FEMINIST PERSPECTIVES ON DEVELOPMENT: WHY LEPROSY IS A FEMINIST ISSUE

Dr. Margot Wilson-Moore
Department of Anthropology
CAPI Research Fellow 1995-96
University of Victoria

Table of Contents

FEMINIST PERSPECTIVES ON DEVELOPMENT:
WHY LEPROSY IS A FEMINIST ISSUE

Abstracts

The roots of the feminist critique of Modernization and World-systems theory are found in more general feminist perspectives on the status of women. This perspective has much to offer in terms of its ability to open the door to asking new and different questions about women's roles and their participation in the development process. At the centre of the feminist debate are juxtaposed universalist and non-universalist positions on women's subordination. The underlying assumptions regarding the nature of women's status vis-a-vis men inherent in these positions have had a substantial impact on what researchers consider to be important and/or appropriate foci for research energies. Similarly, in the development arena these perspectives have influenced the ways in which development problems are defined, the kinds of data collected, the ways in which results are reported and the types of recommendations made. In the early stages, feminist scholars concerned with issues of development discovered that little information was available regarding women's lives. Immediately, a call went out for more (and better) data. Now, however, as increasing amounts of information becomes available the time is appropriate to take a more analytical approach, one which contrasts various aspects of women's lives as they relate to development process. A case study drawn from my own research at the Danish-Bangladesh Leprosy Mission (DBLM) in northwest Bangladesh demonstrates the ways in which bringing a clearly articulated feminist perspective to bear on questions of women's place in development provides a more comprehensive analysis.

FEMINIST PERSPECTIVES ON DEVELOPMENT:
WHY LEPROSY IS A FEMINIST ISSUE

I.   Introduction

In the years since the emergence of Modernization and World-systems theories[1], it became increasingly clear that development initiatives predicated on these theories did not always follow a replicable or even predictable pattern and that many popular concepts and strategies needed rethinking. Despite high expectations and good intentions, development programs not only failed to improve local conditions but in many cases had extremely deleterious effects on the people they were intended to help. Increased militarization, escalating national debts, decreased food production, high infant mortality rates, runaway growth of urban centers which lack basic services, and the general failure of development programs to improve the lot of the poorest sectors of developing nations evidenced the failure of programs to consider the social repercussions of change. Predicated on the belief that technology liberates people, both Modernization theory and World-systems theory ignore women entirely or assume that the "trickle down" effects of more general development processes will have a beneficial impact on them. The feminist critique of development theory followed quickly on the heels of this oversight and in the decades since the first feminist critique was written (Boserup 1970), feminist scholars have generated a vast and critical literature on women and development (cf. Arizpe 1977; Dauber and Cain 1981; Dixon 1978, 1985; Dixon-Mueller 1985; Lewis 1981; Staudt 1978; Tinker, BoBramsen and Buvinic 1976). The roots of the feminist critique of Modernization and World-systems theory are found in more general feminist perspectives on the status of women and the lively and diverse nature of the women and develoment dialogue is

---

[1]

       I use the term development as an umbrella term encompassing both Modernization and World-systems theory. Similarly, I use the term feminist critique of development theory to refer to the various feminist critiques of Modernization and World-systems theory and women and development as a generic which encompasses more specific terms such as development for women or women in development (WID).

reflective of the debate among those underlying feminist theories.

As a context in which to consider the feminist critique of development theory as it addresses the lack of focus on women and as it is informed by more general feminist theoretical perspectives, I present a brief overview of Modernization and World-systems theory in the sections which follow. The feminist critique of development theory has much to offer in terms of its ability to identify with and present the "insiders" viewpoint. It opens the door to asking new and different questions about women's roles and their participation in the development process. As an example, I review the state of the art of Women and Development research in Bangladesh and provide a case study drawn from my research at the Danish-Bangladesh Leprosy Mission in northwest Bangladesh which demonstrates the benefit of bringing a clearly articulated feminist perspective to bear on questions of women's place in development.

