics (25%), crying and praying to God (20%) etc. (Table 6.14).

A second coping strategy was found for 19 (95%) of the stigmatized respondents. Keeping silent and trying to convince others by logics were identified as two most common strategies (36.84% each) (Table 6.14). A third coping strategy was found for 10 (50%) of the stigmatized respondents. Most of the women (40%) cried and prayed to God in the study area as third coping strategy (Table 6.14).

Table 6.14: Coping strategies to overcome stigma emanating from hobbies

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	N	***%***	***N***	***%***	***N***	***%***
Maintained silence	10	50	7	36.84	3	30
Tried to convince others by logics	5	25	7	36.84	1	10
Cried and prayed to God	4	20	5	26.32	4	40
Tried to work hard to get other's satisfaction	1	05	-	-	2	20
Total	*20*	*100*	*19*	*100*	*10*	*100*

Figure 6.14 shows the overall coping strategies of women to overcome stigma emanating from hobbies of the women. When this stigma casted, most of the women (39%) maintained silence. Nine percent of the stigmatized respondents tried to work hard to get satisfaction of other people.

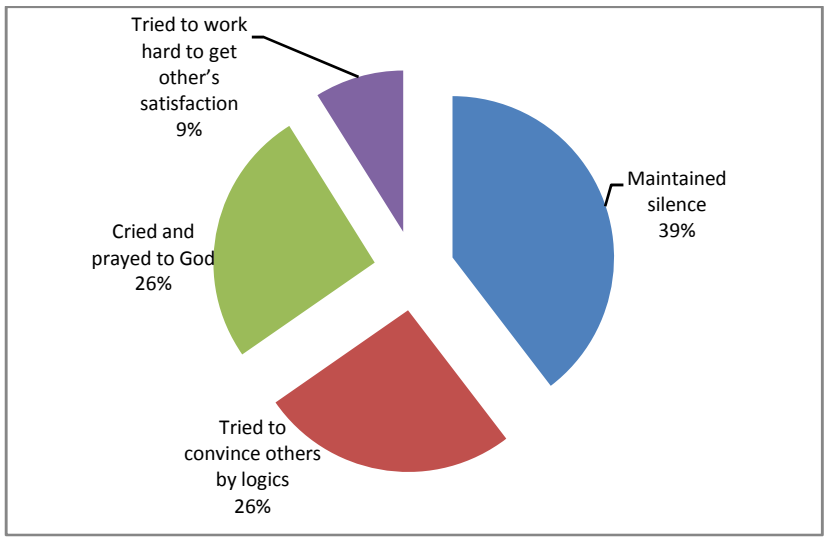

Figure 6.14: Overall coping strategies to overcome stigma emanating from hobbies

6.2.15 Coping strategies to overcome stigma cast for watching movie

General coping strategies of respondents to overcome stigma cast for watching movie are presented in Table 6.15.

While identifying the first priority coping strategies, almost sixty percent (59.26%) of the women picked quarrels with criticizer, 29.63% of the respondents did not care about stigma and 7.41% of the respondents watched movie in criticizer's absent. A small portion of the stigmatize respondents gave up watching movie due to stigma (Table 6.15).

A second coping strategy was found for 23 (85.19%) of the stigmatized respondents. Most of the stigmatized respondents (39.13%) did not consider stigma due to movie watching as their common strategy (Table 6.15).

A third coping strategy was found for 15 (55.56%) of the stigmatized respondents. Sixty percent of the women watched movies in criticizer's absentia in the study area as third coping strategy (Table 6.15).

Table 6.15: Coping strategies to overcome stigma cast for watching movie

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Gave up watching movie	1	3.70	-	-	-	-
Watched movie in criticizer's absentia	02	7.41	6	26.09	9	60.00
Did not care about stigma	08	29.63	9	39.13	4	26.67
Picked quarrels with criticizer	16	59.26	8	34.78	2	13.33
Total	*27*	*100*	*23*	*100*	*15*	*100*

Overall coping strategies of respondents to overcome stigma cast for watching movie are presented in Figure 6.15. Most of the women (39%) picked quarrels with the stigmatizer. A small proportion (5) gave up watching movies because of this stigma.

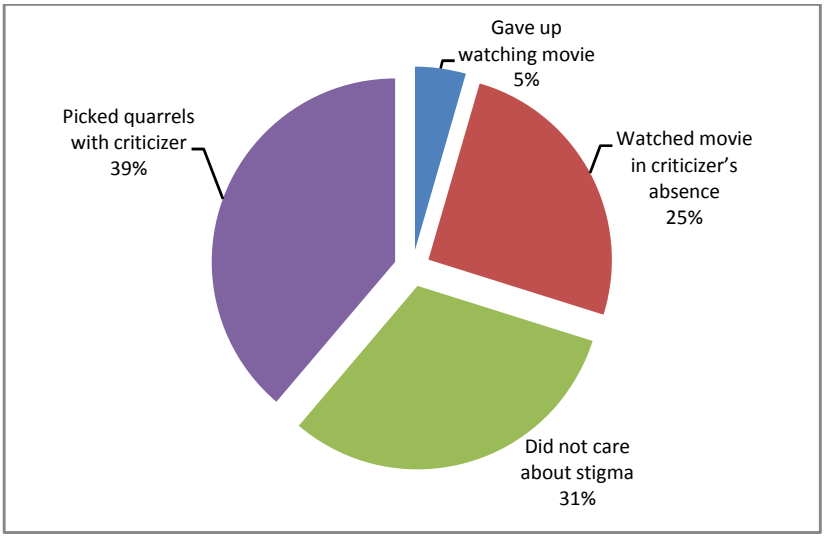

Figure 6.15: Overall coping strategies to overcome stigma cast for watching movie

6.2.16 Coping strategies to overcome stigma emanating from gender

Different coping strategies to overcome stigma resulting from gender are shown in Table 6.16. As first strategy, nearly forty percent (39.31%) of the stigmatized respondent maintained silence. Another important coping strategy was working hard in family to gain importance and this was adopted by almost one-fourth (24.83%) of the stigmatized women (Table 6.16). A second coping strategy was found for all the stigmatized women in the study area. Most of the stigmatized respondents (31.04%) cried and prayed to God (Table 6.16). A third coping strategy was found for 113 (77.93%) of the stigmatized respondents. Most of the women (38.06%) believed that the time will minimize their stigma as third coping strategy (Table 6.16).

Table 6.16: Coping strategies to overcome stigma emanating from gender

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Maintained silence	57	39.31	44	30.34	29	25.66
Attempted to commit suicide	20	13.79	16	11.03	12	10.62
Cried and prayed to God	22	15.17	45	31.04	29	25.66
Believed that time will minimize	10	6.90	37	25.52	43	38.06
Worked hard in family to gain importance	36	24.83	3	2.07	-	-
Total	*145*	*100*	*145*	*100*	*113*	*100*

Overall coping strategies to overcome stigma emanating from gender issue are shown in Figure 6.16. More than thirty percent (31%) of the women maintained silence when this stigma cast. A small proportion (14%) of the stigmatized women worked hard to regain status in the family.

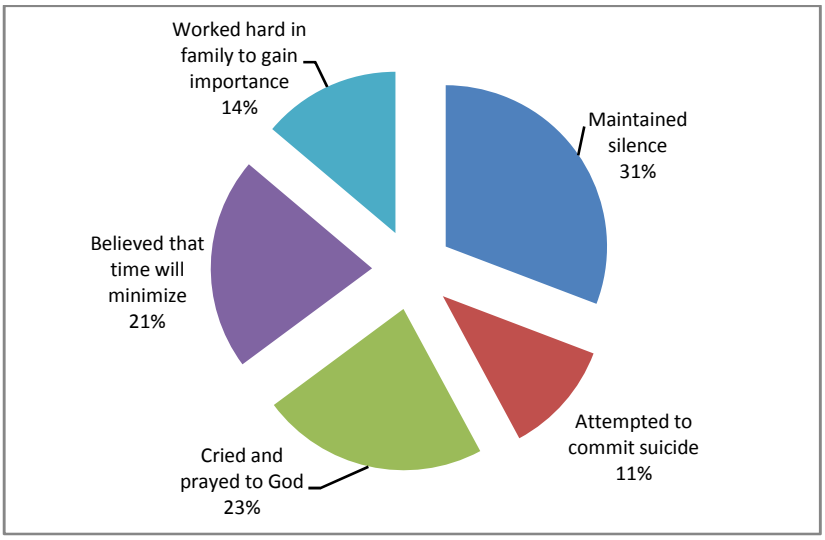

Figure 6.16: Overall coping strategies to overcome stigma emanating from gender

6.2.17 Coping strategies to overcome stigma cast for political identity

Only two coping strategies were recorded adopted by the respondents cast for involvement in politics which are shown in Table 6.17.

As first coping strategy, two-third (66.67%) of the stigmatized respondent created a conflict to cope with this stigma. Another important coping strategy was maintenance of silence and this was found for one-third of the stigmatized women (Table 6.17).

All the stigmatized women had a second coping strategy. Most of the stigmatized respondents (66.67%) maintained silence. No third coping strategy was recorded (Table 6.17).

Table 6.17: Coping strategies to overcome stigma cast for political identity

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Keep silent	1	33.33	2	66.67	-	-
Involved in conflict	2	66.67	1	33.33	-	-
Total	*3*	*100*	*3*	*100*		

Overall coping strategies to overcome stigma due to gender are shown in Figure 6.16. Maintenance of silence and rising of conflicts were the two coping strategies take by equal proportion of stigmatized women (50% each).

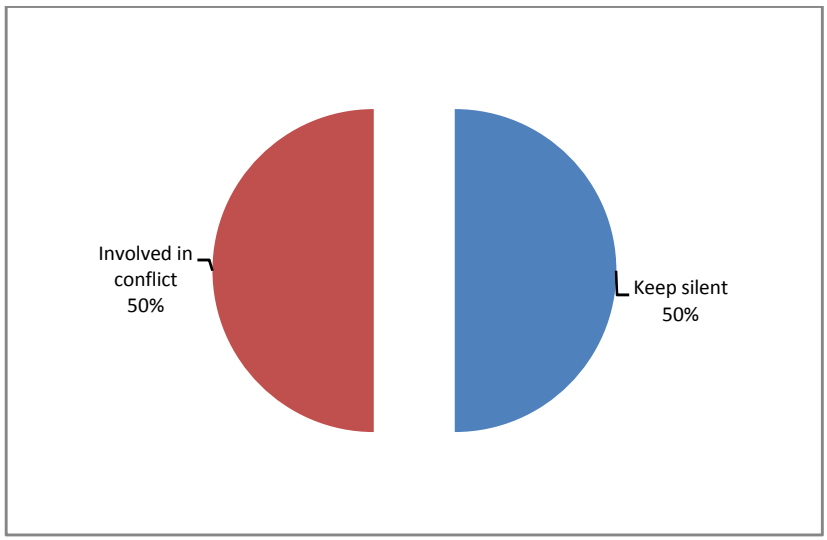

Figure 6.17: Overall coping strategies to overcome stigma resulting from participation in politics

6.2.18 Coping strategies regarding stigma because of other's tricks

Table 6.18 shows coping strategies of respondents regarding stigma due to other's tricks or conspiracies. Among all stigmatized respondents (n=78) the first coping strategy for majority of the women was quarrel and this was adopted by 55.13% of the stigmatized women. More than one-fourth (25.64%) of the respondents possessed threats to other people who were responsible for their stigma. A small portion of women (2.56%) made alliance with social elites to punish the guilty (Table 6.18).

A second coping strategy was found for 75 (96.15%) of the stigmatized respondents. The majority of the stigmatized women tried to tell others the truth as their coping strategy (Table 6.18). A third coping strategy was found for 55 (70.51%) of the stigmatized respondents. Most of the women (38.18%) possessed a threat to stigmatizer as third coping strategy (Table 6.18).

Table 6.18: Coping strategies to overcome stigma resulting from other's tricks

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Replied well or picked quarrels	43	55.13	33	44	2	3.64
Tried to tell others the truth	04	5.13	38	50.67	15	27.27
Cried and prayed to God	09	11.54	1	1.33	-	-
Made alliance with social elites to punish the guilty	02	2.56	2	2.67	17	30.91
Gave threat to others responsible for stigma	20	25.64	1	1.33	21	38.18
Total	*78*	*100*	*75*	*100*	*55*	*100*

Figure 6.18 shows various coping strategies of respondents to overcome stigma cast for other's tricks or conspiracies. More than one-third (36%) of the stigmatized women picked quarrels to cope with the stigmatized situation. More than one-fourth (27%) of the stigmatized women tried to let other people know the truth.

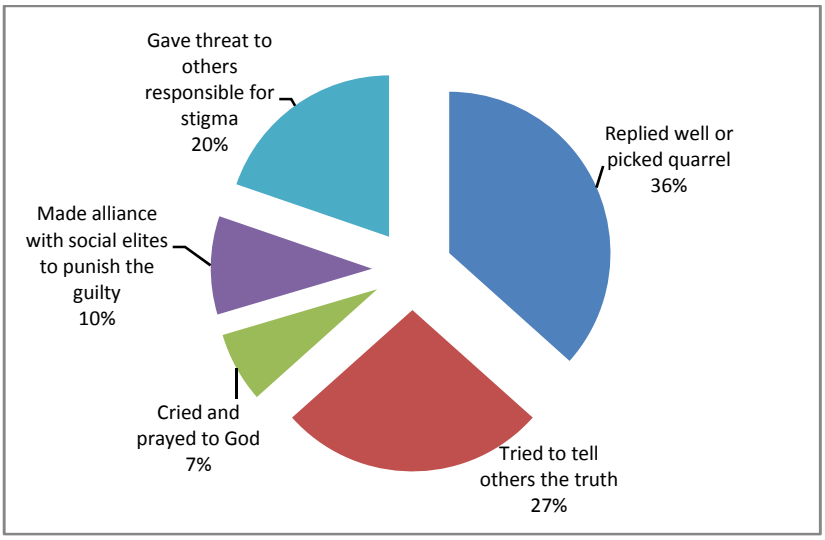

Figure 6.18: Overall coping strategies to overcome stigma resulting from other's tricks

6.2.19 Coping strategies to overcome stigma cast to widow, divorced or woman married more than once

Table 6.19 shows various coping strategies to overcome stigma associated with widow, divorced or women married more than once. As first coping strategy of the stigmatized women, nearly one-third (31.58%) of the stigmatized women remained silence followed by crying and praying to God (28.95%), wished to commit suicide (15.79%) and picked quarrels (15.79%) (Table 6.19).

