

Modernization, Poverty, Gender, and Women's

by Himani Bannerji and
Jasodhara Bagchi

Dans cet article les auteures explorent quelques uns des résultats d'une recherche-action effectuée dans un bidonville



Some of the interviewees, Khidirpur area, August 1995.
Photo: Brenda Cranney

de Calcutta qui rend compte de l'impact de la modernisation sur la santé des femmes. Les auteures présentent des aspects de la collaboration entre les féministes canadiennes et indiennes dans le développement et l'application des objectifs de la recherche.

The research objectives for this project focused on examining the social subjectivity and agency of women living in the urban slum of Khidirpur. By using women's health as the organizing focus of our research, we were able to develop an in-depth social map of the area, including how religion functions as a factor in women's health.

Another main objective was to explore the area as a social and physical environment in terms of poverty and examine the day-to-day conditions in which the respondents live. It was necessary to understand the daily lives of women, the conditions in which they work, rest, and eat, in order to understand the health and well-being of these women. In this sense, the conception of "health" used in our research was broadened to include the social, political, physical, economic, and spiritual aspects of the lives of women. Through this in-depth examination of material and environmental conditions many cultural and social preconceptions regarding poverty, slum dwellers, age, women, and religious myths surrounding Muslim and Hindu women were challenged—particularly in regards to attitudes towards fertility and health.

A third objective was to see if "education" makes significant differences in fertility choices. A significant aspect was to examine how modernization/development impacted on poor and low-income women. In other words, through this project we wanted to develop an understanding of the extent to which these women have become "modernized" social subjects.

The main development objective however, was to see how the "empowerment" of women in the Khidirpur area could be best facilitated. This included the creation and fostering of grass-roots organizations, child care services, education for women—for both quality of life and development of skills—for the purpose of advancing citizenship and participation.

Research findings

By taking the concept of "empowerment" as a focus, it was necessary to develop a research method which was

sensitive to macro social organizations and relations in "modern" India. Therefore, in order to understand how women are affected by the process of "modernization" or "development," and how empowerment may be gained or greater participation may occur through the modes of development, it was necessary to do a close analysis of the lives of these women (who will ultimately make change occur). This was achieved through a combined survey method which established a broader general pattern, but with an open survey questionnaire which allowed for a detailed viewpoint to be expressed.

The broad-based survey conducted in the area led to close case studies, focus discussion groups, workshops, and observations. In these focus groups and workshops a variety of issues were discussed from primary health care issues, sexuality, attitudes towards marriage, AIDS/HIV, and education.

Several findings of major importance are: first, the social subject that we have found among these relatively poor women is not a "traditional," religious subject with rural ties and cultures. She is "modernized," in coherence with the country's regional and urban move towards development and liberalization. She is market-oriented, upwardly mobile, media sensitized, and has significant consumer desires. She has a middle-class woman's profile, and wants a "modern" daughter who can add to the family income, understand the world around her, and make some decisions about herself and others.

Second, and related to the above, we also found that the younger women make consistently similar choices regarding family size. The only consistent factor in differences in fertility behaviour is that of age. This generation issue is also one of time and history, in which social and economic

Health in Calcutta's Khidirpur Slum

changes have taken place, and the younger women reflect the penetration of those changes and their absorption in a general ethos of market, technology, and capitalist development. These are macro forces that,



Doing leather work at home, Khidirpur area, August 1995. Photo: Brenda Cranney

manifested in micro/local ways, created these "modernized" subjects.

Thirdly, there is a contradiction between attitudinal "modernity," or the desires and aspirations of these women, and their actual circumstances for realization. The client, buyer, consumer—rational and, generally, secular subject—cannot fulfill her dreams in the conditions of poverty and patriarchy in which she lives.

Finally, there is the question of whether economic development in India—state-organized or private sector, liberal or national—can actually provide the circumstances, purchasing power or service deliveries, con-

sumer and social goods that such low-income people seek? What will this produce in terms of economic and political behaviour among such women (or their communities in general) who are ever susceptible to the language and social relations of economic liberalization and growth, when they cannot actually access anything and state services are actually declining?