II.   Development Theory

Harrison (1988:1) has argued that there is no one modernization theory, rather the term represents a "shorthand for a variety of perspectives that were applied by non-Marxists to the Third World in the 1950s and 1960s" (cf. Harbison and Myers 1964, Hoselitz 1960, Lerner 1958, Levy 1966, Moore 1965, Rostow 1969, Smelser 1970). Theoretical perspectives on evolutionism, diffusionism, structural functionalism, systems theory, and interactionism combined to form a constellation of ideas that became known as Modernization theory. Primary tenets of Modernization theory include:

1. Modernity and tradition are considered to be exclusive categories. The two may exist (uneasily) side by side in "dual societies," but only for short periods of time.

2. Development occurs in a unilineal progression of stages of which Western industrialization and modernity represent the epitome. Third World nations either repeat the developmental history of Western countries or they do not develop.

3. The nation-state represents the appropriate unit of analysis, the "whole" within which constituent parts are considered.

4. Poor conditions in developing nations are due to inadequate training and lack of

appropriate institutions.   Western technology and training should be provided to "modernizing elites" who are the innovators and agents of change.

5.   Benefits from development will "trickle down" from the elites to the masses.

Dependency theory was an outgrowth of the *dependencia* school which originated in Latin America in the 1960s and was quickly subsumed into World-systems theory. Gunder Frank (1966), and others (cf. Beckford 1972, Dos Santos 1970), criticized Modernization theory for predicating its policies on the assumption that the historical and economic stages of European and North American capitalist development are similar to those experienced in Third World nations.   On the contrary, they argued, developed countries were never underdeveloped, merely undeveloped, and the economic, political, social, and cultural institutions present in underdeveloped nations today came about as the products of capitalism as it spread throughout the world.   Understanding the exploitation of underdeveloped nations by capitalist nations requires "a comprehensive analysis of the capitalist system as a whole...[and the] simultaneous generation of underdevelopment in some of its parts and of economic development in others" (Frank 1966:17).

World-systems approaches expand upon the formulations of Dependency theory but criticize it for failing to consider the implications of class (cf. Amin 1976; Chase-Dunn 1975, Portes and Walton 1981, Wallerstein 1974). Rooted in theories of imperialism, a world-systems perspective views development and underdevelopment as attendant aspects of the same process. The occurrence of the former is dependent on increases in the latter (Harrison 1988). Central concepts in the World-systems perspective include:

1.   The unit of analysis should be the world economic system from which all social, cultural, and political processes are derived.

2.   The causes of underdevelopment are external to Third World countries and are primarily the result of expanding capitalist trade networks and the international system of exchange.

3.   Unequal exchange allows disparity of military and economic power between core and periphery nations and the existence of a capitalist world system prevents autonomous, self-sustaining industrial growth in the Third World.

4. Transnational companies are the purveyors of both capitalism and neo-colonialism and represent the conflicting interests of both national and international groups.

5. Development occurs in the Third World only when ties to the capitalist centers are broken or weakened.

III. Theories of Women's Subordination

At the center of the feminist debate are juxtaposed universalist and non-universalist positions on women's subordination. Both groups have rejected the notion of women as the passive recipients of culture and argue that women are social actors with personal goals which they strive to realize (cf. Lamphere 1974; Rosaldo and Lamphere 1974; Rogers 1978, among others). Similarly, both groups agree that women's political and economic autonomy declined with the development of state organizations. Nevertheless, they hold fundamentally different assumptions concerning the nature of women's status prior to state formation (Atkinson 1982). One group of scholars maintains that women have been universally and perpetually subordinated to men, while another group argues that this is not the case, citing historical and ethnographic examples of egalitarian societies where women and men enjoy equal status. These underlying assumptions have had a substantial impact on what researchers in each group consider to be important or appropriate foci for research. Feminists who accept the universal subordination of women assume that males have always been dominant and, accordingly, are less concerned with documenting male roles than with discovering and documenting the mechanisms of sexual differentiation. Although women are viewed as universally subordinated, they are not considered to be submissive and research focuses primarily on female groups and documenting the ways in which they wield power and influence (Rogers, 1978:138).

