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PATRIARCHY ON GENDER SOCIALIZATION AND REPRODUCTIVE HEALTHCARE: BANGLADESH PERSPECTIVE

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Abstract:

This is a study on the women of Bangladesh particularly the rural women, their deprivation of rights and denial of reproductive healthcare services in a patriarchal society like Bangladesh. The study deals with gender socialization made by patriarchy, and assesses the impact of patriarchy on women's reproductive healthcare. It reveals that patriarchy maintains men's control and domination over women through gender socialization and deprives women of their rights including reproductive healthcare. In patriarchy, gender socialization is used as a means of depriving women's reproductive rights and healthcare. Women also internalize the patriarchic rules and justify their own deprivation of rights. Thus, all-grabbing patriarchy determines the fate of the country's women— they are dominated, exploited and discriminated by men.

Key Words:

*Patriarchy, Gender Socialization,
Healthcare, Bangladesh.*

1. Introduction

Bangladesh is a male-dominated society which is popularly labeled as ‘patriarchy’ in the feminist literature. Women in Bangladesh are dominated by a patriarchal system, which enforces the social and economic dependence of women on men and prescribes the relative lower status of women. Although there has been steady progress in reducing gender inequality in different sectors like education, health, employment etc. but there exist a huge inequality in these sectors of Bangladesh; participation of women in these sectors is very low compared to their male counterpart. Gender inequality has appeared as the major barrier in achieving the development targets. There are many examples in Bangladesh that even educated husband tortures his wife both physically and mentally. Sometimes it goes to the worst situation that is killing even in the socially and economically high-status people. This type of offence is committed for dowry, extra marital relationship, for being ill-behaved person, frustration, and many more. Even some people beat their wives only for their inhumane pleasure and nothing else. Rape, eve teasing, acid throwing, unequal medicare facilities, limited educational scope, ignorance, forceful *purdah* or veil, early marriage, early pregnancy, prohibition on free movement and social gathering, inequality between girl and boy child are few examples of violence against women. The worst situation in this respect is in the rural area of the country where the largest section of the population lives in. Patriarchal social system prevailing in Bangladesh is responsible for these. The study, however, has been designed to focus on the conditions of patriarchy in rural Bangladesh, its role in gender socialization and how it affects every aspect of women’s life including their reproductive rights and healthcare. In this study, special emphasis has been put on how women’s reproductive healthcare and behavior is shaped by gender socialization.

2. Methodology

Secondary sources have been used as the source of necessary data, information, ideas, analyses and concepts. The sources include books, journals, academic articles, newspaper, statistical yearbook, government documents, published or unpublished research reports and other social artifacts. In some cases, data and analyses based on personal experiences have been used in the study although these are no way alternatives to social scientific research.

3. What is Patriarchy

Patriarchy literally means the “rule of the father” which comes from the Greek *patriarkhēs*, “father of a race” or “chief of a race, patriarch” which is a compound of (*patria*), “lineage, descent” (from “father”) and “I rule”. Historically, the term patriarchy was used to refer to autocratic rule by the male head of a family. However, in modern times, it more generally refers to social systems in which power is primarily held by adult men.

By the term patriarchy or patriarchal social system we understand the authority of family/household is held by a male member or male members. In that type of social and cultural system women have very few or no authority or power over anything and they cannot take active participation in family decisions. In this type of system women are neglected, dominated, violated, tortured by men. Women have less freedom in these societies.

Patriarchy is a well-known concept in the third world countries where women’s progress has yet not achieved. It affects every sphere of lives like economy, education, employment, social structure, norms, thoughts etc. People define the term “patriarchy” from various dimensions. According to *Macmillan Student Dictionary of Society*, “patriarchy refers to particular organizations of the family in which fathers have power of life and death over family members; a weaker version points to the father’s right to exact obedience and punish disobedience.” Thus “father-right” may be viewed as the absolute authority of the male in the domestic domain, extending in extreme cases to the power of life or death over the women and children within the domestic unit, or more commonly the unilateral right to dispose of their property, the right to take decisions on behalf of the whole domestic group, and so on.