Since "empowerment" was foundational to this project it was necessary to understand, through basic research, what empowerment meant in relation to the area and the women with which this project was concerned. It was for this reason that the notion of "empowerment" could not be understood from outside of the context of the Khidirpur area, nor could it be understood in a social, political, or economic vacuum of the present macro structures of globalization and modernization. One of the main accomplishments of this project was that "empowerment" as a goal was not lost, even though "empowerment" as a concrete objective was not sought. However, a deeper understanding of this concept in relation to the project area was achieved, largely through the method of research which was undertaken.

Himani Bannerji: conceptualizing the grounds for research

After much discussion about what would be the most foundational topic for research on urban poor women, which could offer us entry into both structural and ideological-cultural aspects of their lives, of their community and society in general, we chose to focus on women's bodies, especially with regard to reproductive health and fertility control.

Reasons for selecting women's bodies, or the body as such, came from an

understanding of the body as a site which allows us to enter into both the private and public spheres. The body lies between two spaces experienced as personal, as a site of feelings and experiences, while being subject to social, political, and cultural constructions and regulations. State and public policies, sexual and reproductive norms and relations, various forms of gendered labour, and senses of self and agency, can all be investigated from this point of departure. General and reproductive health with a specific focus on fertility behaviour and choices is therefore a very pertinent topic for a foundational social research.

In order to specify our focus further we situated it within the contexts of modernization and poverty, in gendered labour and social patriarchy. In short, our aim was to examine crucial aspects of women's lives, their bodily existence and choices *as* women, as carried out within modes of Indian modernization, textured with poverty, patriarchy, and gendered labour.

"Modernization" can be used as a code for economic—i.e. capitalist—development, through its connections with industrial, technological, large-scale investments, and enterprises. It signals a market modelled consumer society, while allowing the scope of exploration of values and attitudes, of cultural norms and forms, associated with its cognate "modernity."

The notion of "modernization" in our usage thus allows a research that cuts across binary formulations such as structure versus agency, national political economy versus local or community life, ideology versus economic determination.

We posed a very general question at the outset of our research which introduced the social context of our project. Since India is a capitalist country, defining itself as a liberal

democracy or “modern” state, and has chosen the path of industrialization and the “green revolution” in accomplishing this, including the development of technology and a scientific/technological rationality among its inhabitants, then how is this task of “development” or “modernization” reflected and accomplished in human terms? Put in another way, if “modernization” is the process and the project before India, then how do

peoples’ lives. This becomes evident when we look into basic aspects of life, such as health, sexual relations and marriages, child birth and its termination. Everyday well-being and quality of life of India’s people are not separable from the so-called “structural” aspects. In this research we are concerned to show that a so-called “mode of production,” its social relations, organization, and forms of culture, does not stop on the threshold

of even poor peoples’ dwellings, nor reside solely at a discursive and linguistic level or in their public political or voting behaviour. But saying that is not enough. We need to know *how* that actually happens and *what* actually happens. We have to “show” this constitutive

study of poor women—both urban and rural.

Critical feminist thought, particularly in the area of “women and development” enriches our research—women’s bodies, especially in terms of reproductive health and fertility choices. We felt that the body in health and disease—particularly as lived concretely in the process of conceiving and giving birth to another life—gave best access to understanding the relations between poverty, patriarchy, and modernization. This theorization is obviously interdisciplinary and integrative of various sociological critical approaches. The women’s daily conduct, notions of good life and appropriate womanhood, sense of rights and citizenship, could only be understood through a reflexive, interdisciplinary, and integrative approach.

Indian political economists have generally agreed that India is overall a capitalist economy, in spite of a vast rural sector, poverty, and unemployment. Ongoing displacement and resulting poverty are indications of a “primitive accumulation,” that is, of the severance of people from the land or means of subsistence. Poverty then is not a simple factor of “overpopulation,” but is also a powerful consequence of capitalist development in both rural and urban sector.