Alternatively, those feminists who have rejected the universal subordination of women have assumed sexual differentiation of roles in which the relative power of males and females varies. Accordingly, these researchers have been concerned primarily with identifying and measuring cross-cultural differences in female status. Historical precedence of egalitarian relationships between the sexes is an integral part of this

approach and the paucity of ethnographic accounts regarding women has been a major concern to these scholars (Rogers 1978:147-8).

Recently, the significance of this debate and its appropriateness for interpreting and understanding the life experiences of women throughout the world has come under close scrutiny (cf. Rosaldo 1980; Atkinson 1982; Scheper-Hughes 1983). Nevertheless, recent volumes still reflect this dichotomy although it may be more subtle (cf. Miller 1993, Brettell and Sargent 1993). Further, the universalist/non-universalist debate clearly informs the feminist critique of development theory as demonstrated in the discussion below.

IV. Women and Development Research

In the development arena, the debate has been less overt than in more academic feminist circles. Nevertheless, underlying feminist assumptions about women's subordination have had a clear influence on the ways in which problems are defined and results reported. Acceptance of women as universally subordinated has led to a specific focus on women, sometimes to the complete exclusion of men, and to an emphasis on the mechanisms of sexual differentiation. Rejection of women's universal subordination, on the other hand, has placed the emphasis on measuring female status cross-culturally and the effects of women's economic participation on status. Both of these emphases have, in large part, resulted in a focus on women in the development literature as an ignored, invisible, undervalued or misrepresented resource.

Feminist critiques of development theory exist in a lively and ongoing dialogue (rather than as Kuhnian paradigmatic shifts) and the delineation of feminist positions is neither as simple nor as distinct as suggested in the following discussion. Nevertheless, I present a schematic of the feminist critiques of development theory here which articulates their groundings in both feminist theory and development theory. Representing the feminist critique of development theory in this way identifies the underlying assumptions and provides a theoretical framework from which to pose new and different questions about women's development, questions which reach beyond mere description to allow a more analytical view of the interrelated aspects of women's day-to-day existence and the

impact of development planning on their lives.

V.   Feminist Critique of Development

Figure 1 reflects the relationships between the various feminist critiques of development theory. The dichotomy between universalists and non-universalists is mirrored, for the most part, in feminist critiques which can be divided into two camps. Liberal feminists have primarily critiqued Modernization theory while Marxist feminists and socialist feminists have confined their criticism to World-systems (and Dependency) theory. In only one case, the Liberal Dependency Critique, do liberal feminists critique World-systems theory.

The underlying feminist assumptions in each of these approaches determine the kinds of

questions asked, the kinds of data collected and the kinds of recommendations made. Accordingly, the liberal critique is founded in the feminist belief that women are and always have been, in all places and all times, subordinate to men. It emphasizes the disadvantages to and discrimination against women which accrue from the failure of Modernization theory to acknowledge women as a group with special needs. Out of this perspective, two separate critiques have developed: the Liberal Feminist Critique, which favors the integration and equal participation of women in existing development programs through education and changes in the legal and administrative systems; and the Female Sphere Critique, which subscribes to the complementarity of male and female roles and the delineation of public and private spheres, and advocates development programming specific to women, entirely separate from that for men.

The Liberal Feminist Critique of World-systems theory is also informed by an acceptance of women's universal subordination. Nevertheless, it considers the global system to be the appropriate unit of analysis and identifies capitalism as the force which introduces and reinforces inequality. As such, it provides a transitional critique of development theory, a critique which in contrast to other liberal critiques specifically emphasizes the impact of national dependency on women and the increases in women's exploitation which result from their incorporation into capitalist production activities.

Although this critique favors the integration of women's issues into existing development programs (like the Liberal Feminist Critique), it identifies mode of production as the most important consideration in development planning for women.