Patriarchy is a social system in which males hold primary power; males predominate in roles of political leadership, moral authority, social privilege and control of property; in the domain of the family, fathers or father-figures hold authority over women and children. It implies the institutions of male domination and entails female subordination. Many patriarchal societies are also patrilineal meaning that property and title are inherited by the male lineage. In the familial sense, the female equivalent is matriarchy. The root of patriarchy is very much deep rooted; as a result, in today’s modern world also shows its ugly face even in highly educated society. Patriarchy is reflected through social system, norms and values, religion, art and literature, social artifacts, and so on. In other words, all these are the means of establishing and consolidating men’s rule over women.

4. Patriarchy on Gender Socialization

Gender is socially and culturally constructed. Before the time of birth, a human being's sex or sex organ determines whether it is a girl or a boy child. But the construction of gender is not that. With the growing age a girl learns how to behave, wear dress, to be polite, gentle, and far from aggression, introvert, play some specific games, do that, do not do that etc. It is a social construction organized around biological sex. Individuals are born male or female, but they acquire over time a gender identity, that is what it means to be male or female. Usually, family and society teach the girl to be a girl/woman rather than a human. On the other hand, it is the boy who learns how to be more aggressive, rough and tough, extrovert, should play some tough games, and so on. This is the construction of gender. Patriarchy is established and consolidated through gender socialization.

Gender learning is started from the birth of a child. Early aspects of gender learning by infants are almost certainly unconscious. The toys, picture, books and television programs with which young children come into contact all tend to emphasize differences between male and female attributes. Toy stories and mail order catalogues usually categorize their products by gender. Even some toys which seem 'neutral' in terms of gender are not so in practice. For example, toy kittens or rabbits are recommended for girls, while lions and tigers are seen as more appropriate for boys. From the very childhood, girls are given the kitchen toys and dolls those indicate that when they grow old, their roles would be as the homemaker or housewife and devoted mothers. On the other hand, little boys are given the toys like gun, car, plane, football etc. those clearly tell them about their outside work, their role as fighting heroes or villain, public place worker, and so on. Thus, different toys make their consciousness differently that means different gender.

In the third world countries, there are some fairy tales (*Rup Kothar Golpo*) those are cruder and roughly indicate gender differentiation in those stories. By listening those Bengali fairy tales a little girl can easily imagine herself as the soft, beautiful, charming, mind blowing character illustrating in those fairy tales and of course make the dream of her dream boy as heroic, soldier type, rough and tough personality who can do anything with his strong masculine power depicting in those fairy tales. Who is responsible for a girl's imagination? Is it the family, environment, society, school, parents, relatives, the writers, the global world, the toy factories or who else? It is the entire process through which little boys and girls raise, live their daily lives. Their learning process is subtle but goal-centric— gender construction.

Still today television has been playing a very much significant role in making child psychology everywhere in the world. The children's most frequently watched cartoons show that virtually all the leading figures are male, and the males dominate the active pursuits depicted. Needless to say that cartoon plays significant role in child socialization as well as gender socialization. Similar images are found in the commercials that appear at regular intervals throughout the programs. Much interesting matter is that there are some kids who specifically like to watch the advertisements of different products. Those advertisements are in most of the cases very much gender biased. These teach that beautification is much more needed for girls/women to attract men and for this reason there are many products which certainly increase a woman's beauty and can attract men easily. Those advertisements clearly depicts that the girl who is not fair and beautiful has in fact no value in society dominated by men. So, if one wants to be more valuable and precious in front of the society, she must use the product. By showing all these shameful programs at national and international levels, we only raising some groups of children who are going to build up some misconceptions in their little minds and those misconceptions harm their lives in various ways. All these obviously create sharp gender differences.