A second coping strategy was found for 37 (97.37%) of the stigmatized women. More than one-third of the stigmatized women (37.84%) maintained silence as their second coping strategy (Table 6.19).

A third coping strategy was found for 34 (89.47%) of the stigmatized women. Nearly half of the women (47.06%) cried and prayed to God in the study area as third coping strategy (Table 6.19).

Table 6.19: Coping strategies to overcome stigma cast to widow, divorced or woman married more than once

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Maintained silence	12	31.58	14	37.84	10	29.41
Wished to commit suicide	06	15.79	12	32.43	6	17.65
Cried and prayed to God	11	28.95	9	24.33	16	47.06
Picked quarrels	06	15.79	1	2.70	-	-
Asked for family member's support	01	2.63	-	-	-	-
Maintained no relationship with criticizers	02	5.26	1	2.70	2	5.88
Total	*38*	*100*	*37*	*100*	*34*	*100*

Figure 6.19 shows overall coping strategies to overcome stigma associated with widow, divorced or women married more than once. Most of the women (32%) maintained silence. Almost equal proportion (31%) of the stigmatized women cried and prayed to God. However, more than one-fifth (21%) showed an increased tendency to commit suicide.

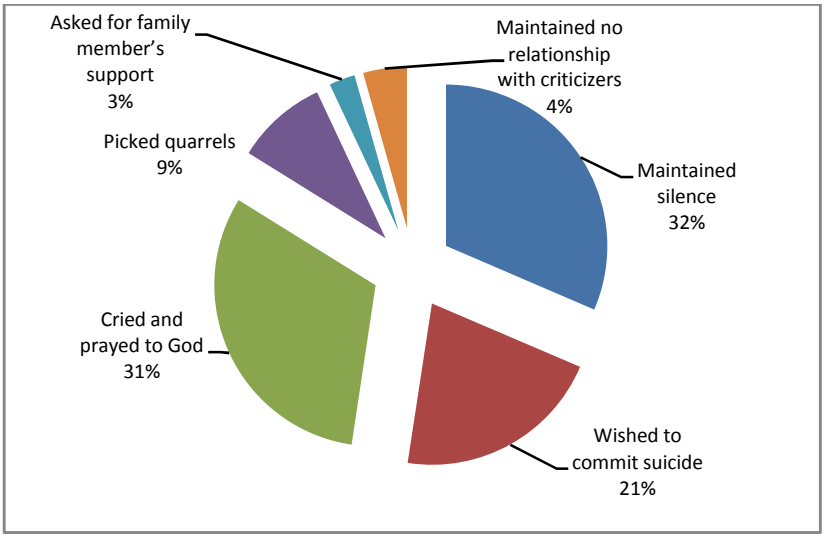

Figure 6.19: Overall coping strategies to overcome stigma cast to widow, divorced or women married more than once

In this stigma women maintained silence in majority situations and they avoid others. They accepted this stigma as their fate.

6.2.20 Coping strategies to overcome stigma resulting from participation in cultural activities

Only one coping strategy was found to cope with the stigma cast for participation in cultural activities, the strategy was stigmatized respondents did not care about this stigma (Table 6.20).

Table 6.20: Coping strategies to overcome stigma due to involvement in cultural activities

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Did not care about others	2	100	-	-	-	-
Total	*2*	*100*	*N/A*	*N/A*	*N/A*	*N/A*

6.2.21 Coping strategies to overcome stigma to send financial support to parents

Different coping strategies of respondents to overcome stigma for sending financial support to parents are shown in Table 6.21. As first coping strategy to cope with this stigma, about sixty percent (57.14%) of the respondents sent support in such a way that other people do not know, followed by maintenance of silence (23.81%), picked

quarrels (14.29%) and others (Table 6.21). A second coping strategy was adopted by 17 (80.95%) of the stigmatized women. Most of the stigmatized women remained silence and cried and prayed to the God (29.41% each) as their coping strategy (Table 6.21). A third coping strategy was adopted by 16 (76.19%) of the total stigmatized women. Nearly one-third of the women (31.25%) maintained silence in the study area as third coping strategy (Table 6.21).

Table 6.21: Coping strategies to overcome stigma for sending financial support to parents

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Sent support in such a way that other people don't know	11	52.38	4	23.53	4	25
Maintained silence	05	23.81	5	29.41	5	31.25
Picked quarrels	03	14.29	2	11.77	2	12.50
Tried to convince	02	9.52	1	5.88	1	6.25
Cried and prayed to God	-	-	5	29.41	4	25
Total	*21*	*100*	*17*	*100*	*16*	*100*

Overall coping strategies of respondents to overcome stigma for sending financial support to parents are shown in Figure 6.20. Nearly one-third of the stigmatized women, sent money to their parents in such a way that others do not know about it. More than ten percent (12%) of the women picked quarrels to overcome this stigma.

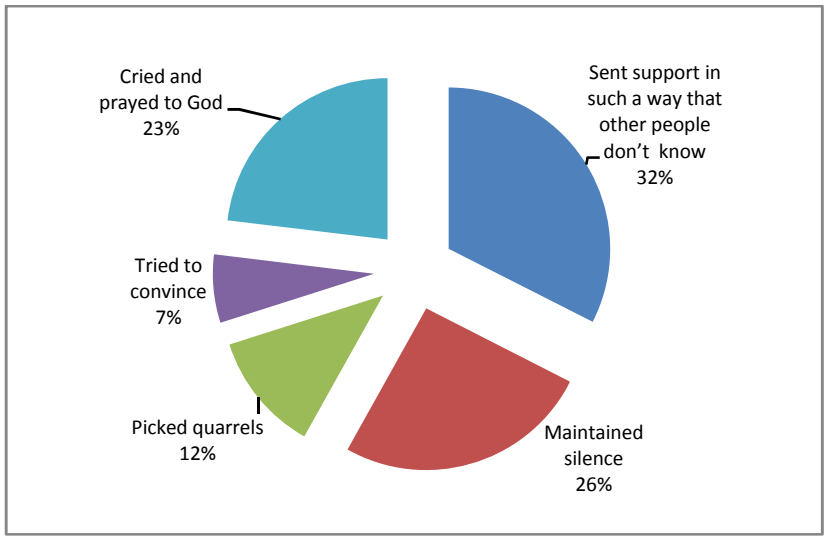

Figure 6.20: Overall coping strategies to overcome stigma for sending financial support to parents

6.2.22 Coping strategies to overcome stigma cast for working in the agricultural fields

Table 6.22 shows general coping strategies of women regarding stigma cast for working in agricultural fields. As the first strategy to cope with this stigma, more than eighty percent (83.67%) of the stigmatized women did not care about other's comments.

A second coping strategy was adopted by 31 (63.27%) of the stigmatized women. Whereas a third coping strategy was adopted by 16 (32.65%) of the total stigmatized respondents. In both cases, most of the women maintained silence (74.19% as second strategy and 100% as third strategy) as common coping strategy (Table 6.22).

Table 6.22: Coping strategies to overcome stigma cast for working in the agricultural fields

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Did not care about other's comments	41	83.67	8	25.81	-	-
Maintained silence	08	16.33	23	74.19	16	100
Total	*49*	*100*	*31*	*100*	*16*	*100*

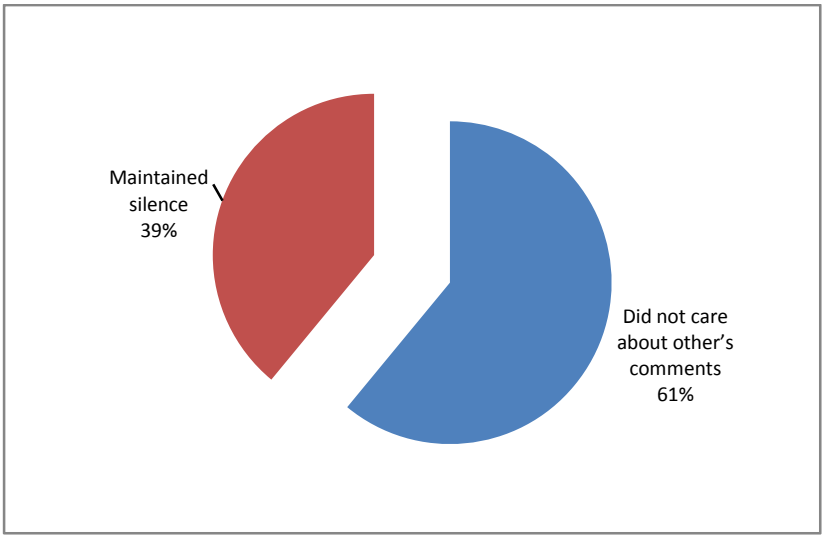

Figure 6.21: Coping strategies to overcome stigma cast for working in the agricultural fields

6.2.23 Coping strategies to overcome stigma emanating from poverty

Various coping strategies to overcome stigma emanating from poverty are shown in Table 6.23. As first coping strategy more than half of the respondents (51.59%) took loan from NGOs with a hope that they would be able to remove their poverty by investing that loan properly. However, 4.76% of the stigmatized respondents wished to commit suicide because of this stigma (Table 6.23).

A second coping strategy was adopted by 91 (72.22%) of the total stigmatized women. Nearly half of the stigmatized women (49.45%) maintained less social interaction with other people as their coping strategy (Table 6.23).

A third coping strategy was adopted by 51 (40.48%) of the total stigmatized women. Most of the women (50.58%) wished to commit suicide in the study area as third coping strategy (Table 6.23).

Table 6.23: Coping strategies to overcome stigma emanating from poverty

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Maintained less social interaction with others	37	29.37	45	49.45	4	7.84
Tried to reduce poverty	05	3.97	-		-	-
Cried and prayed to God to improve the situation	13	10.32	34	37.36	21	41.18
Wished to commit suicide	06	4.76	12	13.19	26	50.98
Took loan from NGOs to improve livelihood	65	51.59	-	-	-	-
Total	*126*	*100*	*91*	*100*	*51*	*100*

Overall coping strategies to overcome stigma emanating from poverty are shown in Figure 6.22. Almost half (48%) of the stigmatized women taken loan from the non-government organizations to cope with this situation. More than ten percent (11%) stigmatized respondents wished to commit suicide in this regard.

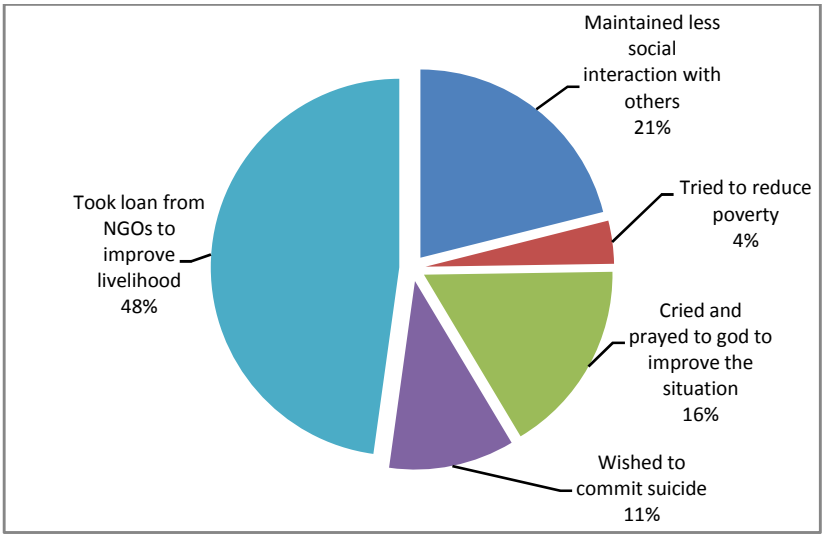

Figure 6.22: Coping strategies to overcome stigma emanating from poverty

6.2.24 Coping strategies to overcome stigma emanating from having less hair

General coping strategies which are followed by the women to overcome stigma emanating from having less hair are shown in Table 6.24. As first coping strategy of the total stigmatized women, 19 respondents tried various treatments to improve the hair condition which constituted more than three-fourth (76%) of the total stigmatized respondents. A small portion (4%) blamed God for having less hair (Table 6.24). A second coping strategy was adopted by 20 (80%) of the stigmatized respondents. Most of the stigmatized women (35%) blamed the God for stigma causing factor as their coping strategy (Table 6.24). A third coping strategy was found for 18 (72%) of the total stigmatized women. Most of the women (44.44%) tried not to show their hair outside as third coping strategy (Table 6.24).

Table 6.24: Coping strategies regarding stigma emanating from having less hair

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Tried not to show hair outside	02	08	4	20	8	44.44
Blamed God for this	01	4	7	35	-	-
Tried various treatments to improve the hair condition	03	12	6	30	7	38.89
Kept silence	19	76	3	15	3	16.67
Total	*25*	*100*	*20*	*100*	*18*	*100*

Overall coping strategies which were adopted by women to overcome stigma emanating from having less hair are shown in Figure 6.23. Most of the women (37%) maintained silence in this regard. However, more than one-fifth of the women hid their hair when they were outside.