Alternatively, critiques of World-systems theory come from Marxist feminist and socialist feminist scholars whose theoretical perspective rejects universal female subordination. The Marxist Feminist Critique associates the declining status of women with changes in mode of production and views women's primary roles under capitalism as reproducers of the labor force and as members of the reserve labor force. This critique favors a socialist revolution and the elimination of domestic labor as a vehicle for liberating women.

The Socialist Feminist Critique, on the other hand, views patriarchy (in addition to capitalism) as the instrumental force in creating a political hierarchy in which women serve as consumers, reproducers, and cheap laborers. This critique argues for a radical transformation of society and the elimination of class and sex hierarchies.

VI.   Women and Development in Bangladesh

Early on, feminist scholars concerned with broader areas of research on women, as well as those concerned specifically with women and development, discovered that very little information regarding women's lives was available. Immediately, a call went out for more (and better) data. Much of the responsibility for collecting this data fell on social scientists. As information became available, however, a second critical phase of analysis began. Feminist scholars began to construct models and test them using cross-cultural data. For the first time, it became possible to make generalizations about women's experiences and the repercussions of political, economic, social, and religious processes on their lives.

Much of the Women and Development literature remains highly descriptive in nature, a derivative of early feminist emphases on collecting more and better information about the situation of women cross-culturally. All too often, however, Women and Development researchers neglect to articulate their underlying feminist assumptions and theorizing is left, in large part, to feminist academicians who usually rely on ethnographic (rather than development) literature for constructing and testing their models. As a result, feminist theory and Women and Development research have progressed, in recent years, along separate and divergent paths. And, despite the actuating influence of feminist theory on Women and Development research and their common concerns with the situation of women, discourse between these two bodies of literature is remarkably scant.

Women and Development research tends to be of a highly practical nature, concentrating on the immediate and pragmatic problems faced by women in developing nations, then directing resources and institutional support toward those identified needs. Feminist critiques of development theory revolve primarily around the failure of development theory to address the issue of women directly. Women are either categorized with men or ignored altogether.

A more analytical approach has important applications in Bangladesh, where development planning for women has become of primary interest to both governmental and non-governmental development agencies. Jahanara Huq (1985: v) characterizes the Bangladeshi woman in the following way.

In all age groups, she is subject to reduced calorie intake, groomed to cultivate habits of patience, submissiveness and acceptance until suddenly thrust into motherhood without any psychological preparation for a changed status. By the age she is 45, a continuous nutritive maternal depletion is already underway due to uncontrolled, repeated pregnancies... The entirely hazardous demographic burden (burden of bearing, nursing and rearing children) is on womenfolk who have the least decision making power when to have children and in what number. So plagued by early marriage, rural women are threatened by polygamy, separation, desertion, divorce, destitution and lastly violence all telling upon their physical and mental health. A woman has to undergo the hazardous existence and is the chief victim not the winner for her lifelong valuable silence, forbearance and sacrifice, imposed upon her by the societal norm.

Thus characterized, the situation of women in Bangladesh is clearly an appropriate focus for academic, development and feminist research. Aside from depicting the deplorable state of women, this quotation also demonstrates the predominantly descriptive focus of women's studies in Bangladesh. Descriptive research has been well-suited to the needs of the time (that is, until recently little information has been available) and the highly descriptive nature of research on women in Bangladesh is less a criticism of the scholarship than an indication of the present "state of the art." Now, however, as a substantial body of information becomes available, the time seems appropriate to ask research questions which consider multiple aspects of women's experience, how various spheres of women's lives are interrelated, and what effect those relationships have on women's place in the family and in society. These types of questions go beyond description to contribute to our understanding of the dynamic forces at work in the lives of women. A research perspective which determines not only how, but why and in what context, specific behaviours occur could prove valuable as a grassroots test of feminist theoretical models, as a tool for providing more comprehensive information about women's lives and as a basis for appropriate development planning for women.

VII.   DBLM--A Case Study

There are an estimated 136,000 leprosy patients in Bangladesh and some 10 million worldwide--60 percent of whom live in Asia. The WHO has issued a directive calling for the elimination of leprosy by the year 2000, in response to which, a country-wide leprosy program has been initiated in Bangladesh.