Schools play a significant role in gender socialization in all societies. By the time they start school, children have no clear consciousness of gender differences. Schools are not usually supposed to be differentiated by gender. But in practice, an array of factors in schools affects girls and boys differently. There are still differences in the curricula girls and boys follow. Boys and girls are often encouraged to concentrate on different sports. The attitudes of teachers may subtly or more openly vary towards their female as compared to their male pupils, reinforcing the expectation that the boys are expected to be the 'performers', or tolerating greater rowdiness among boys and girls. The scene is totally same in the context of Bangladesh. Though it is a Muslim country, many school authorities do not allow sharing same class room for both boys and girls. There are thousands schools in this country those strictly obey the different school timing for girls and boys. Co-education system is also strictly controlled in favor of gender socialization. In many respects, boys and girls are to study different subjects, dress up differently, and behave differently. All those matters affect the very small brain of the boys and girls. They start to think about the differentiation among them and try to find out the root cause of their differences; at last they find that it is their 'gender', their 'sex' which makes them different. Thus, differential behavior of school teachers, school management and entire environment consolidates gender learning. Such

learning is subsequently reflected in work place, family, society and everywhere of men-women interactions.

Because of caring, mothering and nursing roles of women they are primarily absorbed in domestic activities and thus become the sacrificers. If someone is to scarify in the family it is the part of women to do this. This is very much common and general scenery in Bangladesh. If a child becomes ill, it is the responsibility of mother to take 1 day or more days leave from office. But responsibility to children is equal for both father and mother. For all these reasons, it is thought that it is useless to take female employee in the job sectors as they have so many ‘problems’ and it is assumed that they will not provide proper service to the company or job place. High officials give priority to male people or in some cases unmarried women as unmarried women have not much of family problems. In many job sectors it is seen that job circular specifically mentions that female candidates should be unmarried. Because married women have many responsibilities to their families, husbands and children. As a result, those women cannot perform properly their job responsibilities. But they do not mention the same thing about the male people. Although some job circulars specifically encourage female candidates to apply and commit to keep the respective organization’s stance free from gender bias, but ultimately they prefer male candidates for the sake of job’s nature, which is expected to be better performed by male.

In the surrounding of household, women make themselves busy with cooking, cleaning, washing, caring people, serving happiness to the family members but all those hard workings are totally ignored. These works are treated as ‘invisible work’ and for these reason, they are the unpaid labours in the atmosphere of family. Housework in its current form came into existence with the separation of the home and workplace. The home became a place of consumption rather than production of goods. Domestic work became ‘invisible’ as ‘real work’ was defined more and more as that which receives a direct wage.

Women everywhere still do most of the work around the house, and poor women spend more time on housework than rich women. Women do most of the housework even when their male partners do not go out to work. The connection between masculinity and privileges is maintained by these men. Women usually or most of the cases do all of the household works like personal care, household activities, cleaning, washing, caring for and helping, household children, caring for and helping non-household children, work and work-related activities, helping in child education, consumer services, professional and personal care services, household services, government services and civic obligations, making variety of foods,

eating and drinking, make good relationships with neighbors, socializing, relaxing and leisure, sports, exercise, recreation, religious and spiritual activities, taking care of sick and older persons of household, volunteer activities, telephone calls, and so on. Unfortunately, all these works are called nothing in a patriarchal society. And these are absolutely unpaid works. Activities performed at home are not socially recognized as ‘work’ ‘productive activity’ rather these works is treated as ‘no work’ ‘women’s work’, and so on, and for those reasons no cash money is paid. If anyone asks a child or sometimes even adult person about their parents’ profession, the child or adult usually answer that the mother is doing nothing. Even it also happens in the case of husbands. Husband also says that his wife does nothing rather than saying, yes, my wife is doing her works, she is a housewife. Such non-recognition of women’s labor is the root cause of denial of their contributions to family economy. From this ground, women are deprived of family resources whenever necessary to spend for their own purposes. Women are called as the ‘poorest of the poor’; even in rich family poor women may live because of unequal treatment between men and women. In Bangladesh most of the cases we can see that even if women earn themselves, they have not much power to expend those money by own wish. Financial decisions, the most strategic decisions, are made by male members particularly the male head of the family. Consequently, women are deprived of this economic rights.