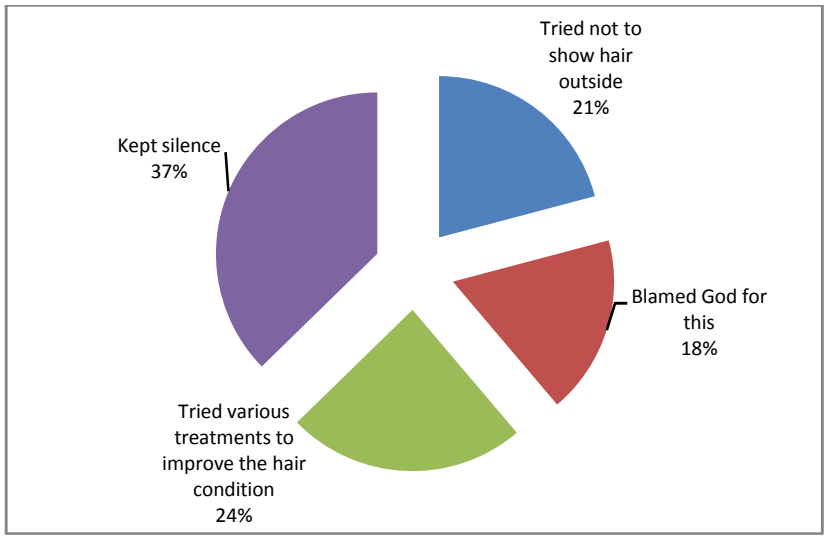

Figure 6.23: Coping strategies to overcome stigma emanating from having less hair

6.2.25 Coping strategies to overcome stigma cast for coloring hair

Table 6.25 shows the coping strategies of women to overcome stigma cast for coloring hair. Majority (95.24%) of the respondents did not care about this stigma whereas only a small proportion (2.38%) stopped coloring their hair as their first coping strategies (Table 6.25). Only one second coping strategy was recorded in the study area and there was no third strategy. The second strategy was adopted by 16 (38.10%) of the total stigmatized women (Table 6.25).

Table 6.25: Coping strategies regarding stigma casted for coloring hair

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Stopped coloring hair	01	2.38	-	-	-	-
Did not care about other people's comment	40	95.24	-	-	-	-
Tried not to show colored hair outside	01	2.38	16	100	-	-
Total	*42*	*100*	*16*	*100*	-	-

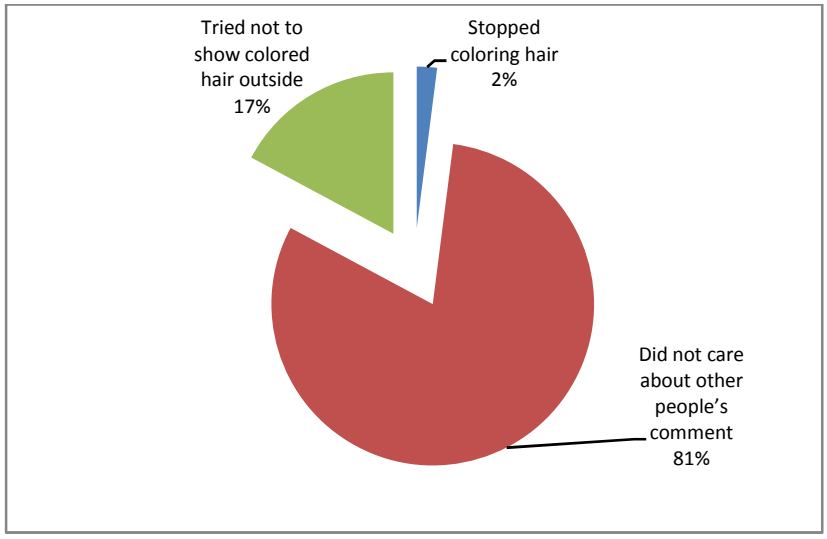

Figure 6.24: Overall coping strategies to overcome stigma cast for coloring hair

6.2.26 Coping strategies to overcome stigma cast for getting a haircut at parlor

Table 6.26 shows different coping strategies to overcome stigma cast for getting a haircut at parlor. As first strategy, most of the respondents (72.73%) did not care about other's comment followed by stopped cutting hair at parlor (18.18%) and picked quarrel (9.09%) (Table 6.26).

A second coping strategy was adopted by 10 (90.91%) of the total stigmatized women. Most of the stigmatized women (50%) stopped getting a haircut at parlor as second coping strategy (Table 6.26).

A third coping strategy was adopted by 6 (54.55%) of the stigmatized respondents. Most of the women (83.33%) involved in quarrel area as third coping strategy (Table 6.26).

Table 6.26: Coping strategies regarding stigma for getting a haircut at parlor

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Stopped cutting hair in parlor	02	18.18	5	50	1	16.67
Did not care about other's comment	08	72.73	3	30	-	-
Picked quarrel	01	9.09	2	20	5	83.33
Total	*11*	*100*	*10*	*100*	*6*	*100*

Figure 6.25 shows overall coping strategies to overcome stigma cast for getting a haircut at parlor. Most of the respondents, which was more than half (51%) of total stigmatized women, did not care others criticism in this regard. One-fourth of the women picked quarrel to cope with the situation.

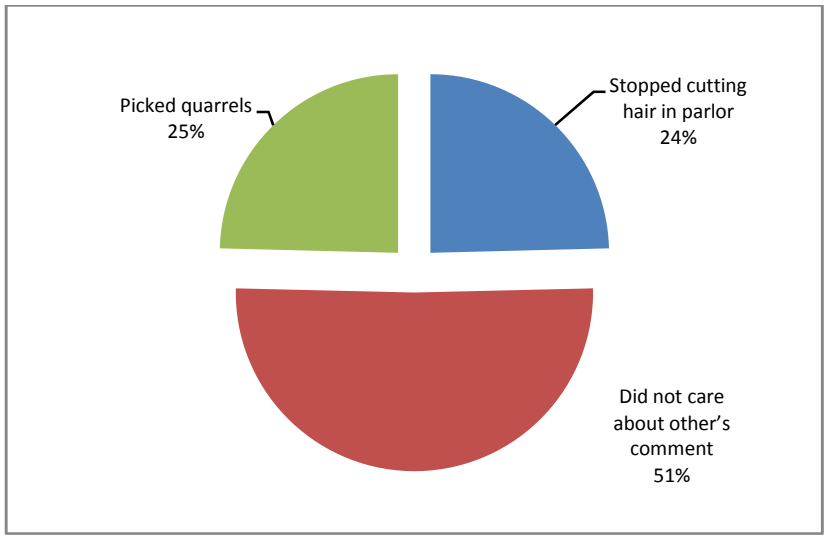

Figure 6.25: Overall coping strategies to overcome stigma cast for getting a haircut at parlor

6.2.27 Coping strategies to overcome stigma emanating from childlessness

Women's responses to stigma are complex and contradictory. They collaborate in reflection of motherhood, and they also challenge the stigma accorded childless families. Direct action against stigma involves taking back to challenge discriminatory behavior. Extreme measures were required to confront the extreme discrimination poor women face. Some quarrel with mother's in law and left hostile joint families. Poor women also talked back to husbands who blamed them for fertility problems. Sometimes they are gentle and eventually refuse to accept blame. They held their husbands responsible for their infertility and told 'it must be your problem'. "Although a difficult process, particularly for young women and those living in poverty and village contexts, childless women make efforts to strengthen themselves

against stigma, even they lack opportunities for solidarity with other women in a social movement"[30]

Various coping strategies regarding stigma emanating from childlessness are shown in Table 6.27. As first coping strategy, it was revealed from the present study that majority of the stigmatized women (42.85%) visited kobiraj or village doctors with a view to acquiring a solution to this problem. More than one-fourth (28.57%) of the stigmatized women attempted to commit suicide because of this stigma (Table 6.27).

A second coping strategy was adopted by all the stigmatized respondents. In this case, the majority of the stigmatized women (42.85%) visited kobiraj/local doctors for diagnosis and treatment as their coping strategy (Table 6.27).

A third coping strategy was adopted by 5 (71.43%) of the stigmatized respondents. Most of the women (80%) maintained silence and cried in the study area as third coping strategy (Table 6.27).

Table 6.27: Coping strategies to overcome stigma emanating from childlessness

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Maintained silence and cried	1	14.29	2	28.57	4	80
Visited kobiraj/doctors for diagnosis	3	42.85	3	42.85	1	20
Did not go outside much	1	14.29	1	14.29	-	-
Attempted to commit suicide	2	28.57	1	14.29	-	-
Total	*7*	*100*	*7*	*100*	*5*	*100*

[30] Katherine Kohler Riessman, "Stigma and every day resistance practices: childless women in South India", *Gender and Society,* Vol. 14(1) (2000), pp. 118-130.

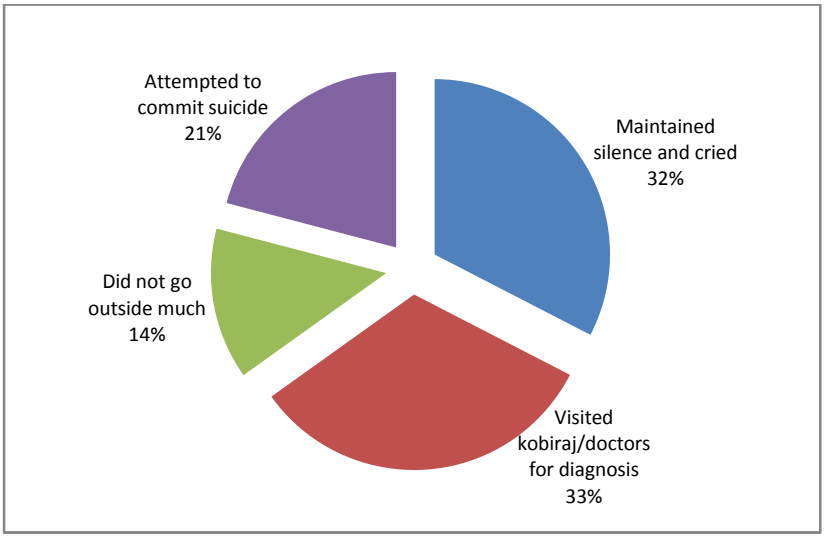

Figure 6.26: Overall coping strategies to overcome stigma cast for childlessness

6.2.28 Coping strategies regarding stigma for having son/daughter only

Various coping strategies to overcome stigma cast for having son/daughter only are shown in Table 6.28. As first coping strategy, more than half (53.33%) of the stigmatized women cried and prayed to God. This stigma was especially found in case of women who gave birth to daughters only. A small part of the stigmatized women wished to commit suicide (Table 6.28).

A second coping strategy was adopted by 39 (86.67%) of the total stigmatized women. Majority of the stigmatized women (38.46%) cried and prayed to the God as their coping strategy (Table 6.28). A third coping strategy was adopted by 21 46.67%) of the stigmatized women. More than half of the stigmatized women (52.38%) picked quarrels with others saying that she was not responsible for this (Table 6.28).

Table 6.28: Coping strategies to overcome stigma cast for having son/daughter only

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Picked quarrel saying that she is not responsible for this	14	31.11	12	30.77	11	52.38
Cried and prayed to God	24	53.33	15	38.46	6	28.57
Wished to commit suicide	2	4.45	3	7.69	-	-
Spent more during daughter's marriage	5	11.11	9	23.08	4	19.05
Total	*45*	*100*	*39*	*100*	*21*	*100*

Overall coping strategies regarding stigma for having son/daughter only are shown in Figure 6.27. Most of the stigmatized women (42%) cried and prayed to God for their stigmatized situation. A considerable proportion (7%) wished to commit suicide.

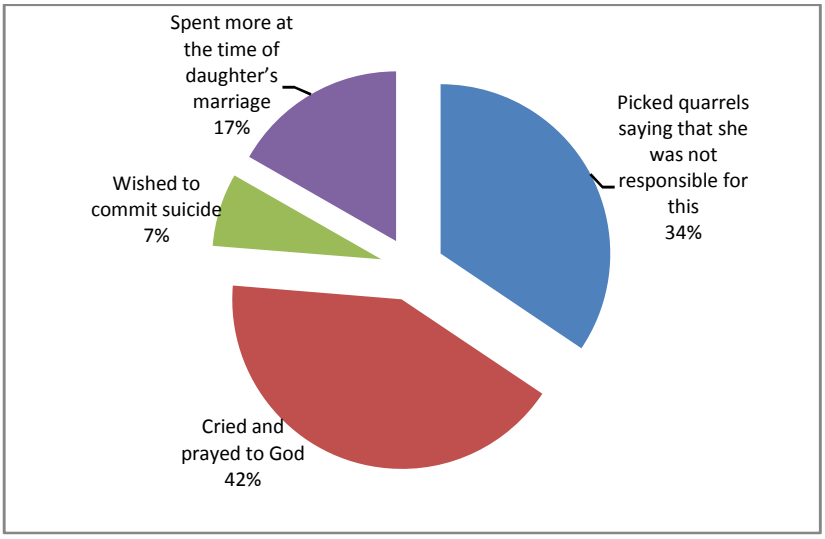

Figure 6.27: Overall coping strategies to overcome stigma cat for having son/daughter only

6.2.29 Coping strategies to overcome stigma cast for dress up

General coping strategies of women to overcome stigma cast for dress up are shown in Table 6.29. As first coping strategy it was revealed that majority (79.06%) of the respondents did not care about other's comment followed by maintenance of silence (13.95%) and others (Table 6.29).

A second coping strategy was adopted by 31 (72.09%) of the total stigmatized women. Most of the stigmatized women (61.29%) maintained silence as their second coping strategy (Table 6.29).

A third coping strategy was adopted by 14 (32.56%) of the total stigmatized women. Most of the women (64.29%) kept silent as third coping strategy (Table 6.29).

Table 6.29: Coping strategies to overcome stigma emanating from dress up

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Maintained silence	06	13.95	19	61.29	9	64.29
Cried	02	4.65	1	3.23	1	7.14
Changed dress up pattern	01	2.33	5	16.13	4	28.57
Did not care about other's comment	34	79.06	6	19.35	-	-
Total	*43*	*100*	*31*	*100*	*14*	*100*

Overall coping strategies of women to overcome stigma due to dress up are shown in Figure 6.28. Most of the stigmatized respondents (56%) did not care about comments made by other people. Nearly one-third (31%) of the women maintained silence to cope with the situation.