Leprosy has always held a morbid fascination for me and I am particularly interested in understanding the cultural context in which the behaviours (especially stigmatization) surrounding leprosy develop and the way in which the illness experience of patients is culturally constructed (Wilson-Moore 1995). My relationship with the Danish-Bangladesh Leprosy Mission (DBLM) began in 1988 when, over a 6 month period, I used to visit at the DBLM hospital in Thakurgaon which was located about 12 miles from my dissertation research site in northwest Bangladesh. In 1991, I returned to Bangladesh and began planning and implementing a formal collaborative research project[2] with the the Field Director of DBLM.

We held a series of four workshops for the DBLM staff intended to enhance the collaborative aspects of the research. At the first one, we discussed what information would be most useful to DBLM. This formed the basis for producing an interview format. The questionnaire addressed such issues as: 1) patient knowledge of leprosy and treatment seeking history; 2) the patient's attitude toward the disease, at first diagnosis and at present; 3) the nature of problems experienced in his or her personal, family, work, religious or community life; 4) the attitude and behaviours of his or her family following diagnosis; and 5) the attitudes and behaviours of his or her community. Additionally, patients were encouraged to suggest what would best help leprosy patients in overcoming their problems, and to discuss what advice they would give to other individuals with and without leprosy. Finally, patients were given the opportunity to raise any other issues not already considered in the course of the interview. The questions were open-ended and the questionnaire

---

[2]

required 45 to 90 minutes to admister.

At the second workshop, I taught DBLM field workers and medical and rehabilitation officers how to do ethnographic interviewing and we field tested the questionnaire. At the third workshop, the interviewers discussed their experiences interviewing patients giving them an opportunity for them to "debrief," to discuss the challenges of data collection, to review data not recorded on the questionnaires and to "tell stories" about their interactions with patients. At the fourth workshop, I provided a preliminary analysis of results from a sub-sample of interviews and the interviewers were asked to discuss and interpret the results. A total of 200 interviews were collected and entry of these data to the computer is now complete, however, the analysis of the entire data set is still in the early stages. Consequently, the results presented here are based on the subsample of 79 interviews and the discussions which took place at the final workshop. In the sections which follow, I discuss the nature of leprosy disability as experienced by the patients themselves. These are by no means the objective asssments of disability routinely utilized by medical practitioners diagnosing leprosy in the field[3] or by the International Classification of Impairment, Disability and Handicap (ICIDH) set out by the WHO[4]. These self-reports do, however, represent the actual experiences of leprosy patients and reflect the profound impact of leprosy on their lives.

I present numerical and proportional representations of patient disability as they are reported by the whole sample and by male and female patients individually. A computed

---

[3]

Leprosy field workers routinely use a three grade system to measure and describe disabilities for epidemiological purposes (0=no disability, 1=anaesthesia only with no visible deformity or damage, 2=visible deformity or damage).

[4]

The ICIDH defines "impairment" as any loss or abnormality of psychological, physiological or anatomical structure or function; "disability" as any restriction or lack of ability (resulting from impairment) to perform an activitiy in a manner considered normal for a human being; and "handicap" as a disadvantage for a given individual resulting from impairment or disability, that limits or prevents fulfillment of a role that is normal for the age, sex, social and cultural situation of that individual.

disability score (based on these self-reported disabilities) indicates that women tend to be more disabled than men. I consider these differences in male and female patients' disabilities and in the problems which they face on a daily basis as indicative of pervasive attitudes toward leprosy in general and female leprosy patients in particular. I argue that leprosy has a significant cultural component which has been largely overlooked in biomedical research, but which cannot continue to be disregarded. Beyond this, by bringing a feminist perpsective to bear on the issues of leprosy patients, it is possible to demonstrate differential disability of female patients as a clear reflection of patriarchal valuing (or more appropriately devaluing) of women generally and of women with leprosy in particular.

Table 1 provides a description of the types of disabilities reported by leprosy patients. Frequencies and proportions are given for all patients in the sample and for males and females separately.