The rural women are involved with both biological and social reproductive activities but none of their works are valued properly. A survey shows that a rural woman works 12-14 hours in average in a day whereas a man works 10-11 hours. Even their work environment is not conducive for good health because they are to work in hon-hygienic environment. But as per definition of work, women’s works are labeled as ‘non-economic’ ‘non-productive’ ‘no works’ ‘women’s works’ ‘invisible works’, and so on. As women’s works are not recognized as work, therefore, women are treated in the family and society accordingly. They are considered as ‘dependent’ (parojibi) and consequently they are deprived of their rights. Interestingly, even some rural women themselves do not consider their works as works; they think that ‘real works’ are done outside home and done by men. Such internalization of patriarchic learning obviously undermines women’s rights and creates a psychic circle from which they cannot come out.

In the domain of family decisions, income-expenditure related decisions are the most vital and strategic but women have hardly access to these decisions. It is believed that male members are the sole income-earners, so they should monopolize in making decisions in these sectors.

In all other areas of family decisions, women's participation is negligible irrespective of their demographic background. We have found that even an educated and income-earning woman also under the rules of patriarchic decisions making. Thus, men-women differential and discriminative participation in family decisions makes women's rights including reproductive ones meaningless.

In gender socialization, particularly in rural Bangladesh, the role of the family is the most dominant and all-pervading. But family system itself is an instrument of oppression and domination. All the rules and regulations of the family favor male members instead of establishing equality. Therefore, the family does not bear same meaning to both male and female members and does not build same future for them. The authority system of the rural family is hierarchically ordered in which a male member monopolizes the family powers. He is treated as the 'owner' of the family. He distributes the family resources and works. He is the ultimate source of the family authority. No members of the family can deny his authority. Particularly, denying the family head is impossible for a female member rather his authoritarian rule on female members is more real. Other male members also have domination over female members because they are 'male'. Distribution of food and services in the family are unequally distributed between male and female— male get more and female get less. Similarly, healthcare services available in the family are also unequally distributed between male and female— male get more and modern healthcare services and female get less and traditional-nonscientific services.

5. Patriarchy on Women's Reproductive Healthcare

In a patriarchal society like Bangladesh, women are not the real owner of their own body rather men particularly husbands are the true owners. They use their respective wife's body according to their sweet wills. A wife plays her role as sex provider without any question and excuse. A woman's physical survival also depends on her husband. Her health and healthcare even reproductive rights and healthcare are also regulated by husband and patriarchic rules.

In many parts of the country women have still been made victims of domestic violence. A recent survey conducted by Manusher Jonno Foundation (MJF) reveals violence against women is rising both in rural and urban areas. Conducted in October 2012, it covers 1210 households of 91 villages to collect data on violence against women. According to the survey, 49 percent of the married women are beaten up or verbally abused for not doing what their husbands ask them to do. The scene is more cruel in the "educated society" where a woman

cannot say anything or raise any voice thinking that “*pase loke kisu bole*” (if people say anything) or “*na pari koite, na pari soite*” (neither I can tolerate, nor say something). Though these women are academically educated, they have their well social status and respect in society which they do not want to lose. So, according to them, it is good for them to be silent.

Forms of violence	Frequency
Physical torture	37.2%
Psychological violence	32.1%
Victims of financial violence	2.8%
Encountered sexual violence	1.2%
Violence hampered education of the children	17.6%
Did not protest against violence	8.2%
Total	100%

Table 1: Forms of Violence against Women According to MJF Survey

Source: Ananta Yusuf, “A Call to Men”, Star Magazine, *The Daily Star*, Friday, April 25, 2014, p. 27.

Table 2: Men’s (Rural and Urban) Attitudes Toward Violence against Women by WHO Survey

Attitudes	Frequency
Rural men believe a husband has the right to mildly beat his wife	89%
Urban males surveyed held the same view	83%
Urban men believed that one needs to be tough to become a real man	93%
Rural men believed that one needs to be tough to become a real man	98%
Urban men thought women need to tolerate repression to save their families	50%
Rural men thought women need to tolerate repression to save their families	65%

Source: Ananta Yusuf, “A Call to Men”, Star Magazine, *The Daily Star*, Friday, April 25, 2014, p. 27.

