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Reproductive Health Practices in Rural Bangladesh: State, Gender and Ethnicity

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Erasmus University Rotterdam
Making Minds Matter

PROPOSITIONS

Attached to the thesis

Reproductive health practices in rural Bangladesh:
State, gender and ethnicity

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1. Population policies that explain household poverty as a result of a higher fertility among the poor, justify aligning fertility reduction under macro-economic development goals. *This thesis*.
2. Population policies that promote dual health care systems, (private for the well-off and public-NGO partnerships for the poor), instead create and sustain health inequality. *This thesis*.
3. Population policies based on a rational individualistic notion of agency divert attention away from the multi-layered and mutually interlocking gender power relations in the household, community and the health care market that affect poor women's access to childbirth and other reproductive health care services. *This thesis*.
4. A top-down supply oriented family planning programme is not responsive to the diverse needs for contraception among poor men and women from different ethnic communities. *This thesis*.
5. The reasons for the continued dependency on home deliveries in the presence of traditional birth attendants among poor women is less related to culture than to the lack of access to adequate formal health care services. *This thesis*.
6. Legalisation of abortion may lead to increased female infanticide in some countries and social groups.
7. Ethnographic research helps researchers to become aware of their pre-conceived ideas, assumptions and biases.
8. The flow of economic migrants to the European countries reveals the poor economic state of their countries of origin.
9. The growing digitalisation of life is a threat to privacy.
10. The right to possess a gun does not ensure one's safety, although ironically some believe so.
11. Doing participatory research with indigenous Garos in Bangladesh implies researchers should never reject their offer to drink traditional rice beer (*chu*).