The proportion of males (68%) to females (32%) in the leprosy patient population (a 2:1 ratio) is partially explained by the differential morbidity of male patients, that is, men are more apt to get leprosy than women (see Neylan et al, 1988 for similar findings in Thailand). This circumstance is exacerbated by the preponderance of males in the population of Bangladesh (126:100 sex ratio). Research in general hospital settings similarly indicates that male patients routinely outnumber female patients at all ages (D'Souza and Chen 1980). For adults, this means that men are more apt to receive medical treatment. For children, this means that families attend to the medical needs of male children first. For leprosy patients, this means that males come for treatment more often and earlier in the course of the disease than do females.

Table 1 - Disability by Sex

Disability	Total	Male	Female

None	21	27%	16	30%	5	20%
Patches	28	35%	15	28%	13	52%
*only	17	22%	10	19%	9	36%
Claw Hand	14	18%	7	13%	7	28%
Foot Drop	7	9%	5	9%	2	8%
Amputation	2	3%	1	2%	1	4%
Lagophthalmos	4	5%	4	7%	0	0%
Ulcer	2	3%	1	2%	1	4%
MCR	24	30%	18	33%	6	24%
(special shoes)	12	15%	6	11%	6	24%
** Other						
*** TOTAL	79		54		25	

* The proportion of respondents who report only patches and no other disability.
** Other includes shortening of feet, absorption, wrist drop, thickened earlobes, wrinkled skin and collapsed nose.

*** Percents for individual disabilities do not add to 100 percent because of multiple responses.

Table 2 provides a disability score computed by assigning a score of 1 for every disability reported by the patients. The difference between male and female patients in disability score is

statistically significant at p=.0257 (using chi square). In particular, female patients are under-represented in the group with no disability and over-represented in the group with 2 disabilities.

Table 2 -- Disability Score by Sex

Number of Disabilities Reported				
Sex	0	1	2	3
Males	43%	46%	7%	4%
Females	20%	44%	32%	4%

When the scores are grouped as 1 disability or fewer and 2 disabilities or more, the significance level is p=.0206. In other words, men tend to have one or no disability while women tend to have two or more disabilities. This is an impression which you acquire

after no more than one hour of casual observation in the leprosy mission. Similarly, it is something that leprosy workers will readily tell you--women tend to be more disabled by leprosy than men. This analysis, in contrast to the more subjective observations of the anthropologist and/or DBLM staff, however, allows a statistical relationship to be demonstrated. Further, these data prompt us to step beyond simple descriptions of women's experience of leprosy in Bangladesh to consider how increased disability in female leprosy patients' is related to other aspects of their lives. Do they not know that disability is an eventual outcome of leprosy? Are they unfamiliar with the early signs of leprosy? Or, is there some other factor which discourages them from seeking treatment?

VIII. Discussion

By reporting the most common problems reported by leprosy patients, Table 3 provides a partial answer to these questions. Patients were asked if they are facing any problems because of their illness and if so, what those problems are. The question was carefully worded to allow the patients to define the nature of their problems without prejudice. Frequencies and proportions given in Table 3 for each problem indicate the number of patients reporting that particular problem whether they reported another problem or not. Patients often reported more than one problem and this explains why the proportions of patients reporting specific problems do not add up to 100 percent.

Most important is the incidence of patients reporting social rather than physical problems. This is especially telling as the interviewers were all DBLM staff members who are normally reponsible for diagnosing and treating patients--that is, they are cast in the role of "doctor" vis-a-vis the patients. One would anticipate, therefore, that patients would be more apt to report physical problems. Interestingly, this was not the case. There was no overlap between patients reporting social and physical problems and patients overwhelmingly report social problems (72 percent). Only nine percent report physical problems.

Table 3.--Problems of Patients

Social			Physical		
Social Isolation	43	90%	Eye	2	4%
Social Prejudice	8	17%	Weakness	3	6%
Psychological	6	13%	Skin Change	1	2%
			Reaction	1	2%
* TOTAL RESPONSES	57	72%		7	9%

* 48 respondents gave 64 responses, 31 respondents did not answer, percents for individual disabilities do not add to 100 percent because of multiple responses.