The above mentioned (Table 1) data shows that 37.2 percent women are the victims of physical violence or torture by their husbands, 32.1 percent women are the victims of psychological violence, 2.8 percent women are the victims of financial violence, the number of women who encounter sexual violence is 1.2 percent, 17.6 percent violence hampered education of the children and 8.2 percent women do not protest against violence. According to WHO Survey, 89 percent rural men believe a husband has the right to mildly beat his wife, 83 percent urban males surveyed hold the same view, 93 percent urban men believe that one needs to be tough to become a real man, 98 percent rural men believe that one needs to be tough to become a real man, 50 percent urban men think women need to tolerate repression to save their families and 65 percent rural men women need to tolerate repression to save their families. A BBS survey report shows that as many as 87% of currently married women in Bangladesh have ever experienced any type of violence current husband and this figure is 89% in the rural area. And 77% of women of Bangladesh reported any type of violence in the past 12 months and this figure is 79% in the rural area. Under such a condition of violence against women and men's negative attitude towards women no social service for women including reproductive healthcare would be available to access. In reality, negative social attitude of patriarchy toward women is the root cause of violence against women and denial of women's reproductive rights and healthcare.

In Bangladesh particularly in the rural areas, use of contraceptive among female users is the lowest among adolescent girls. They have limited access to and use of contraception. The common causes of lower contraceptive use among married adolescent girls are ignorance, illiteracy, shyness, fear, religious sentiment, low inter-spousal communication on family planning. All these conditions are the creation of patriarchy. Adolescent girls do have little decision making power as many are uneducated and disempowered. Due to the social expectation to have children soon after marriage they start child bearing early, despite being children themselves. In patriarchal society a woman's major role is to perform reproductive function— to give birth of a child— not female child rather male child. Thus, a woman is used as an instrument of getting child. But men's negligible participation in the use of contraceptive methods puts adolescent wives at risk of unwanted pregnancy or pregnancy before her own body is ready for childbearing. Currently, the use of male methods is only 0.6 percent of the contraceptive prevalence rate. In many cases it is observed and heard that male people/husbands do not get sufficient pleasure during intercourse if they use condom or such type of thing and for this reason they are very much reluctant to use any kind of contraceptive.

Most of the husbands think (both educated and uneducated) that the use of contraceptive is totally the matter of women; it is their responsibility to ensure family planning. Patriarchy puts such a burden on women and thus makes women's health at risk.

A study conducted by the Bangladesh Institute of Research for Promotion of Essential and Reproductive Health and Technologies (BIRPERHT) show that majority (66.55%) of the teenagers married at 15-17 years of age had their baby delivered immediately after marriage. South Asian countries have high proportions of teenage pregnancies with a highest in Bangladesh that is 35%. Social, cultural and religious attitude towards girls encourages early marriage and to bear children early. A study recently conducted by Mnusher Jonno Foundation (MJF) reveals that the average age of child marriage is 15.53 years, 65% are married off under the age of 16 and 2.26% under 12. Of these child marriages, 26% took place due to insecurity, 19% poverty and 23% social custom. Out of the total 1237 victims of child marriage 55% belong to extreme poor families. All these victims of child marriage do not know even how to avoid a pregnancy, while others are unable to obtain condoms and contraceptives to do so. Teens when become pregnant unplanned are less likely than adults to be able to obtain legal and safe abortions to terminate their pregnancies. They are also likely to obtain skilled prenatal, childbirth and postnatal care. Teenage care is an important component of reproductive health. Improvement of their health means bigger outcome-improving maternal health and encouraging healthy pregnancy, reduction of maternal and child mortality.