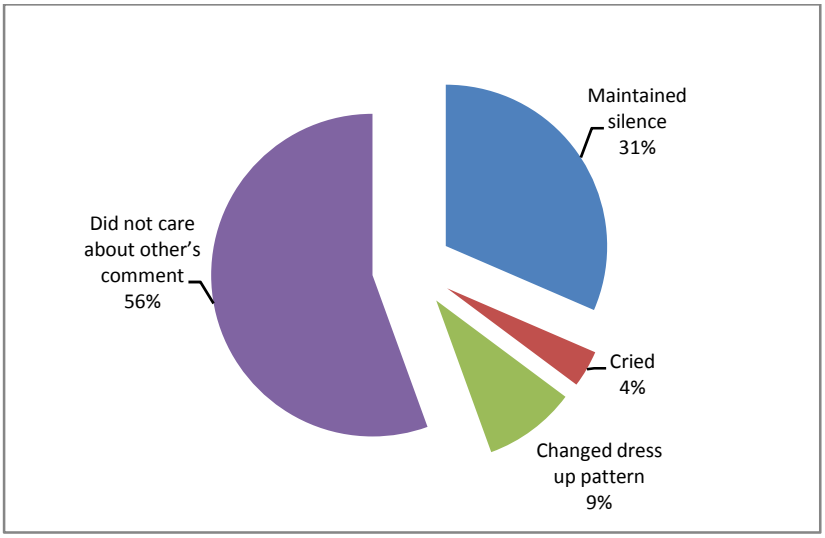

Figure 6.28: Overall coping strategies to overcome stigma cast for dress up

6.2.30 Coping strategies to overcome stigma emanating from not to put on wedding ring or nose pin

Different coping strategies to overcome stigma emanating from not to put on wedding ring or nose pin are shown in Table 6.30. From the table, as the first coping strategy, it reveals that most (82.5%) of the respondents started putted on nose pin followed by told the truth that the pin/ring was broken (10%), maintenance of

silence (5%) and 2.5% replied that husband did not buy this for her (Table 6.30). A second coping strategy was adopted by 32 (80%) of the total stigmatized women. Majority of the stigmatized women (84.38%) maintained silence as their second coping strategy (Table 6.30). A third coping strategy was adopted by 10 (25%) of the total stigmatized women. Seventy percent those women kept silent in the study area as third coping strategy (Table 6.30).

Table 6.30: Coping strategies to overcome stigma emanating from not to put on wedding ring or nose pin

Coping strategies	***1st strategy***		***2nd strategy***		***3rd strategy***	
	n	***%***	***n***	***%***	***n***	***%***
Maintained silence	02	5	27	84.38	7	70
Started putting on nose pin	33	82.5	-	-	-	-
Replied that husband did not buy it	01	2.5	-	-	-	-
Told the truth that its broken	04	10	5	15.62	3	30
Total	*40*	*100*	*32*	*100*	*10*	*100*

Overall coping strategies to overcome stigma emanating from not to put on wedding ring/nose pin are shown in Figure 6.29. Two-third of the total stigmatized women started putting the nose pin or wedding ring again. Nearly one-fifth of the women maintained silence to cope with the situation.

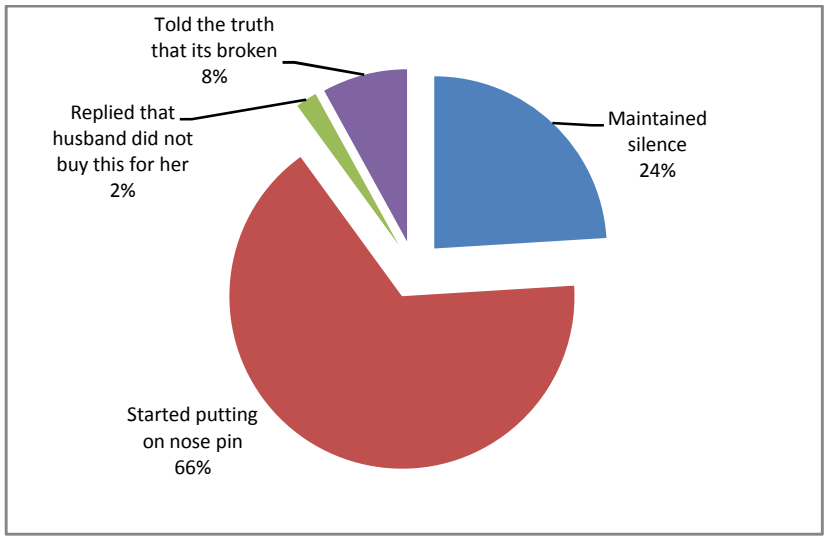

Figure 6.29: Overall coping strategies to overcome stigma emanating from not to put wedding ring or nose pin

Women cope with stigma-induced identity in a variety of ways. Some coping efforts are primarily problem-focused e.g. when an overweight person decides to go on a diet whereas others are primarily emotion focused e.g. restricting one's comparison to others who are also over-weight. Coping strategies are geared to altering the relationship between the stigmatized individuals and their environment, whereas other strategies seek to regulate negative emotions. Stigmatized individuals develop skills to compensate for the stigma. These skills help them to achieve their goals and overcome the disadvantages associated with the stigma.[31] Stigma of specific conditions and actions can and does change across time. Many stigmatized women cite that they gain strength and learn valuable life lessons in confronting adversities caused by stigma. Goffman stated that stigmatized individual may also see the trials he has suffered as a blessing and disguise, especially because of what it is felt that suffering can teach one about life and people. This perspective has received a great deal of less attention but can in fact produce a great deal of important insights into understanding the factors that protect and contribute the resilience of individuals coping with stigma.

[31] Erving Goffman, *Notes on the Management of Spoiled Identity* (NJ, Englewood Cliffs: Prentice Hall, 1963), p. 114.

CHAPTER SEVEN

CONCLUSION

CHAPTER SEVEN

Conclusion

7.1 Summary

Various patterns social stigma in rural societies of Bangladesh are discussed in the chapter three, entitled "**The patterns of stigmatization in the study area**". **Patterns of social stigma:**

Social stigma may occur in many different forms. The most common forms occur with socio-cultural identity, family, poverty, ignorance, physical structure, gender, skin color, and disease etc. In this study, women who had been stigmatized felt as if they had been transformed from a whole person into a tainted one. They felt themselves as different and devalued by others. Such stigmatization took place in their workplaces, educational settings, and mostly in their own families, neighborhoods and community. The interviewed women mentioned a number of sources of stigma. Family, friends and intimates were mentioned by a number of respondents. Most frequently mentioned factor was the attitudes and practices of patriarchy.

Age distribution of the respondents: Social perception of age is important in shaping and coping with social stigma in society. Age distribution of the randomly selected respondents of this study reveals that most (n=150) of the stigmatized women (68.80%) were aged between 21 and 50 years. Only 19.73% (n=43) of them were aged above 50 years. It is also notable that 11.47% (n=25) of the respondents were aged below 21 years. Thus it is clear that about 90% (n=196) of the stigmatized women were in their working age.

Religious identity and stigmatization: A baseline survey revealed that in Gopalpur village, there were 1309 households in total of which 86.24% (n=188) were Muslims,

4.59% (n=10) were Hindus and 9.17% (n=20) were Christians. Religious identity can stigmatize people. It is observed that every believer has a firm belief that her/his religion is based on the truth. Again the phenomenon is related to the number of followers. In the study area, the Muslims outnumbered the Hindus and the Christians. Hindus, cobblers and barbers by occupation, having lower caste status in their own religion lived in *Khas land* in the study area. For their drinking habit, they were always stigmatized. Again converted *Santal Christians* were used to drinking locally made alcohol from the palm trees. For their food consumption pattern such as eating pork, flesh of tortoises, snakes, frogs etc., they were highly stigmatized in the community of the 'majority'.

Among the respondents, it has been seen that they had their own conception of holiness regarding religious affairs. Arabic language was seen as very sacred by the Muslims because it was the language of their holy book 'the Quran'; whereas the sense of language was not so strong among the Hindus and Christians. But Hindus and Christians who could not read the *Gita* and the Bible were stigmatized just like the Muslims who could not read the Quran in Arabic. Among the respondents, it is evident that almost 67% (n=146) of the respondents were somehow stigmatized for this reason, irrespective of religion.

Occupation and stigmatization: Occupation can bring about social stigma. The role of housewives is generally ascribed to women in the rural areas of Bangladesh after marriage. The present study shows that about 90% (n=196) of the respondents were housewives whereas 6.88% (n=15) of the women were service holders and 3.21% (n=7) of them were engaged in other jobs like working in agriculture fields, restaurants, husking rice, working as maid servants, day laborer etc. Most of the housewives performed agricultural jobs in their own households along with the male members. Occupation can bring about social stigma to people. The present study shows that 8.26% (n=18) of the respondents were stigmatized for their occupation. Most of the respondents have informed in informal discussions that they were stigmatized at the starting point of their jobs but as time passed stigmatization

lessened. Again, reaction to this stigmatization could have lessened as the stigmatized respondents were used to such situations, for which they were reluctant to mention occupational stigma.

Education and stigmatization: Level of education is a potential source of social stigma in rural Bangladesh. Traditionally, women were supposed to work only as housewives and thus were kept within the fences of homesteads. They were not allowed to pursue formal education. After a long exclusionary journey, women are now encouraged to pursue education due to the felt importance of their acquisition of education for the development of the nation as whole. It is seen from this study that 87.61% (n=191) of the respondents were socially stigmatized either for acquiring of education or for not being able to do so. Women were in a dilemma regarding education. All the levels of education brought about stigma for them at the same time though public assumption is that illiteracy is a more stigma prone factor. This study reveals that 92% (n=23) of the illiterate respondents were stigmatized whereas 82% (n=50) of the respondents who could sign only were stigmatized for their level of education in the study area. Again 89.55% (n=60) of the respondents who had primary level education were stigmatized. Data of the present study also whipped the popular idea about stigma that educated women are less stigmatized. It is seen that 91% (n=50) of the respondents having secondary level education and 70% (n=7) of the respondents having graduate level education were also stigmatized in the study area. However, it was not possible to recommend a standard level of education in the study area which would not bring about stigma because stigma regarding this issue was associated with various factors like education level of husbands, financial solvency of the family and perceptions of the elderly people in the family and society.

Physiological factors of women and social stigmatization: It has been observed among the respondents that about 85% (n=185) of respondent women were normal in weight, whereas 13.3% (n=29) were fat and only about 1% (n=4) women were unusually thin. Fat, thin and a portion of physically slim (normal) women were

stigmatized in the study area. Even slimming efforts are stigmatized by traditional rural society of Bangladesh. Racial composition of Bengali people is a mixed one. As a result, height of the people varies too much though it is not very tough to generalize about the mean height of the people in Bangladesh. It is seen that people maintain a 'not too much' concept about everything and height is not an exception. Too tall and too short women have always been stigmatized. In the current study, 15.14% (n=33) of the women were very tall and about 32% (n=67) women were short. Among the respondents, heights of 53.21% (n=118) of the women were perceived as normal by the society members.

Data show that 65.05% (n=141) respondents were stigmatized for their height. They also said that height was not too much of a problem for the male in our society. However, this caused serious obstacle in women's social life - especially regarding marriage in the study area. Throughout history racists tried to establish that the black are less intelligent than the whites though scientific evidence show that this is a myth. In Bangladesh, fair skin is always appreciable albeit European whites are always under fire. In the present study, 32.56% (n=71) of the respondents were fair skinned whereas 43.57% (n=95) of them were blackish and 23.85% (n=52) respondents were dark skinned. Data reveal that among the black skinned, 58.33% (n=30) of the respondents women were stigmatized for their black skin and often they were stigmatized as *kalti*, which means abominably black or *ma kali* (a deity of the Hindus who is black), *petni* (female ghost). Black girls are considered burdens to their parents from time immemorial in rural Bangladesh as it is an impediment in being selected as a bride for marriage. This often involves heavy dowry and low quality groom if the parents are poor.

Physical condition of the respondents shows that 61.46% (n=134) of the women were in good health, condition of 18.34% (n=40) fluctuated, 16.51% (n=36) were in poor health and 3.66% (n=8) were very sick. Women's biological and reproductive responsibilities, social reproductive activities and economic work translate into social roles of a mother, a home maker and an employee. When women are physically in a

fragile situation, it can foster stigmatization to the apex. Among those respondents whose health conditions fluctuated, or were in bad or very bad condition, 70% (n=153) felt that they were a burden to their families for their illness whereas 30% (n=65) of them did not think so.

Among those respondents who thought they were a burden for their illness, 63.33% (n=97) felt stigmatized for their poor health but 36.67% (n=56) did not feel themselves as stigmatized for this reason. Respondents spontaneously informed that when someone was ill for long days or became ill very often, she was highly stigmatized in comparison to those who rarely become ill for a few days.

Family and stigmatization: Women are stigmatized for the behavior of their family members. They are often blamed for mischievous deeds of their spouses and/or offspring. The present study shows that 60.42% (n=132) of the respondent women were stigmatized for their husbands' activities following the proverb- "a man is best known by the company he keeps" in rural society. A number of open ended responses have been collected from the respondents in this study, which reveal that when a husband does not want to do work or if he is lazy, if he is not clever enough, if he often quarrels with neighbors, if he is addicted to drugs, or if he has extramarital relation, if he got married having another wife, it was the wife who was stigmatized on grounds of her husband's deeds. Moreover, husbands' theft, mental illness, taking part in gambling or simply card playing, fighting for others, business problems or incurred economic loss, husband's occupation etc. also were sources of stigma for the rural married women. Data reveal that 10.96% of the respondents' husbands quarreled with neighbors, 12.33% were addicted to drugs, 19.23% maintained extramarital relations, 17.85% practiced theft, 23.33% fought as a *lathial* (mercenary), 4.10% got married to another woman, and 4.10% had business problems. Women in rural Bangladesh are more stigmatized most their husbands' activities than women living in urban areas.

Children are also potential sources of stigma for their mothers. People generally relate children's behavior with their parents especially with their mothers. Activities

of children that caused stigma for their mothers encompass a variety of reasons like love affair, stealing cases, quarreling, drug addiction etc. Moreover, having only daughter(s) and no son, having daughters who are not pretty and fighting of a son with others also caused their mothers to be stigmatized. Among the causes, affair case alone represented 69.49% of the respondents and it is as crucial in rural society as exemplified by the current study. Daughter's affair is much more disastrous than son's affair and rural people often blame her mother - "she is like that because of her mother"- and even husbands also blamed their wives often ordering "control your daughter" etc. Theft carried by son/daughter caused stigma for 4.83% of the respondents, quarrel with neighbor caused stigma for 4.83% of the respondents and 4.80% of the respondents were stigmatized for the drug addiction of their sons. Having only daughter(s) (and no sons) caused stigma for 1.59% of the mothers, and non-pretty daughters also caused stigma for 3.18% of the respondents. Sons sometimes get involved in fighting and 11.29% of the respondents in this study were stigmatized for that reason.