Capitalist development in India, with its vast scope and size and its inability to even minimally absorb people in employment structures, has left people with a horrendous poverty. It has created a lopsided growth, severe class exploitation, and a closure in opportunities of mobility or advancement. This is not an abstract economic fact, but concretely lived and socialized through patriarchy/gender organization and religious communalism. All of these manifest in fiercely competing political formations, provoking riots and other forms of violence and disorganization. Overhanging these national factors stand foreign capital and the international political mandates of liberalization and manoeuvres of the International Monetary Fund (IMF)



Doing interviews, Khidirpur, Calcutta, 1995. Photo: Brenda Cranney

they affect or produce human development and, in particular, women’s development? How is such a project reflected in the state of health, especially reproductive health of women? What kind of fertility behaviour and attitudes do we see among poor women in particular, and how should these be read or interpreted in this development/modernization context? Related to this question, we have the hypothesis that modernization in the context of poverty and patriarchy affects women’s health adversely, though it creates a social subjectivity that is in keeping with the attitudes and practices of a fast developing capitalist society.

The gains and costs of capitalist development in India, its current phase of liberalization, can only be located and characterized by the lived experiences and histories of its people. That is to say, that seemingly extralocal and “external” relations and practices of political economy penetrate and shape the deepest aspects of

relation between the social subject or agent and the structure in process or formation.

In order to do this exploration we need to begin our research in the lives of people at the basic level of how they eat, live, love and enjoy, and suffer. This means adopting a materialist theoretical framework with the assumption that the basic truth about how any society, economy, and its cultural-political possibilities lies in the lives of its poorer members. It is in these lives that the governing power relations, forms of exploitation and ruling, and normative regulations, show their presences most explicitly. To develop an insight into the inner working of a socio-economic system, as such to be useful in reading similar situations elsewhere within the same or similar social organization, a study of the poorer population is invaluable. It is not surprising that the whole field of “women and development,” without exaggeration, is a

the World Bank, and so on.

This overall Indian "modernization" has to be particularized by the fact that the women we want to know about are urban women—some more than second generation. The "slum/bustee" which we explore is very densely populated and is the size of a small city. The questions asked of such an area needed to be appropriate to its nature. The answers we got further concretized the nature of capi-

the poor. "Modernity" thus truncated takes on a perverted form under these circumstances. State sponsored and internationally mandated modernist measures regarding women's bodies—read "poor" women's bodies—end up in devastating their lives.

Capitalism in India, therefore, has directed people into becoming opportunity-maximizing, rational choice actors. In a society which has fully elaborated into forms of private

property and upward mobility, a possessive, acquisitive, and market-oriented individual has come into being. Consumption, possession, and accumulation have become "natural" ways of life and the dreams of those who cannot take part in them. The women we sur-

age. In many cases women would rather not have surgical intervention on their own health grounds, but chose it as a lesser evil than having unwanted children.

Industrial development of India, its modern forms of capitalism helped by the state through large state-based projects, are altogether implicated in these "population control" and family planning projects. Foreign aid and advisors, in tandem with the national government, have campaigned heavily on these grounds. What is "family planning" for the middle class becomes a matter of "control," of preventing a population "explosion" for the lower classes. In much of the literature on population (see Sen *et al.* and Rapp and Ginsberg for their extensive bibliography on these issues) the female human body, and especially the body of poor women of the Third World, is perceived as pregnant with danger with regard to the resources of their nations and the world. As early as the Club of Rome's "Limits to Growth" vision—where the Third World poor are seen as locusts eating up the world—a militarized, target-oriented language has been used against poor Third World women. Sanjay Gandhi's population control campaigns have been much written about, and need not detain us here, except to mention a film *Something Like a War*, directed by Deepa Dhanraj, on massive tubal ligation camps and forced vasectomies, which actually borrows a phrase from a speech of his. It is important to note that abortion on demand for which women in the U.S. and Canada are waging a pro-choice struggle has been a gift of the state and a political campaign in India.