In Bangladesh, many women die every day during childbirth. With the direct causes there are some indirect causes also. These indirect causes are called as non-medical causes which are illiteracy, superstitions, traditional belief system, women's lack of decision making power, poverty, lack of medicare facilities, religious barriers, gender or male-female discrimination, early marriage, domestic violence or violence against women and many more causes. Needless to say all these causes and conditions are the creation of patriarchy. Women are considered as 'second sex' 'second class citizen' 'unnecessary' 'less human' and accordingly medical facilities are provided to their healthcare including during childbirth.

It is said that malnutrition is the major cause of maternal and newborn death in Bangladesh. Though poverty alleviation is the first step to tackle malnutrition in general, maternal anemia should be addressed particularly as part of tackling malnutrition. Experts say around 45 percent women in Bangladesh suffer from anemia during pregnancy. Because of anemia, women face different types of complications like prolonged labor during delivery. Delivering

underweight child, maternal and neonatal death etc. are also the results of anemia. Lack of awareness among rural mothers in Bangladesh is alarming. According to the latest national Child and Mother Nutrition Survey (CMNS), only 30.9 percent of rural mothers have proper knowledge regarding the importance of exclusive breastfeeding in the first six months of life, and only 38.8 percent knew the proper age of complementary feeding. Most of the rural women are confined to home and they work in private sphere. As a result, they have little opportunity to be conscious about their health and healthcare. In Bangladesh, the children of poor families aren't getting the nutrition they need. Bangladesh has one of the highest malnutrition rates in the world. Female children are more malnourished than male is also consistent with higher female childhood mortality than males. Discrimination against girls in intra-family food and healthcare distribution are the major causes of child mortality in Bangladesh.

At least 45 million people in Bangladesh, almost one third of the population, live below the poverty line, and a significant proportion of them live in extreme poverty. The poverty rate is highest in rural areas, at 36 per cent, compared with 28 per cent in urban centres. Many people have an inadequate diet and suffer from periods of food shortage. Half of all rural children are chronically malnourished and 14 per cent suffer from acute malnutrition. Because of poverty, malnutrition and lack of proper healthcare 14 out of 100 babies in Bangladesh are born prematurely before 37 weeks of pregnancy and the rate is rising. Preterm birth complications are now the leading cause of death in newborns and accounts for 45% of all newborn deaths in Bangladesh which was 36% in 2000.

The poor nutritional status of Bangladeshi women and children undermines the health and wellbeing of all Bangladeshis. Health facilities in rural areas are poorly equipped to deal with children with acute malnutrition, nutrients and caloric food is not available. In Bangladesh, preterm birth risk could be reduced by close monitoring of women with history of child death and antenatal complications and encouraging women to seek antenatal care. Maternal nutritional status before and during pregnancy usually contribute to the risk for preterm birth. Improving quality care before and during pregnancy increased empowerment of women, especially adolescent girls and can help to reduce premature birth rates in Bangladesh.

Marriage during teenage or adolescence is unacceptably high in Bangladesh like many other developing countries. Because of lacking proper academic education, practical and scientific knowledge, unconsciousness, superstition, many poor parents in Bangladesh arrange marriage for their premature girls. As a result, adolescent pregnancy happens frequently in Bangladesh.

This leads to high maternal mortality and morbidity. According to **Prothom Alo**, the ratio of child marriage in Bangladesh is about 64%. WHO estimates about 16 million girls aged 15 to 16 years and two million girls under the age of 15 give birth every year. In Bangladesh, according to UNICEFs State of the World's Children 2009 report, 64% girls are married before they reach the age of 18. As a result, both maternal and child morbidity rates are increasing in the country.

Adolescent motherhood is associated with lower socio-economic conditions. Bangladesh is one of the third world countries of South Asia. It lacks wealth, education and many things but most importantly Bangladesh lacks awareness, awareness about the lives of the people. It is said that at least 85 percent people of Bangladesh live in the rural area. They have not enough knowledge and awareness about health and most importantly about reproductive health. These people have very much negligence to their daughters. They always show some different attitude to their girls which they usually do not show to their sons. These people think that it is useless to educate daughters. So, they arrange marriage for their daughters at very early age. At that early age those girls become pregnant and give birth children. Those children are not that much healthy rather they suffer from malnutrition and various diseases.