Personality traits and social stigma: A popular belief in the study area is that women are more jealous than men; they are meticulous about silly matters, and generally they cannot appreciate well being of others. In the current study, 31.19% (n=68) respondents were stigmatized as people considered them jealous of other peoples' well being. Criticizing others is also an act feminized in rural Bangladesh. Women are believed to criticize others as they have no important work to do. This kind of stigma is also cast upon the respondents in the study area. It is found from data that 54.12% (n=118) of the respondents were stigmatized as they criticized others.

Ideally, extramarital attraction for other males is strictly forbidden in Bangladesh. Sometimes reality does not match the gospels. From time immemorial, extramarital relations are considered strong sources for stigmatizing. This phenomenon is also a source of stigma in the study area. Five (2.29%) of the respondents confessed that they were stigmatized for being attracted to a man other than their husband.

Respondents also said that if male members are involved in such activities community does not stigmatize them as harshly as they stigmatize women.

Food habits are also sources of stigma to women in the study area. Norms in Bangladesh are such that women are to take food after serving their husbands and other male members of the family. If women eat the items ideally allotted for male members before them, they (women) are under severe stigmatization. Present study shows that 20.64% (n=45) of the respondents were stigmatized by family members for this reason.

Types of hobby of the respondents show that 28.90% (n=63) of the respondents were used to watching TV, it was their only hobby. Sewing was the only hobby for 16.51% (n=36) of the respondents, enjoying music, room decoration and smoking were the only hobbies for 0.46% (n=1) of the respondents respectively. Reading books was the only hobby for 3.21% (n=7) of the respondents whereas reading religious books was the only hobby for 0.92% (n=2) of the respondents. Gossiping was also the only hobby for 0.92% (n=2) of the women in the study. Traveling was the only hobby for 2.29% (n=5) of the respondents in the present study. Poultry/livestock rearing was the only hobby for 11.93% (n=26) of the respondents. Both sewing and poultry were sources of income and as a result they were regarded as favorite hobby for a good number of respondents. Exclusion for having hobby is also clear in this study. Data reveal that 66.1% (n=144) of the total respondents had at least one hobby and 33.94% (n=74) of the women had no hobby at all.

Stigmatization and blaming because of hobby of the respondents was also a salient feature in the study area. Among the respondents who did have a hobby 13.69% (n=20) were blamed for their hobbies. Respondents showed a self negation in such a manner that women should not have any hobby, as if this was only a male phenomenon. It is also interesting to note that if a hobby begets earning and if this earning is expended by the male members of the family then it becomes negotiable.

Influence of social, political, cultural and economic conditions etc. in stigmatizing women: Now-a-days CD sets are available in nearly all shops, tea stalls etc. This is a means of entertainment for the customer, a technique to bring in customers on part of the shopkeeper. Watching CD at home is also a new feature added to rural life. It is seen in the study area that women were fond of watching drama/ movies using CD players to make their work enjoyable. It was also a pleasant activity to pass leisure. Data show that 65.60% (n=143) of the women watched cinema, drama etc using CD set. Again, *Bangla* cinema was very attractive item for the women in the study area. Data show that 18.89% (n=27) of the respondents claimed that they were stigmatized for watching movies/drams etc. In many cases senior male and female members of the family considered it a deviant behavior. They held a strong belief that watching CD imported satanic acts in human life.

Every society has different views on gender identity. Gender is concerned with the psychological, social and cultural differences between the male and the female in society. Gender and gender relations are the social norms in societies and like other institutions, stigmatization mechanism lies in the gender expectations of society. In the study area, 11.47% (n=25) of the respondents thought that society took their gender identity as females positively, 14.68% (n=32) of the respondents thought that society looked at their gender identity negatively. Besides responses in these two opposite directions, 28.44% (n=62) of the respondents thought that society did not have any urge to show interest to evaluate gender identity. Again, 45.41% (n=99) of the respondents thought that their society's outlook about the gender identity was a situational one. The making of situational was easily understood through from the informal discussion with the respondents. They stated that if gender identity of an individual serves interest of the influential people, then all his/her activities are justified as right. If it did not favor their interest, people justified gender identity as not acceptable. 'Positive' attitude of community denotes that gender roles as fixed by the society are all right and 'negatively' denotes that the roles set by society are not justifiable. Negligence and stigma for gender identity is alarmingly high in the study area. Among the respondents, 66.51% (n=145) informed that they were

victims of negligence and stigma for their role in family and society at large. Male members of their families and community at large regarded women's role in family and community as trivial.

Political participation of the women in the rural areas of Bangladesh is still limited in spite of Government initiatives and policies adopted by different development agencies. It seems that politics is a male activity. Data show that 100% (n=218) of the respondents in the study area had no political activism like taking part in meetings, sittings, strikes, processions, formal interaction with political leaders, participation in decision making body of the local political body, and achieving mentality towards gaining political status etc. at all though they had voted in different levels of elections. Stigma for political identity was also found though not at an alarming rate. Data show that 1.38% (n=3) of the respondents were stigmatized for this. Women were stigmatized for their husband or other male family member's political identity. In some cases, opposite ideology holders are involved in doing harms to their opponents in the study area.

Tricks can be used as a weapon for stigmatizing women in rural Bangladesh. People often take assumed phenomena as facts. It is heard in the study area from the respondents that they were stigmatized by other's tricks. Members of the society can gain their vested interest through scapegoating another person. Data show that these cases were not rare in the study area and about 36% (n=78) of the respondents were stigmatized through other's tricks. Causes of tricks in the area have been known through open ended responses. In most cases, other people try to cause harm by fabricating sons'/daughters' fictitious affair story. Real love story of the sons/daughters could also stigmatize mothers. Another concern is that many people try to create an undesirable situation in the family to harm the women and hamper the integrity in the family. This type of incidents took place in case of 61.58% of the respondents which was higher than any other type of incidents. Tricks can be triggered if it can be fabricated with stolen cases. These types of tricks were played on 20.51% of the respondents' families in the study. Other instances included

making issue of the first marriage for those who got married more than once. Women workers (those working in the rice mill) are likely be stigmatized by fabrications of sexual stories about them.

Widow, divorced and women who were married more than once were stigmatized in the study area. Data show that 5.28% (n=2) of the respondents of this category did not get proper treatment, 86.86% (n=33) of the respondents said that society takes them negatively and only 7.86% (n=3) were viewed normally. When a husband passes away, it is said that the wife had driven him away. Divorced and remarried women were stigmatized by the community. They were thought of as women of bad character. If they were of good character, such calamities would not have happened in their lives.

Keeping houses clean and tidy is one of the gender roles of women in Bangladesh. Data show that 43.59% (n=95) of the respondents' homes were humid and dirty. The women were not always responsible for this. It is observed that due to poverty and other environmental causes, homes could be humid, dirty and unhygienic. Again it was very tough for the laborer working in fields, rice husking mills, tea stalls etc. to provide enough time for this purpose. However, in spite of having valid reasons for not being able to keep their houses clean, women were stigmatized.

Participation in cultural activities can ensure sound mental health of people. The rural women in Bangladesh have nearly no time for recreation. The reason was poverty in case of some of the respondents and 'triple burden' was a phenomenon encountered by all women that hardly allowed them to spend much time for recreation. The women who had access to television could watch it. Women were culturally discouraged to take part in activities in rural areas such as drama, dance, music, fashion show, *jatra*, *palagan, baulgan etc*. Social expectation and values stigmatize them if exception happens. Data show that only 1.38% (n=3) of women among the respondents took part in cultural activities which signifies their high exclusion in this matter. Study reveals that 66.67% (n=2) of them were stigmatized due to their participation in cultural activities.

Patriarchal tradition is that the married female are to practice patri-local residence. It is seen that parents of the bride do not live with their daughter. In some cases, old parents need to live in their daughters houses. Life of the parents of the women sometimes become vulnerable due to chronic ailment, poverty, having no kith and kins to look after them, which work as push factors to live in a son in law's house. Data in this study show that 4.13% (n=9) of the respondents kept their parents with them. Parents' vulnerability sometimes can persuade their daughter and son in law to provide financial support to them. Stigmatization from husband's family occurs when respondents support their parent financially. Among such helper respondents, 9.63% (n=21) were found to be stigmatized in this study.

The study area is predominantly agricultural in nature. Respondents are to work in the field due to poverty and this was the nature of the jobs available to them. Data show that 39% (n=85) of the respondents worked in agriculture fields. It is believed in the study area that women should work inside the household compound and not in the outside world. Any exception can stigmatize women. Among those who worked in the fields, 57.66% (n=49) were stigmatized. In this category, many of the women did not care about stigma cast upon them for working in the field. When they were first time in the field, their internal reaction as a result of the stigma was very strong. Later they became used to such harsh situation.

Data show that 83.43% (n=126) of the respondents (n=151) among the poor realized that they were stigmatized for their poverty. Informal discussion with the respondents reveals that the same phenomenon has different results regarding social stigma for different respondents with different economic statuses.

Long and thick hair of the women is traditionally appreciated in rural Bangladesh. Women who have thin hair on their heads are criticized and stigmatized as this is a feature of men. Among the total respondents, 12.4% (n=27) of the women had less hair. Women having less hair were stigmatized highly in the study area. Data show that the figure was 92.59% (n=25). Data also reveal that, 26.6% (n=58) of the total respondents colored their hair. Among them, 72.41% (n=42) were stigmatized in the

study area. Again, cutting (shortening) hair of the women is not the norm in rural society. Among the total respondents, 11.9% (n=26) went to a parlor to get their hair cut. More than 42% (n=11) of these respondents who went to cut their hair in parlors were stigmatized. They were stigmatized as short hair is a feature of men's appearances.

Sterile women are stigmatized highly in Bangladesh. The study area is not an exception. Women who had failed to give birth to a child even after five years of their marriage were severely criticized. Medical science can determine to some extent whether the male or the female is responsible for the infertility. However, respondents of the present study have shared with the researcher that it was always women who were stigmatized for this without consulting a doctor. Data show that 9.2% (n=20) of the total respondents had no child. This category composed of the women who had no possibility of having a child and women having possibilities of giving birth to a child in future but not yet produced it though they passed more than five years of their marriage. Among the childless women, 35.01% (n=7) were stigmatized and blamed for not being able to give birth to a child. Women who never became a mother were stigmatized by objectionable words such as *apaya* (bearing bad omen), *alaxmi* (person with bad luck), *baja* (sterile womb) etc. Besides, many women were physically tortured by their husbands for this. In many cases, people avoided meeting them when they went to fish, set off for business, attended an inauguration ceremony etc. If unconsciously or accidentally met, people thought negatively about their lot.

Importance of son is observed in all religions and rituals can be a fertile ground for stigma. In Hinduism, a son is needed to burn his father's dead body. In Islam, daughters cannot take part in the funeral of her parents. In both religions, parents generally like to live with a son, not with daughter and this is the norm in society. Sons are the income earners and decision makers in family and resultantly they are very much desired in all families. Data reveal that 35.78% (n=78) of the total respondents either had only sons or only daughters. Among them, 43.59% (n=34)

had only sons and 56.41% (n=44) had only daughters. Owing to all these facts mentioned above, most of the respondents who had no sons were severely stigmatized than those who had no daughters in the current study. Data show that 57.50% (n=45) of the women having only sons or daughters were stigmatized in the study locale.

Norms of dresses are followed by the people of rural Bangladesh. Data show that 19.72% (n=43) of the respondents were stigmatized for their dresses. There are a variety of causes responsible for this. Muslim women are expected to maintain *purdha* through wearing *borkha*. Exception of this can stigmatize them. Again, for poor women, wearing *maxi* (one long garment) sometimes provokes insult and stigma (Maxi is usually worn by women belonging to upper class). Sometimes, poor women are bound to wear torn clothes which bring about stigma to them as well.

Ornament norms are maintained by the rural people of Bangladesh irrespective of religion. *Nakful* (ornament for nose) is such kind of an ornament. Normally, women are expected to wear it after their marriage in Muslim and Hindu communities. If the married women belonging to any of these religious groups do not wear the *nakful*, it is thought that either they desire to do harm to their husbands or their husbands were dead. When *nakful* is broken or missing, women are stigmatized and compelled to hurry to repair it or purchase a new one. This is not so important for the Christians but it is compulsory for the married women to keep a wedding ring on their ring finger. Still, the blaming pattern for all communities is the same. Women from the converted *Santal* Christian community could not wear rings always because they were highly involved in agricultural and pastoral activities. Yet, they cherished the same values about wedding ring. Data reveal that 79.4% (n=173) of the total respondents put on *nakfuls*/wedding rings and 20.6% (n=45) of the total respondents did not use these ornaments in the study area. Findings shows that 88.23% (n=40) of the respondents who did not put on *nose pin* or wedding rings were stigmatized.

General perceptions of the women about social stigma in rural societies of Bangladesh are discussed in the chapter four, entitled "**General perception of the women about social stigma in the study area**". Perceptions of the stigmatized, non-stigmatized and overall respondents regarding stigma have been depicted in chapter three. Most of the respondents (96.79%), both stigmatized and non-stigmatized, believed that stigma emanating from lack of sufficient education was normal. All the women agreed that a person who does not know how to read holy religious books should be stigmatized. Even stigmatized respondents believed that it was natural that they would be stigmatized for this. Regarding stigma emanating from their occupational position it is observed that majority (77.78%) of the stigmatized women did not take this stigma normally. A small proportion of respondents, who were housewives and stigmatized (16.66%) received this stigma normally. They mentioned that as they did not earn for the family it was very normal for others to stigmatize them. However, 92.66% of the non-stigmatized respondents believed that stigmatization because of occupation was normal.