Social problems reported by leprosy patients can be divided into three broad categories. Social isolation includes physical segregation, being told not to come near to others, inability to attend social and/or religious programmes, and being prevented from playing with the neighbours' children. It also includes abandonment or desertion by husband and family, divorce, being told to leave the family, being denied access to the patient's own children and food problems such as refusing to eat food cooked by the patient, refusing to eat with the patient and being denied access to the water supply.

Social prejudice, on the other hand, includes refusing to allow the patient into shops, refusing to take the patient's money, being afraid to touch or be near the patient, "hating" the patient, saying "bad" words to the patient, and the inability of patients to marry or to find housing. Psychological problems include mental depression, sorrow and feeling ashamed.

These are the difficulties typically faced by leprosy patients in their day-to-day lives. Knowing the problems they will face, patients never willingly label themselves. Diagnosis often means social isolation, ostracism, problems obtaining food and water, prejudice, physical and verbal abuse, depression, embarrassment and shame. Patients lose their jobs and their social standing; they have difficulty finding a marriage partner as do their children and their siblings; their children may be expelled from school; they may be unable to attend social or religious functions. They are generally "hated" in society.

For women, the negative impact of society's prejudice may be even more severe,

often resulting in desertion, divorce, expulsion from their families and alienation from their children. Women are largely devalued in Bangladesh anyway, and women with leprosy become even more devalued. For this reason, many women choose to hide their disease, often refusing treatment for fear of the impact public disclosure will have on their lives.

IX.   Conclusion

The seclusion of women is a widespread custom in Bangladesh and little difference exists in terms of the expectations of seclusion for Hindu or Muslim women. Thus seclusion provides the opportunity while culturally constructed attitudes and behaviours surrounding leprosy provide the motivation for women to hide their disease. As indicated by the disability score, women routinely postpone diagnosis and treatment and are often severely disfigured and disabled as a result. Thus differential disability becomes a physical manifestation of women's subordination in Bangladesh society. This is not to say that men are not stigmatized by having leprosy--for they are--only that leprosy may have a less severe social impact on men and consequently a less severe physical impact as well.

By bringing a clearly articulated feminist perspective to development research, it is possible to change the kinds of question we ask. This perspective allows us to apply academic theory to development data sets (and vice versa), to move beyond description to focus on the ways in which various facets of women's lives are interrelated, to seek explanations for the choices people make and to understand those choices in the context in which they are made. Finally, a clearly articulated feminist perspective on development provides an opportunity to contribute to efficacious development planning by insisting that planning be based on the people's perceptions of the situation, and not our own.

* * * * * * * * * *

References

Amin, Samir, 1976. <u>Unequal Development: An Essay on the Social Formations of Peripheral Capitalism</u>. New York: Monthly Review Press.

Arizpe, Lourdes, 1977. "Women in the Informal Labor Sector: The Case of Mexico City". <u>Signs</u> 3:25-37.

Atkinson, Jane, 1982. "Anthropology". Signs 8(2):236-258.

Boserup, Ester, 1970. Women's Role in Economic Development. New York: St. Martin's Press.

Beckford, George L., 1972. Persistent Poverty: Underdevelopment in Plantation Economies of the Third World. New York: Oxford University Press.

Brettell, Caroline and Carolyn Sargent (eds.), 1993. Gender in Cross-Cultural Perspective. Englewood Cliffs: Prentice-Hall.

Chase-Dunn, Christopher, 1975. "The Effects of International Economic Dependence on Development and Inequality: A Cross-National Study". American Sociological Review 40(6):720-738.

Dauber, Roslyn and Melinda Cain, 1981. Women and Technological Change in Developing Countries. Boulder: Westview Press Inc.

Dixon, Ruth, 1978. Rural Women at Work: Strategies for Development in South Asia. Baltimore: Johns Hopkins University Press.

Dixon-Mueller, Ruth, 1985. Women's Work in Third World Agriculture. Geneva: ILO.