For above 40 years now, these scientific, technological, and rational attitudes towards the female body have been central to the Indian state's "educational" campaign for the poor. It is mainly women that have been the subject of this improvement program, though men have been coerced from time to time. Patriarchy of the civil society and the Indian state in convergence with that of international



Meeting with local activists, Khidirpur, Calcutta, 1995. Photo: Brenda Cranney

talist development in India and the type of social subject/agent emerging in these spaces.

We could say that for the poor of India "modernity" remained a distant dream because appropriation of goods and services that give substance to modernity elude them. The project of "modernity" among the poor becomes mainly an ideological project, and provides legitimation for measures of dispossession or severe attempts to control the poor, such as through mass sterilization campaigns. The idea of "tradition" as much as "modernity" performs an exploitative and oppressive function in this setting of poverty, class, gender, and deference to foreign capital.

In the "population" policy of the Indian government this problem becomes most evident. Here the most rational/secular attitude towards the body—evidenced widely in disseminated, indeed forced birth/fertility control programs—ends up as an almost genocidal character towards

veyed spend a considerable amount of resources in upward-mobility-based activities—such as English medium schools for children, or saving up for colour TVs, audio cassette players, fashionable clothes, or expensive gift exchanges. They also want a small family and fertility control, but in their case "modernization" has a high price. It is displayed in their general health profile, especially, in their reproductive/sexual health.

This crisis in reproductive health is best manifested in the areas of fertility control and termination. We looked into abortion and tubal ligation in the lives of the 230 women we surveyed. We also paired our factual queries with queries regarding their attitudes towards these practices. Contrary to the idea of India as a "traditional" society, we found a general culture and practise of fertility control in this area. Surgical interventions, including termination of fertility, are sought out, especially by women as young as 21 to 26 years of

forces have demanded that poor women become the target sources of population reduction.

We should not be mistaken as being against family planning, or a secular, modern attitude towards the body. Controlling fertility through various technologies are in and of themselves not a problem for us. Rather, we want to point out that this human development, this modernist gesture, translates as coercion



School program, Khidirpur, Calcutta, 1995. Photo: Brenda Cranney

or a non-choice situation for poor women. Among the women we spoke with there is a wide-spread knowledge about one-shot surgical measures, but very little of any "planning" method that requires clinical supervision, check-up, some monetary resources, and has a long-term planning horizon. They also lacked any say regarding the method men may easily use—namely, condoms. In spite of their preference for small families, women are not happy about surgeries, which in their sanitary circumstances, create recovery complications and infections. They see them as "attacks" on their bodies. We find their reasons for criticism still "rational," on "health grounds," rather than on "religious or moral" grounds. They repeatedly drew our attention to constant and hard housework, lack of adequate child care, living space scarcity, water and sanitation problems, and finally the impropriety of bringing up children with very scarce educational and other resources.

They generally make rational and responsible choices.

Thus the problematic that we situate our research in is not one of "tradition versus modernity" or the evils of modernity or modernization. What we try to explore and expose are the contradictions of a social process which promises much for all, but in its very own dynamic generates constant disempowerment. We would however, not like to end on a simplistic note of criticism of modernity per se, a glorification of "tradition" and of a non-specific "indigenous" or alternative knowledge and lifestyle. We are not challenging science, medicine, and technology by or for the poor—both women and men—though

are constrained to admit there may be knowledge and practises among the non-elite or the poor, mainly rural, which may be just or more effective as those advocated by the modernists, especially those with an instrument rationality inscribed in them.

Our study may help readers come to the conclusion that an effective "modernity," that is, in the sense of a full citizenship, a good life, and a "human" development, cannot be achieved under conditions where growth itself creates impoverishment, and its social and political relations not only rely on patriarchy and gender, but actually proliferates them into even finer forms.