All the stigmatized respondents considered stigma for their physical structure as not acceptable. But mixed opinions were stated by the non-stigmatized women. Majority (88.14%) of the non-stigmatized women expressed opinions similar to stigmatized women *i.e.* they considered stigma because of one's physical structure abnormal. Among the women who were stigmatized (64.68%) in the study area 92.91% mentioned that stigmatizing someone for his/her height was not justified. Generally too short or too tall women were stigmatized for their height. Perceptions of the majority of non stigmatized women (75.32%) was similar. Only 6.67% of the stigmatized and 29.26% of all the non stigmatized respondents believed that stigmatizing dark skinned women was justified. But 83.33% of the stigmatized and 68.62% of the non-stigmatized women believed that they had no control over it so stigmatizing them was unjust.

Among the stigmatized women, 95.88% took stigma emanating from ailment abnormally. Similar opinion was also expressed by most (83.47%) of the non-

stigmatized respondents. Mixed perceptions were observed regarding stigma due to husband's activities in case of both stigmatized and non-stigmatized women. Almost half (49.24%) of the stigmatized women did not consider this type of stigma justified, and they believed that their husbands were responsible for this stigma; blame should be given to husbands not to their wives. But a considerable portion of stigmatized women (34.09%) stated that stigmatizing women on account of their husband's activities was normal. On the other hand, a little more than half (51.16%) of the non-stigmatized respondents mentioned that this type of stigma was justified. Quite similar perception was found in case of both stigmatized and non-stigmatized women in the study area regarding stigma due to children's activities. Almost all the respondents from both categories (91.94% of the stigmatized and of the 100% non-stigmatized) believed that it was very normal that mothers would be stigmatized due to children's activities. Data on general perceptions of rural women regarding stigma due to personality traits revealed that above eighty percent (80.88%) of the stigmatized and seventy percent of the non-stigmatized women believed that this stigma was justified. More than half (54.25%) of the stigmatized women believed that this stigma should not be cast because they criticized others, instead of the offenders. On the other hand, 59.63% non-stigmatized women considered it justified.

Data on perceptions of the stigmatized, non-stigmatized and overall respondents in the study area regarding stigma due to attraction to other males show that 60% of the stigmatized women considered this stigma not justifiable. All the non-stigmatized women mentioned that it was very much justified to the women who were attracted to males other than their respective husbands. Majority (86.67%) of the stigmatized respondents have mentioned that it was not justified to stigmatize someone for their food habit. None of the stigmatized respondents took this stigma normally. Mixed perceptions were recorded while surveying non-stigmatized respondents. Of them, 57.23% women considered this type of stigma not justified whereas remaining 42.77% believed that this was very justified. General perceptions of rural women regarding stigma due to their hobby revealed that 80% of the

stigmatized women thought it was not justified to stigmatize women for their hobbies. Whereas, 83.84% of the non-stigmatized women held similar perception.

Rural women have limited opportunities for entertainment. However, in recent times with the advancement of technologies and media activities the situation has improved to a considerable extent. Watching movie is now not a seldom practice found in remote areas of the country. Rural women in the study area are often stigmatized for watching movies. Almost all the stigmatized respondents (96.30%) believed that stigmatization on grounds of movie watching was not justified. Mixed perceptions were recorded while interviewing non-stigmatized women. Similar perception was held by 44.50% of the non-stigmatized women. Perceptions of the respondents regarding stigma due to gender show that majority (76.55%) of the respondents considered this stigma not justified. However, similar perception was also expressed by 73.97% of the non-stigmatized women. Regarding stigma resulting from other's tricks or conspiracy it was found that almost similar perceptions were held by stigmatized and non-stigmatized women in the study area. All the stigmatized women and 85% of the non-stigmatized women have considered this type of stigma not justified. None of the respondents taken this stigma positively.

Varied perceptions of the respondents regarding stigmatization of women emanating from their widowhood, divorced status or being married more than once have been observed. Majority (71.05%) of the stigmatized respondents considered this stigma not justified. But almost half (49.44%) of the non-stigmatized women stated that this type of stigma was justified. A vital part of the non-stigmatized respondents have mentioned that stigma for this reason should be situation-dependent (61.43%). Different perceptions of rural women in the study area regarding stigma generated from their involvement in cultural activities reveal that all the stigmatized respondents considered this stigma not justified, whereas, 81.48% of the non-stigmatized women believed that this stigma was justified. Only 0.46% of the respondents did not make their perception clear regarding this issue. All the stigmatized women considered stigma emanating from sending financial

support to parents as not justified. Though mixed perceptions were recorded in case of non-stigmatized respondents, a majority (81.72%) of respondents have considered this stigma not justified. However, 5.58% of the non-stigmatized women did not make their perception regarding this issue clear.

Mixed perceptions of the respondents regarding stigma for working in the agricultural fields have been observed for both stigmatized and non-stigmatized women. More than half (57.14%) of the stigmatized women considered this stigma not justified but 40.82% considered it normal. Majority (40.24%) of the non-stigmatized respondents believed that this stigma was justified while almost similar proportion of respondents (39.64%) believed that this stigma was situation-dependent. Perceptions regarding stigma emanating from poverty of respondents show that 71.43% of the stigmatized respondents have taken this stigma abnormally. Similar perception was also found among almost half (48.91%) of the non-stigmatized respondents.

Having less hair is also an issue of casting stigma on women. Majority (80%) of the stigmatized women considered this stigma not justified. This study reveals that almost equal half of the non-stigmatized respondents found it justified, while the other half found it not justified. Perceptions of the respondents regarding stigma that resulted from color of their hair show that all the stigmatized women believed that casting stigma on such ground was not justified. But 65.91% of the non-stigmatized women mentioned that it was justified. Perceptions of the respondents regarding stigma resulting from getting a hair cut at a beauty parlor show that 81.82% of the stigmatized women believed that casting this type of stigma to someone was not justified. Similar perception was held by only 52.66% of the non-stigmatized women.

Various perceptions of both stigmatized and non-stigmatized women regarding stigma due to not having any children are observed. More than seventy percent (71.43%) of the stigmatized respondents believed that it was unfair to stigmatize them for this reason. However, 44.96% of the non-stigmatized women believed that

this stigma was justified and 42.20% found it not justified. Perceptions of women regarding stigma for having sons/daughters only were such that 95.56% of the stigmatized believed that it was unfair to stigmatize someone on this account. More than half (53.76%) of the non-stigmatized women, however, considered this stigma justified. Different perceptions regarding stigmatization in response to dress up of the respondents have been discovered among stigmatized and non-stigmatized respondents. Majority (93.02%) of the stigmatized respondents have mentioned that it was not justified to stigmatize them for their dress up. On the other hand majority of the non-stigmatized women believed that stigmatizing a woman for her dress up was very much justified. Perceptions of the respondents regarding not putting on a wedding ring or a nose pin show that more or less similar views were held by stigmatized and non-stigmatized respondents on the issue. Ninety percent of the stigmatized and all the non-stigmatized women considered this stigma justified. Only 2.5% of the stigmatized women considered it not justified.

Various consequences of the women about social stigma in rural societies of Bangladesh are discussed in the chapter five, entitled "**The consequences of social stigma among the rural women in Bangladesh**". A stigma may have various consequences and in the present study top three consequences were considered based on respondents' evaluation of intensity. Regarding consequences emanating from stigma due to education, 65% of the stigmatized women mentioned that they had to depend on other people for many things connected to education followed by lost importance in the decision making process in family and society (18%), self-worth (7%) and others.

Six different consequences of stigma due to incapability of reading religious books were found. More than half (51%) of the stigmatized women mentioned that their higher position in the community had been jeopardized; other consequences were-suffering from inferiority complex (20%), reduced social status (14%), no role in religious functions (9%) and others.

A total of four consequences were recorded on account of stigma emanating from profession of rural women. Majority (67%) of the stigmatized women stated that they had to work hard to minimize this stigma. A considerable proportion (22%) of the stigmatized women was facing difficulties in maintaining family and job concurrently.

Five different consequences associated with stigma emanating from physical structure of the respondents were recorded. Sixty four percent of the stigmatized women were planning to commit suicide. Other major consequences were- loss of status in family and society (19%), did not getting sufficient food to eat (13%), receiving lower social status (9%) and suffering from inferiority complex (3%).

As the consequences of stigma due to height, children of almost half (47%) of the stigmatized women were also stigmatized. A considerable portion (28%) of the stigmatized women mentioned that they had to pay money (dowry) at the time of their marriage.

Six consequences of social stigma, emanating from dark skin color, were recorded. Of these, almost half (47%) of the stigmatized women believed that possibility of getting a quality groom for their marriage had been reduced to a great extent. Huge amount of dowry at marriage was also reported by 27% of the stigmatized women. Establishment in society became very difficult for 7% of the stigmatized women in the study area.

Six different consequences were found associated with stigma emanating from ailment of the rural women in the study area. Majority (53%) of the stigmatized women were treated as a person imposing unnecessary expenditure in the family. A considerable portion (17%) of these women were treated as valueless in their families. In case of 3% of the stigmatized women, husbands posed a threat of separation (divorce).

A total of six consequences of the stigma due to different activities by husbands of the women were recorded. A little more than one third (34%) of the stigmatized

women believed that a possibility to establish a relationship through the marriage of son/daughter had been reduced to a great extent for this reason. Thirty percent of the stigmatized women reported an increased desire to commit suicide as a consequence of this stigma.

Activities by children led to stigma and various consequences followed subsequently. Majority (53%) of the stigmatized women mentioned that due to this stigma possibility of establishing a relationship with a reputed or good family through marriage of children became very much difficult. A small portion (3%) of the stigmatized women were ostracized by the social elites.

Three types of consequences regarding stigma due to personality traits were recorded. More than half (51%) of the stigmatized respondents mentioned that their social integrity had been damaged for this reason followed by unstable mental conditions (29%) and increased pressure on the earning members of family (20%).

Four different consequences of stigma emanating from attraction to other males were recorded. Social interaction had been reduced in case of 40% of the stigmatized respondents. Other consequences were increased tendency to commit suicide (20%), no peace in family life (20%) and physical punishment (20%).

Only three different consequences were found regarding stigma due to food habit. More than half (56%) of the stigmatized respondents mentioned that they were subject to more mental torture because of this stigma as they were addressed by various odd titles. Other consequences were ignorance by others (23%) and loss of social harmony (21%).

Only two consequences of stigma emanating from hobbies of the women were found. Mental satisfaction of most (71%) of the stigmatized respondents was hampered for this reason. Such stigma also caused an increased gap with others (29%). Two consequences were also found regarding stigma emanating from watching movie. Most (55%) of the stigmatized respondents mentioned that their

position in performing religious activities had been lowered and they were also blamed for the unhappiness in their families (45%).

Six consequences regarding stigma due to their gender were recorded. Majority (63%) of the stigmatized women were subjected to physical torture in the study area for this stigma. A considerable portion (21%) of the stigmatized women reported that they had no importance in the decision making process within their families. However, a small proportion (1%) of the women were involved in stigmatizing themselves.

Only 3 respondents were stigmatized for their participations in political activities. Bad relationship with neighbors (60%) was found as the most dominant consequence, followed by no peace in family (40%).

Five consequences regarding stigma due to other people's tricks were recorded. Almost one third (33%) of the stigmatized respondents reported that their social honor had been reduced due to this reason. Problem during marriage of children had also been reported by 27% of the stigmatized respondents.

Consequences of stigma cast on the widow, divorced or women married more than once was also studied. In most cases (40%) the stigmatized women mentioned that their children were also stigmatized because of these reasons.

A small proportion of the respondents were stigmatized for participating in cultural activities in the study area. Stigma led to two consequences- reduction of honor in society (67%) and problems with marriage (33%).

Four consequences regarding stigma emanating from sending financial support to parents were recorded. More than half (53%) of the respondents mentioned that their parents were looked down upon especially by the members of husband's family for receiving such support. Almost one fifth (19%) of the stigmatized respondents were subject to physical punishment for this reason.

Three types of consequences were recorded regarding stigma that emanated from working in the agricultural fields. Majority (68%) of the stigmatized respondents reported that their social position had been damaged because of this issue. Self-stigmatization was also found in case of 11% of the stigmatized respondents.

A total of seven different consequences regarding stigma due to poverty of the respondents were recorded. The major consequence was reduction of social honor which was found in 29% cases. One fourth (25%) of the stigmatized women reported that they had to take additional measures to cope with problems arising from their poverty. Poverty could be a barrier to marriage and this was found for 12% of the stigmatized women.

Four different consequences regarding stigma resulting from having less hair were mentioned by the respondents. Involvement of dowry during marriage was the most common consequence, reported by 42% of the stigmatized population. A considerable proportion (14%) of the stigmatized women were also involved in self-stigmatization.

Four consequences were recorded regarding stigma that emanated from coloring hair. Majority (30%) of the stigmatized women said that their mental strength had been reduced due to this stigma. Almost similar proportion (29%) of the women reported degradation of honor in the society.

Only two consequences were recorded regarding stigma due to getting a haircut at a parlor. These were- not being able to participate in special religious ceremonies (79%) and degradation of social honor (21%).

Four consequences were recorded regarding stigma generated from having no son/daughter. Almost one third (33%) of the stigmatized women mentioned a permanent unhappy environment in their families because of this. More than one fifth (22%) of the stigmatized respondents reported an increased tendency to commit suicide.

Only three consequences were recorded regarding stigma emanating from having either son(s) or daughter(s) only. More than half (53%) of the stigmatized women reported unhappiness in their families because of this stigma followed by self-stigmatization (30%) and considering themselves 'sinner' (17%).

Four different consequences were reported by the stigmatized women in the study area regarding dress up of which the most common consequence was development of a distance with other people, mentioned by 35% of the stigmatized respondents. Almost similar proportion (32%) of the stigmatized women also mentioned a reduction in their position in society.

Four consequences regarding stigma emanating from not putting on wedding ring/nose pin were found. More than half (52%) of the stigmatized women stated that they were treated as sinners in the society for this reason. A small portion (5%) of the stigmatized women reported that they lost their honor in society.

Various coping strategies for stigmas of the women in rural societies of Bangladesh are discussed in the chapter six, entitled "**Social stigma and coping strategies in the study area**".