Dos Santos, Theotonio, 1970. "The Structure of Dependence". American Economic Review 60:231-242.

D'Souza S. and L. Chen, 1980. "Sex differences in mortality in rural Bangladesh". Population and Development Review 6(2):257-70.

Frank, Andre Gunder, 1966. "The Development of Underdevelopment". Monthly Review 18(4):17-31.

Harbison, Fredrick and Charles A Myers, 1964. Education, Manpower and Economic Growth: Strategies of Human Resource Development. New York: McGraw-Hill.

Harrison, David, 1988. The Sociology of Modernization and Development. London: Unwin Hyman.

Hoselitz, Bert, 1960. Sociological Aspects of Economic Growth. New York: Free Press.

Huq, Jahanara, 1985. "Address of Welcome on the End-Decade National Conference on Women and Health", organized by Women for Women and Concerned Women for Family Planning. In End-Decade National Conference on Women and Health.

Jahanara Huq, Roushan Jahan, and Hamida Akhtar Begum (eds.), pp. iv-vi. Dhaka: BRAC Printers.

Lamphere, Louise, 1974. "Strategies, Cooperation and Conflict Among Women in Domestic Groups". In Women, Culture and Society. Michelle Rosaldo and Louise Lamphere (eds.), pp. 97-112. Stanford: Stanford University Press.

Lerner, Daniel, 1958. The Passing of Traditional Society: Modernizing the Middle East. New York: The Free Press.

Levy, Marion, 1966. Modernization and the Structure of Societies: A Setting for International Affairs. Princeton: Princeton University Press.

Lewis, Barbara (ed.), 1981. Invisible Farmers: Women and the Crisis in Agricultre. Washington: Women in Development Office.

Miller, Barbara (ed.), 1993. Sex and Gender Hierarchies. Cambridge: Cambridge University Press.

Moore, Wilbert, 1965. The Impact of Industry. Englewood Cliffs: Prentice-Hall, Inc.

Neyland, T. C., N. E. Kenrad, V. Schauf and D. Scollard, 1988. "Illness Beliefs of Leprosy Patient: Use of Medicial Anthropology in Clinical Practice". International Journal of Leprosy 56(2):231-237.

Portes, Alejandro and John Walton, 1981. Labor, Class and the International System. New York: Academic Press.

Rogers, Susan C., 1978. "Women's Place: A Critical Review of Anthropological Theory". Comparative Studies in Society and History 20(1):123-162.

Rosaldo, Michelle, 1980. "Use and Abuse of Anthropology: Reflections on Feminism and Cross-cultural Understanding". Signs 5(3):389-417.

Rosaldo, Michelle and Louise Lamphere (eds.), 1974. Woman, Culture and Society. Stanford: Stanford University Press.

Rostow, Walt W., 1969. "The Stages of Economic Growth". In Development and Society: The Dynamics of Economic Change. David E. Novack and Robert LeKachman (eds.), pp. 41-54. New York: St. Martin's Press.

Scheper-Hughes, Nancy, 1983. "The Problem of Bias in Androcentric and Feminist Anthropology". Women's Studies 10:109-116.

Smelser, Neil, 1970. "Mechanisms of Change and Adjustment to Change". In

Industrialization and Society. Bert Hoselitz and Wilbert Moore (eds.), pp. 32-54. The Hague: Mouton Press.

Staudt, Kathleen, 1978. "Agricultural Productivity Gaps: A Case Study of Male Preference in Policy Implementation". Development and Change 9:439-58.

Tinker, Irene, Michelle Bo Bramsen, and Mayra Buvinic (eds.), 1976. Women and World Development. Washington: Overseas Development Council.

Wallerstein, Immanuel, 1974. The Modern World System. New York: Academic Press.

Wilson-Moore, Margot, 1995. "We are 'Negative', But We are Not Healed: The Cultural Construction of Leprosy and Gender in Bangladesh". Culture 15(1):65-76.

World Health Organization, 1980. International Classification of impairments, disabilities and handicaps. Geneva: WHO.