In Bangladesh, a web of factors including social, economic, cultural, and psychological causes coming into play which result in adolescent marriage and pregnancy is continuing year after year. Poverty is one of the main causes. The concept of dowry is prevalent especially in rural Bangladesh and poses as another economic factor that pushes many families to marry off their daughters early. Research suggests that long-term demographic effects of adolescent fertility may include longer family sizes since the timing of a first birth is usually an indicator for future fertility patterns. When a family is already struggling financially, an increase in the size of the family usually pushes the family into poverty.

Adolescent pregnancy impedes a girl's education and future prospects to function as an economically active member of the society. Although net enrolment rates are recently higher for girls than boys in both primary and secondary levels of education, drop-out rates are worrying. According to Bangladesh Bureau of Educational Information and Statistics (BANBEIS), drop-out rate for girls at secondary level stands 54 percent indicating that 54 percent of all girls who enroll in class 6 drop-out of school by the time they reach class 10. In fact, drop-out rates for girls start increasing from class 7; many girls leave school without completing the secondary education cycle as families want them to stop education and get married. This translates into a huge loss of public investment as public money is being spent

to educate these young girls. In Bangladesh, females have the advantage to educate themselves as our government gives female scholarship from the primary level to the H.S.C level. So, if any girl wants to take education, she can do it easily. But patriarchal dealing with female students in every sphere of life is the main obstacle in achieving female education.

In Bangladesh, rural people prefer marriage of their girls before reaching puberty because of lacking education, knowledge, financial solvency etc. and socio religious attitudes are also in favor of early marriage. A term '*shuvo kam*' (good work) is popularly used to mean marriage and there is a proverb in the rural area "do not delay in performing marriage". As a result, those little girls become pregnant at their very early age and give births under-weight, malnourished children. Sometimes maternal and child death take place because of this reason. Socio-religious culture regarding marriage created by patriarchy thus has been a cause of losses of women's lives.

Rural-urban disparity in getting reproductive healthcare services is a common feature in Bangladesh. Pregnant mothers and children are the worst victims of inequalities simply because they are poor and live in villages where healthcare services are not available. Statistics shows that only 13% mothers get the services of skilled birth attendants during delivery period in the villages whereas the percentage is 37 in urban areas. Before delivery, 37% women living in the urban areas receive ANC (Antenatal Care) for four times, while only 14% village women can access it. Not only these, in all other healthcare services and facilities are also unequally distributed between the urban and rural women. Apart from the unavailability of health facilities in the rural areas, the main cause of such inequality between rural and urban women is the ugly face of patriarchy is acute in the rural areas.

6. Conclusion

It is patriarchy that determines the fate of Bangladeshi women in every sphere of life. In a patriarchal society, the whole system is patterned in such a way that men's domination over women can be maintained forever. It is an automatic process runs through the internalization of patriarchic rules, regulations, and prohibitions by women. To socialize women is the safest and least risky to achieve the goals of patriarchy. Thus gender socialization is the most significant and strategic means adopted by patriarchy. Social values and beliefs, religion and culture, language and literature, customs and traditions, institutions and procedures are built and developed to serve the purpose of patriarchy. Thus patriarchy patterns and controls the whole life of women including their reproductive healthcare. Women's reproductive

healthcare depends on the sanction of all-grabbing patriarchy. Even the individuals (both men and women) who make policy and decision on health promotion and employed in delivering reproductive healthcare services are also not out of the control of patriarchic desire. Rather they subconsciously work as the agent of patriarchy. As a result, patriarchy becomes all-grabbing and all-pervading in its pursuits. The ugly face of patriarchy is more visible in a backward society where women's progress falls far behind. It is the fertile land for patriarchic operations. The women of rural Bangladesh are the typical example of this sort of backward women. They are the easy victims of patriarchy; they are deprived of their rights including reproductive rights and healthcare because of patriarchic domination, exploitation and discrimination.

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