The first coping strategy to adapt with stigma regarding education, respondents maintained silence (58.64%) and 34.55% respondents planned to ensure education for children, as they themselves did not get proper education. Almost all (98.95%) the respondents mentioned a second coping strategy and maintaining silence was also the most common second strategy in this regard followed by 41.80% women. Third coping strategy was found for 55.50% stigmatized women and most common strategy was to blame parents for not sending to school.

In order to cope with stigma emanating from inability to read religious books, most of the respondents (90.41%) remained silent. A little more than four percent (4.11%) stigmatized women tried to hide the fact that they did not know how to read religious books. A second strategy was reported by most of the (95.89%) stigmatized respondents. The most common (39.29%) second strategy was to advise others not

to worry about stigmatized respondents. More than two third (70.55%) of the stigmatized women had reported a third coping strategy and the most common (54.37%) third strategy was to hide the inability.

To cope with the stigma generated from occupation, 72.22% of the stigmatized respondent maintained silence as the first strategy. As a second strategy, 44.44% of the stigmatized respondents mentioned that they made a quarrel with the stigmatizers. A third coping strategy was found for 94.44% of the stigmatized women. More than one third (35.30%) of the stigmatized respondents mentioned that they did not consider this type of stigma so important.

To cope with the stigma generated from physical structure, primarily obesity, 48% stigmatized women did not reply during stigmatization as a first strategy; 97% of the stigmatized respondents had a second strategy and 72% had a third coping strategy as well. Majority women mentioned that they wished to commit suicide (43.30% as second strategy and 44.44% as third strategy) due to this stigma.

In case of first strategy to cope with stigma that resulted from height, 62.41% of the percent of stigmatized respondents spent extra money during marriage. The most common second strategy followed by the respondents was crying and praying to God, which was found in 43.26% of the cases. More than three fourths (77.30%) of the stigmatized population had a third coping strategy for their survival. While surveying the third strategy, like second strategy, 41.28% of the women cried and prayed to God to cope with the stigmatized situation.

Respondents with dark skin believed that God has created them with dark skin so it was normal for them to be stigmatized. To cope with this stigma at first, women kept silent and this was true for 56.67% stigmatized respondents. All the stigmatized women had two levels of coping strategies. While focusing on second level coping strategy, it was found that 36.66% stigmatized women used various cosmetics to bring fairness to their skin. Third coping strategy was recorded for 90% stigmatized

respondents and 51.85% of the respondents used cosmetics to make their skin fairer.

Three strategies to cope with the stigma that resulted from sickness of women were recorded for all of the stigmatized women. Considering the first strategy, 42.27% of the stigmatized respondents maintained silence, whereas 40.21% respondents wished for their death/recovery, especially when the sickness was severe. Majority (46.39%) of the respondents wished their death or recovery as their second strategy. Whereas, as third strategy, most (47.42%) of the stigmatized women tried to ensure their medical treatment as per their capability.

To cope with the stigma due to husband's activities the stigmatized women pursued various coping strategies. As first strategy, quarreling with others (38.64%) was the most common practice. Second coping strategy was found for 94.70% stigmatized women. In this case, crying and praying to the God was identified as the most common strategy taken by 43.3% of the stigmatized respondents. A third coping strategy was found for 93.94% of the total stigmatized women and maintaining silence was the most common (34.68%) strategy pursued.

As first strategy for coping with stigma due to children's activity, 46.77% respondents spent money to cope with the stigma *i.e.* they solved problems by providing money and 33.47% respondents tried to convince their children to be a good boy/girl. A second coping strategy was found for 93.55% stigmatized women and a third coping strategy was found for 69.35% of the stigmatized women. Forcing children to be good persons was found as the most common strategy adopted as second (56.89%) and as third coping strategies (58.14%).

As first and second strategy to cope with the stigma regarding personality traits, most respondents maintained silence (adopted by 50% and 43.63% respondents respectively). A third coping strategy was found for 30.88% stigmatized women and quarreling or replying well was found as the most common strategy (52.38%) in this case.

To cope with the stigma generated from criticizing other people 52.54% women replied well *i.e.* made a quarrel, as first strategy. Second coping strategy was found for 72.03% of the stigmatized women and quarrelling was identified as the most common strategy like the first one, recorded for 42.35% of the stigmatized respondents. A third coping strategy was found for 40.68% of the stigmatized women and most commonly found (39.58%) strategy was overlooking the stigma.

The stigma that generated from attraction to a man other than husband was found for a few women (n=5) and four types of coping strategies were adopted by the respondents. As a first strategy, 40% of the stigmatized women did not accept this blame while other strategies were to be silent, crying and praying to God and self-control. As second coping strategy, women controlled themselves by thinking about their children and family (60%). The dominant third coping strategies were- maintaining silence (40%), and crying and praying to God (40%).

When women were stigmatized for their food habit, 42.22% of the respondents remained silent as their first coping strategy. A second and a third coping strategy was found for 53.33% and 40% of the total stigmatized women respectively. The dominant strategy was to keep silent in both cases (for 62.50% as second and 61.11% as third strategy).

As a first coping strategy regarding stigma emanating from hobby, 50% respondents maintained silence. Second coping strategy was found for 95% stigmatized women. In this case, keeping silent and trying to convince others by reasoning were identified as two most common strategies (36.84% each). A third coping strategy was found for 50% of the stigmatized women and 40% cried and prayed to God while adopting a third strategy.

Four strategies to cope with the stigma due to movie watching were recorded. As first coping strategy, 59.26% of the respondents quarreled with criticizers, 29.63% of the respondents did not care about stigma and 7.41% of the respondents watched movie in the criticizer's absence. A small portion of the stigmatized respondents gave

up watching movie due to stigma. A second coping strategy was found for 85.19% of the stigmatized women and dominant strategy (39.13%) was to ignore the stigma. A third coping strategy was found for 55.56% of the stigmatized women. Sixty percent of the stigmatized women watched movies during criticizer's absence as third coping strategy.

Five different coping strategies regarding stigma due to gender were recorded. About forty percent (39.31%) stigmatized respondents maintained silence as the first coping strategy. A second coping strategy was found for all the stigmatized women and the most common strategy (31.04%) was crying and praying to God. A third coping strategy was found for 77.93% of the stigmatized women and 38.06% believed that time will minimize the stigma.

A total of five coping strategies were recorded regarding stigma due to other's tricks or conspiracies. The first coping strategy for 55.13% of the women was quarrelling. A second coping strategy was found for 96.15% of the stigmatized women and as the second common strategy 50.67% of the women tried to let others know the truth. A third coping strategy was found for 70.51% of the stigmatized women and threatening the stigmatizers was the common strategy found for 38.18% of the respondents.

Six coping strategies were pursued by the respondents to deal with stigma associated with widowhood, divorce or marrying more than once. Most (31.58%) remained silent while 28.95% cried and prayed to God, 15.79% made a wish to commit suicide and replied well (15.79%) and another 15.78% only replied well as their first strategy. A second coping strategy was found for 97.37% of the total stigmatized women. In this case, 37.84% of the stigmatized women maintained silence. A third coping strategy was recorded for 89.47% of the stigmatized women and crying and praying to God was the common strategy (47.06%).

Only one coping strategy was found to cope with the stigma that resulted from participation in cultural activities, the strategy was that the stigmatized respondents did not care about this stigma.

Five coping strategies were found to adapt with the stigma for sending financial support to parents (of married women). As the first coping strategy, 57.14% of the respondents sent support in such a way that other people did not know, 23.81% of them maintained silence, 14.29% made a quarrel. A second coping strategy was found for 80.95% of the stigmatized women and most common strategies were to remain silent and crying and praying to God (29.41% each). A third coping strategy was found for 76.19% of the stigmatized women and the common strategy in this case was maintaining silence (31.25%).

Only two coping strategies were found regarding stigma for working in agricultural fields. As the first strategy to cope with this stigma, 83.67% of the stigmatized women did not care about others' comments. A second coping strategy was found for 63.27% of the stigmatized women. A third coping strategy was found for 32.65% of the stigmatized respondents. In both cases, most women maintained silence (74.19% as second strategy and 100% as third strategy).

Five coping strategies regarding stigma due to poverty were recorded. In case of first strategy 51.59% of the respondents took loan from NGOs with a hope that they would be able to reduce their poverty by investing that loan properly. A second strategy, was adopted by 72.22% of the stigmatized women and among them, 49.45% lessened social contact with other people. A third coping strategy was found for 40.48% of the stigmatized women and 50.58% of them wanted a break through by committing suicide.

Four coping strategies were found regarding stigma due to thin hair. As the first strategy, 76% of the respondents tried various treatments to improve the hair condition. A small portion (4%) blamed God for having less hair. A second coping strategy was found for 80% of the stigmatized women and among them 35% blamed

God for stigma causing factor. A third coping strategy was found for 72% of the stigmatized women and 44.44% of the stigmatized women tried to hide their hair.

Only three coping strategies were found regarding stigma for coloring hair. Most of the (95.24%) stigmatized respondents did not care about this stigma whereas only 2.38% stopped coloring their hair as their first coping strategy. Only one second coping strategy was recorded in the study and there was no third strategy. A second strategy was found in case of 38.10% of the stigmatized respondents.

Three coping strategies were reported by the respondents regarding stigma for getting a hair cut at a beauty parlor. As first strategy, 72.73% of the respondents did not care about others' comment. Some (18.18%) stopped cutting hair in parlor and 9.09% picked quarrels. A second coping strategy was found for 90.91% of the stigmatized women. In this case, 50% of the stigmatized women stopped cutting hair in parlor; 83.33% of the women picked a quarrel as a third coping strategy.

In case of first strategy to cope with stigma that resulted from childlessness, 42.85% stigmatized women visited kobiraj or village doctors with a view to acquiring a solution to this problem which was also pursued by 42.85% of the stigmatized women as a second coping strategy. A third coping strategy was found for 71.43% stigmatized women and most of them (80%) maintained silence and cried.

A total of four coping strategies were recorded regarding stigma for having son/daughter only. As first coping strategy, 53.33% stigmatized women cried and prayed to God. This stigma was especially found in case of women who gave birth to daughters only. A second coping strategy was found for 86.67% of the stigmatized women. A third coping strategy was found for 46.67% of the stigmatized women and 52.38% women made quarrel with others saying that they were not responsible for this.

Only four coping strategies were reported regarding stigma due to dress up. As first strategy 79.06% of the respondents did not care about others' comment; followed by maintaining silence (13.95%). As a second strategy most of the (61.29%)

stigmatized women maintained silence. A third coping strategy was found for 32.56% stigmatized women.

As the first coping strategy to cope with stigma generated from not putting on wedding ring or nose pin, 82.5% of the respondents started putting on nose pin. A second and third coping strategy was found for 80% and 25% of the stigmatized women respectively. It was most common for the respondents to remain silent in adopting second (84.38%) and (70%) as third strategy.

7.2 Recommendations for future study and policy implications

Following recommendations are made based on the present study:

1. This study was conducted at Gopalpur village of Natore district. This type of research could also be conducted in other areas of Bangladesh.

2. In this research, types and results of social stigma encountered by rural woman have been described. Men are not as stigmatized as of women in Bangladesh. But in some cases, they also face difficulties. Comparative study on stigma for males and females could be carried out to figure out the present scenario.

3. This study was based on rural married women. Comparative study could also be conducted on married and unmarried females to reveal the situation of stigmatized unmarried urban/rural women.

4. Women of urban societies can also be included in this type of study. This will bring out a comparative picture.

5. Further study on social stigma can also be accomplished on following comparative issues: service-holder women and housewives; educate and illiterate women; and rich and poor women.

6. Stigma is everywhere. Region based study on social stigma e.g. stigma in northern Bangladesh, southern Bangladesh etc. could be conducted. Again comparative study between Bangladesh and other countries could be carried out.

Policy Implications

1. As citizens and human beings both males and females have equal rights. Government and non-government organizations should come forward to implement these rights.

2. Women education needs to be encouraged. In addition to this government should provide more opportunity to promote women empowerment.

3. Social stigma should be included in textbooks in all levels of education system so that learners can be aware of its negative impacts.

4. Government and non-government organizations should highlight social stigma through seminars, symposia and other means.

5. Periodical reports need to be published on this issue. Social workers could visit each and every home to reveal the actual scenario. Government should take proper step in this regard.

6. Wrong explanations of religious and other social issues must be stopped. Social awareness regarding social stigma is essential by the proper explanation and implementation of religious codes.

7. "Mobile court" could be an effective action in controlling social stigma. Rapid punishment of the guilty will be more effective.

8. Like "world mother day" or "world women day", "social stigma day" needs to be observed to ensure more awareness.

9. Employment opportunity should be created for tortured, divorced and homeless women.

10. Adult education should also include social stigma in its curriculum.

11. Many women did not come forward to reveal the stigma in order to save reputation of the family. In this case, both person who stigmatizes and victim should be punished.

12. A separate department on social stigma can be launched at university level education.

7.3 Concluding remarks

Life of a rural woman, somehow, is in close contact to social stigma. They believe that there is no way out from this situation as they are being stigmatized from the very beginning of their lives. Four different perceptions were recorded on different issues of stigma in this study, *viz.* justified, not-justified, depends on situation, and no comments. The issues were level of education, incapability of reading religious books, activities of husband and children, childlessness, skin color, ailment, participation in cultural and political activities were dominant. All these stigmas created a great barrier to the stigmatized women in social, economic, cultural, and political activities. Various material and non-material conditions played a key role in their perceptions. Among material conditions land property and physical structure were dominant; whereas, non-material conditions were- education, ailment, personality trait etc. In the study area, some superstitions were observed such as a married woman who did not put on nose pin or wedding ring will bring bad luck to her husband, sons were considered golden-ring, and presence of widow or childless women in any social festival is a symbol of bad luck etc. Several social stigmas were closely related to the power structure in the study locale. As for example, divorced/widow women were subjected to sexual harassment by the social elites especially in their workplaces. Moreover, extreme poor people had no importance in decision making process in the society. In addition, social elites forced those ultra poor people to perform any task/job as per their wish. Kith and kins of a stigmatized woman were also blamed by the people. Unmarried sister of divorced/widow/woman married more than ones were sexually harassed by the member/s both inside and outside of the family. Unmarried sister of childless woman faced difficulties regarding their marriage. Various consequences of stigma were found. Among them, common consequences were; losing importance in decision making process, reduced social honor, physical and mental harassment, forced isolation from the society etc. All the social stigmas were responsible for decreasing the social status of not only the stigmatized women but also their families. Life of a rural woman is very much restricted from her childhood and she

faces various difficulties in her day to day life. Bangladesh society has built a wall between the male and the female. A woman, has to perform all her activities within the limit fixed by the society. This limited scope of liberty is even narrower for a woman who is stigmatized and her relatives are also blamed for this reason. Thus, social honor is decreased. Various discriminations because of stigma were prominent in the study area, especially regarding education, distribution of patrimony, decision making process and so on. With the advancement of time the impact of stigma reduces but it still exists with a relatively less punitive impact.