Jashodhara Bagchi: modernization under poverty

Doing research with working-class women in one of the oldest settlements of the colonial city of Calcutta was a learning experience for the entire research team. Doing femi-

nist research that was equally critical of the hegemonic paradigms of "tradition" and "modernity," we relied a great deal on the everyday-everynight struggles of the women for coming to terms with the complex process of social transformation that defied any easy generalization. Our combined qualitative and quantitative work will show, I hope, the harsh look that "modernization" takes under conditions of urban poverty. Nor was the harshness to be mitigated by any "invention of tradition." The women perceive themselves as part of a "modernizing" process, within which they worked out their strategies of survival. Women's body was our main focus, as this is what takes the most unmistakable imprint of domination and dispossession. As the women, though belonging to the urban working class, are not necessarily "working women," their main social role is defined as that of reproduction. It is in this role that they appear to be mostly vulnerable, confined as they are within the narrow living space offered by urban slums with the minimum civic amenities to help them in their everyday-everynight struggles.

What the women have said shows no trace of "communal" exclusivities: in exercising their limited choice in matters of reproductive rights, they have networked as women who have to go through the ordeal of repeated childbirths in the absence of adequate information and rights over decision-making. This should not be confused with giving up religion: 95.22 per cent of the women admitted to practising religion, but again, as part of their quotidian lives.

Feminist research is increasingly bringing out the need for micro-level household-centred data that can help us put a human face to the draconian statistical conglomerates that mark the Census, the NSSO rounds, or the tabular packages of the UNDP reports in which women are mostly lost or drowned. Even conscious attempts are made to retrieve the gender aspect, hardly any disaggregated data are available on women of the minority community, especially if they are

not officially designated as “workers.” By choosing a slum in Calcutta which has been euphemistically called the “city of joy” in internationalist development-stricken vocabulary, we chose to look at some of the most dispossessed of our world’s population. One of the mitigating factors about these slums, however, was that this was an area in which working men and women have lived for generations, as part of an organized work-

the harshness of globalization, remains a mere chimera because the minimum resources that would activate their agency, however minimally, is occluded by the conditionalities of structural adjustment.

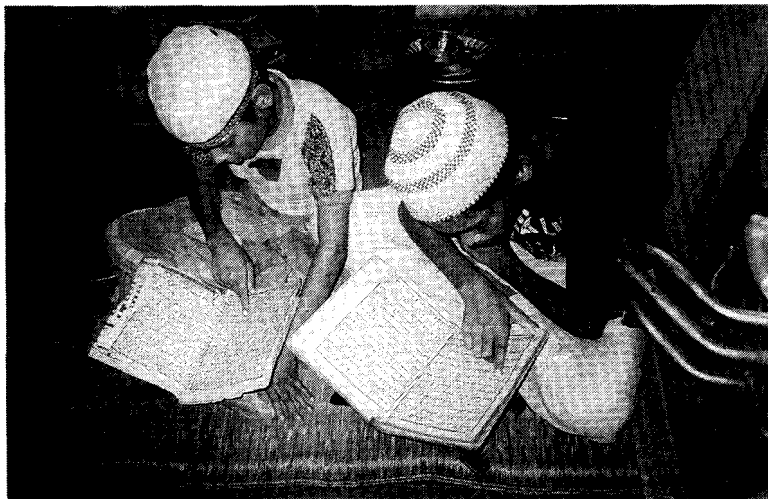
Some of these forces became pertinent to our research. As poor Third World women, the women of Khidirpur are unwittingly subject to the world-hegemonic discourse of population control. The combined force of the IMF conditionality, the Cairo Conference, and the Social Development Summit in Copenhagen have resulted in increased vulnerability of Third World women to the variegated manipulation of their reproductive powers. In the dominant discourse about

team. We were interested in creating a feminist sociology, whose focus is urban poor women in the context of capitalism, industrialization, and poverty. Much of the “women and development” literature we used fitted our own needs, but needless to say, we also had to explore the particular political economy of India, as well as the areas of social welfare, social work, NGOs, and an older Indian tradition of volunteer work. Out of these current western and Indian approaches, we created a critical investigative design and questionnaire, which gives the word “collaboration” more than a pragmatic, technical, managerial meaning.

Jasodhara: Our project was not a collaboration by default. We were not comparing something happening in Toronto with something happening in Calcutta as in twin-city formulae popularized in the current jargon of liberalization. Ours was a collaboration in shared intellectual and social commitment. A feminist perspective that cemented the collaboration, a perspective that recognized the local and the immediate, without excluding a macro perspective of the relentless march of global capital in which all our lives and labour are enmeshed. As evident in the dissemination workshops both in Canada and in India, facilitating the self-empowerment of women who are coping with modernization under conditions of urban poverty—and in one of the most difficult cities in the world—has been a learning process for both the North and the South. The collaboration has been an enriching one.

Excerpted from the Final Report, CIDA-Shastri Partnership Project (1994–1996), “Modernization, Poverty, Gender, and Women’s Health: An Action Research in Development Among Poor Women in Khidirpur (Wards 78 and 79) Slum of Calcutta.”

The authors would like to acknowledge the work of the other investigators: Davina Bhandar, doctoral candidate, Political Science department, York University; Brenda Cranney, doctoral



Doing school work, Khidirpur, Calcutta, 1995. Photo: Brenda Cranney

ing-class who were employed around the docks.

Our research negotiated the Scylla of globalization and the Charybdis of the politics of communal identity, in focusing on the social processes whereby women of these slums retain their own sense of power and agency. What was clear was that the main compulsions that operated on the lives of the women was neither the state-manipulated sense of community, increasingly being left to the control of local male religious leaders, nor the freeing of women’s lives to the unfettered opportunities of the market. As I have argued elsewhere, the mythical empowerment of feminine identity, especially a sense of sublimated sexuality, is one of the major ploys in the hands of the fundamentalists whereby the notional empowerment of women actively helps to camouflage their material powerlessness. Likewise, the female empowerment that structural adjustment talks about in order to mitigate

fertility, Third World women are posed as passive breeders to whom it is moral to coerce into producing small families. The inherent patriarchy built into familial values prevents the state from addressing male sexuality, which is of far greater significance in determining family sizes. Women, poor women in particular, automatically become the targets of reproductive control.

Some thoughts on the collaborative process

Himani: An important aspect of collaboration that this research embodied is one of combination and synthesis of theoretical insights. It created an investigative, critical, and interpretive framework based on research in different fields in India and the West. Feminist theories and feminist sociology of various kinds, generated in India, Canada, U.S., and the United Kingdom were read and discussed by all members of the research

candidate, Sociology Department, York University; Krishna Bannerjee, Senior Project Officer; Anuradha Chanda, deputy co-investigator, Department of History, Jadavpur University; Paramita Bannerjee, co-research officer, doctoral candidate, Department of Philosophy, Jadavpur University; Nibedita Chakraborty, co-research officer, Economics department, Jadavpur University; Santana Acharya, research assistant, Comparative Literature department, Jadavpur University; Sayed Nasir Uddin Khondakar, History department, Jadavpur University (Calcutta).

Himani Bannerji, principal investigator of the project, is an associate professor in the Department of Sociology at York University in North York, Ontario, Canada.

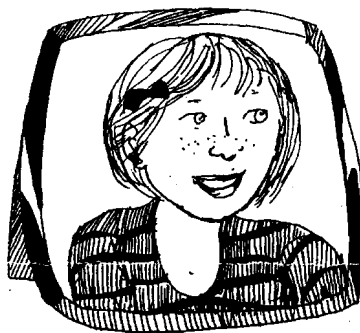
Jasodhara Bagchi, chief co-investigator, is a professor in the Department of English and director of the School of Women's Studies at Jadavpur University in Calcutta, India.

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Special Issue on Girls and Young Women



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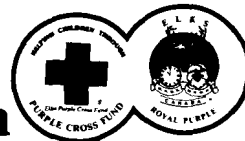
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