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APPENDICES

Appendices

Appendix 1: *Case studies*

Mst. Muslima Khatun (Pseudonym)	Case study 1
Age: 25	
Family type: Nuclear	

Muslima was a fair skinned and slim woman who resided in the study area. Her father in law brought her as his daughter in law nine years back, when she was 18 years old. But her mother in law did not like her much because of poor economic conditions of her family. She was criticized by different odd titles by her mother in law like “chotoloker meye” (daughter of a poor people) for this reason. Her husband was an unemployed man. But being loved by her father in law, she, somehow, coped with the situation. After two years of marriage, chaotic situation grew in the family to a level that they became separated from their joint family forcefully. At the time of isolation, her father in law built a tin-shaded house for them and allocated it to them. Her husband also started trying to get a job at that time. By this time her mother in law expired and her father in law got married again. Her new mother in law did not accept her from her heart either and criticized her like her original mother in law.

Muslima Khatun passed eight years of schooling successfully and can read Bangla and Arabic easily. Moreover, she started got a training on sewing with some other women from her village in an adjacent village. Her interest in sewing was not considered positively by her mother in law. By this time her husband managed a job at the Ishwardi Export Processing Zone (EPZ). In addition, she reared poultry to develop the economic condition of her family.

Though Muslima Khatun and her husband were passing days without facing any major financial difficulties, there was no peace in their minds. Because they were still

childless after nine years of marriage. Neighbors as well as relatives stigmatized her for their childlessness. Titles like baja (a person who has no fertility), apoya (a person who brings failure) and so on. Her husband also picked quarrel with her. She was also subjected to physical punishment by her mother in law as she was accused of stealing rice when her mother in law was away from home. However, Muslima Khatun and her husband were visiting an expert doctor every month with a hope to find way out of their childlessness and taking medicines. A considerable proportion of their income was being spent for this purpose but they did not give up hope. Muslima Khatun feels herself lonely and helpless, she always prayed to God for a child. Her parents were also stigmatized and two marriage proposals for her younger sister have already been rejected because of her childlessness.

She was not interested to visit her relatives and now it seldom happened. Apart from doing regular household works she spent most of her time, watching television. In the past she used to color her hair by mehedi, get a haircut at a parlor, even went to cinema with husband. But now that the situation has changed, she did not feel any interest in such activities. She desperately wanted a child and it does not matter whether it would a boy or girl.

Rokeya Begum (Pseudonym) Age: 80 Family type: Joint	Case study 2

Rokeya Begum was a fair skinned, slim but short widowed woman. She had 1 son, 5 daughters. Her husband died 12 years ago. At the time of the interview she was living with one of her son's family, who was a carpenter. In her present family she lives with a daughter in law, three grand-daughters and one grandson and his wife. Her grandson was a college teacher. The overall economic condition of this family was quite good. Her daily routine included sweeping the house in the early morning, helping grandson's wife in preparing breakfast and some other regular tasks. Except for ailment due to old age, she did not have any other diseases. Her eyesight was

excellent and was able to sew with a needle. Sometimes she required a walking stick to walk. There are electric fans in every room in the house except for the room where she sleeps. She still had good appetite but her daughter in law did not allow her to eat all the foodstuffs. If somehow she failed to complete a task, her daughter in law became angry with her. She did not receive any care during ailment. Last year, she became sick and she received no treatment staying in this family. At last her daughter took her to her house and made all arrangements for her treatment. She returned to her son's house again after she was cured.

Rokeya Begum was an illiterate woman and could not read Bangla or Arabic. Her daughter in law criticized her for this reason on regular basis and addressed by odd titles like "kutni buri" (a woman who involved in any conspiracy by telling lie to other people). She was forced to use two sharis only, though her grandson brought more for her. But her daughter in law decided which two sharis will be allocated to her for daily use and when conditions of these sharis will reach to a state where it was not possible to put on, only then another one was allocated by her daughter in law. If she watched television, other criticized her saying "already half-dead, why would she watch television?" Her daughter in law was from a rich family. Rokeya always obeyed her. In this family her own daughter's son/daughter did not get proper care.

Rokeya Begum was taken a prisoner during the war of independence and was raped by the Pakistani soldiers in their military camp. There were people not only in the society but also in her own family who did not consider this acceptable and hated her. She was especially ill-treated by her daughter in law. Moreover, as she did not know how to read Arabic she was stigmatized to a great extent. Her hair became gray and she wished to color those applying mehedi but could not, as she was afraid of others' criticisms. Now she was awaited her death.

Firoza Pervin (Pseudonym) Case study 3
Age: 38
Family type: Nuclear

Firoza Pervin was a slim, tall woman. Her skin was not so fair. She was a divorced woman and a beggar. She got married for the first time with a servant of a nearby house. After two years of marriage her husband left her and disappeared. She started working as a maid in the neighboring houses. Though she had her mother and brother alive but she did not live with them. She built a room for herself and lived alone. She did not have a good relationship with her mother and brother. After ten years of disappearance of her first husband, she got married again to an old man. In this family she became a mother of one son. But all the time she had to work. If there was a gap in working, other members criticized her and sometimes beat her too. After a couple of years she was forced to be detached from her husband's family and her child was kept by the family members. Since then, she was living with her mother. She pickup up begging as a means of living as it was easy, not too much labor-oriented, and there was freedom. Though she was beaten by her brother, and stigmatized by her relatives but she did not give up this means of earning. Finally she was isolated from the society.

Physical condition was Firoza Pervin was quite good except some minor seasonal ailments. She wished to use various cosmetics but could not because of her economic status. She used powder of her sister in law once and became punished physically by both her brother and sister in law. Her mother also wished her death! But during the time of election (national/local level) people offered her money, which she really enjoyed.

According to her, she did not care anyone as other people did not support her financially. And if someone criticized her, she replied well or picked quarrel. She went to her second husband's home to bring back her child, but her child did not come. She had no attraction to anyone and she enjoyed her freedom. She loved to watch movies but it became difficult as she did not have any TV.

Firoza Pervin did not say prayer, neither did she keep fasts during Ramadan. As a consequence, people called her a sinner, resident of the hell, witch and so on. But she did not feel any inclination to these religious activities.

Rajia Khatun (Pseudonym)	Case study 4
Age: 60	
Family type: Joint	

Rajia Khatun was a woman with dark skin color. She was slim and somewhat tall. She had three daughters and a son. Her husband was an employee at the local school. Rajia Khatun was suffering from sickness for a long time. Her financial condition did not allow her to visit a doctor. Thus her physical condition deteriorated gradually. Her son got married a few years back and became father of a child. But he did not earn regularly and for this reason Rajia had to take care of her son's family too. They had no other land except their homestead. Once they owned huge volume of land but her husband sold them all. Members of her family were very irritated with her ailment. Her daughter in law worked hard to manage all the tasks in the family and she got angry as she got no help from her mother in law.

Neighbors of Rajia Khatun's family did not maintain a good relationship with them. They (neighbors) treated them as opoya (person who brings bad luck), sorbonasi (woman who destroys everything) and so on. This was because husbands of her two daughters were killed by two separate road accidents. Her elder daughter got married second time but that marriage did not last long. She got married again for the third time. Another daughter also got married for the second time and this husband also killed by a road accident. Now Rajia Khatun was not able to tolerate that situation. People criticized her badly. Moreover, she had to help her daughters. Though husband of her younger daughter was alive but there was no peace in their family. Her grandson took drugs and was a regular gambler. Rajia Khatun's family was forcefully isolated from the society once because of unacceptable activities done

by their children. However, they were reaccepted again after sometime. Nobody wished to come in a close contact with them and blamed Rajia Khatun for everything.

Rajia Khatun wanted to eat fish, meat, and fruits but she did not have the economic solvency needed for such kinds of consumption. She also wished to get a good dress but could not. She had to watch TV in other people's houses. Her poor physical conditions took her to a level that her husband, children, as well as other people considered her a burden. Though she tried to rear poultry but had to spend all the money earned for the sake of family. She could not say prayers properly and failed to keep fasts because of her ailment which resulted in a stigma for her. She was illiterate and could not read Bangla or Arabic. So people considered her a witch and tried to stay away from her.

Roksana Khatun (Pseudonym) Age: 78 Family type: Joint	Case study 5

Roksana Khatun was suffering from various diseases for the last six years and she did not have the capacity to walk by herself. Her son did not give shelter at his residence. She lived in a room with her daughter's family which was not suitable for living. Her daughter was a widow and got a son and a daughter. Daughter of Roksana Khatun reared poultry and livestock and sometimes worked as a maid in nearby houses. She did not have sufficient money to buy medicines for her mother. Prior to Eid, they received some money from relatives as Jakat which was spent for buying medicines. Husband of Roksana Khatun died 15 years ago and since then she was completely dependent on her relatives for everything. She begged from her relatives to meet her requirements.

Before the death of her husband, Roksana's family owned some land property but after his death those were distributed among descendents. Her son did not take care

of his mother though her condition was very much critical. Her daughter in law did not enter her room as bad odor came out from her body due to ailment. Neighbors were not friendly to her either. She was awaiting her death. People criticized her saying that she was a sinner and that is why she was suffering from such tremendous sickness. She maintained silence and prayed to God to cope with the stigmatized situation.

Appendix 2

Questionnaire used in collection of data

(confidential, for research only)

01. Basic information

Name of the respondents:
Age:
Religion:
Address:

02. Issues of stigma

2.1 Education and stigma

a) Educational status:

b) Status of stigmatization: □ Stigmatized □ Not stigmatized

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.2 Ability to read religious books and stigma

a) Can you read religious books: □ Yes □ No

b) If answer is no, status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.3 Occupation of the women and stigma

a) Occupation of the respondent:

b) Status of stigmatization: □ Stigmatized □ Not stigmatized

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.4 Physical structure and stigma

a) Status of physical structure:□ Normal □ Slim □ Somewhat bulky □ Obese □ Others (specify)

b) Status of stigmatization: □ Stigmatized □ Not stigmatized

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.5 Height and stigma

a) Height of the respondent:

b) Status of stigmatization: □ Stigmatized □ Not stigmatized

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.6 Skin color and stigma

a) Skin color of the respondent: □ Dark □ Fair □ Between dark and fair

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.7 Ailment and stigma

a) Ailment status of the respondent:

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.8 Husband's activities and stigma

a) Status of stigmatization: □ Stigmatized □ Not stigmatized

b) If stigmatized, please specify the activities-

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.9 Children's activities and stigma

a) Status of stigmatization: □ Stigmatized □ Not stigmatized

b) If stigmatized, please specify the activities-

c) If stigmatized, perception of the respondent-

□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.10 Personality trait and stigma

a) Status of stigmatization: □ Stigmatized □ Not stigmatized

b) If stigmatized, perception of the respondent-

□ Justified □ Not justified □ Depends on situation □ No comment

c) Consequences of stigma

i) ii)

iii) iv)

d) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.11 Criticizing others and stigma

a) Do you criticize other people? □ Yes □ No

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-

□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.12 Attraction to other male/s and stigma

a) Status of attraction: □ Yes □ No

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.13 Food habit and stigma

a) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

b) If stigmatized, specify the reason.

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.14 Hobby and stigma

a) What types of hobbies do you have?

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.15 Movie watching and stigma

a) Do you watch movie? □ Yes □ No

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.16 Gender and stigma

a) Status of stigmatization: □ Stigmatized □ Not stigmatized

b) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

c) Consequences of stigma

i) ii)

iii) iv)

d) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.17 Political identity and stigma

a) Are you involved in active politics? □ Yes □ No

b) Status of stigmatization: □ Stigmatized □ Not stigmatized

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.18 Others' tricks and stigma

a) Are you a victim of others' tricks? □ Yes □ No

b) Status of stigmatization: □ Stigmatized □ Not stigmatized

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.19 Widow, divorced, and married more than once women and stigma

a) Status: □ None □ Widow □ Divorced □ Married more than once

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.20 Involvement in cultural activities and stigma

a) Status of involvement: □ Yes □ No

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.21 Financial support to parents and stigma

a) Do you send financial support to your parents? □ Yes □ No

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.22 Working in the fields and stigma

a) Do you work in the fields? □ Yes □ No

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.23 Poverty and stigma

a) Financial condition of the respondent: □ Ultra poor □ Poor □ Moderate □ Rich

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.24 Hair and stigma

a) Status of respondent's hair: □ Less □ Sufficient □ Huge □ Others (specify)

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.25 Coloring of hair and stigma

a) Do you color your hair? □ Yes □ No

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.26 Getting a haircut at parlor and stigma

a) Do you get haircut at any parlor? □ Yes □ No

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.27 Childlessness and stigma

a) Status of childlessness: □ Yes □ No

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.28 Having son(s) or daughter(s) only and stigma

a) Status □ Son(s) only □ Daughter(s) only □ N/A

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.29 Dress up pattern and stigma

a) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

b) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

c) Consequences of stigma

i) ii)

iii) iv)

d) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy:

2.30 Putting on nose pin or wedding ring and stigma

a) Do you put on nose pin or wedding ring? □ Yes □ No

b) Status of stigmatization: □ Stigmatized □ Not stigmatized □ N/A

c) If stigmatized, perception of the respondent-
□ Justified □ Not justified □ Depends on situation □ No comment

d) Consequences of stigma

i) ii)

iii) iv)

e) Coping strategies

First/primary strategy:
Second/secondary strategy:
Third/tertiary strategy: