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**Internship Project Report
on**

Concept of Body Autonomy among the Female Youths of Dhaka

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Concept of Body Autonomy among the Female Youths of Dhaka City

CHAPTER I

INTRODUCTION

1.1. Background

Before diving into body autonomy, let us go back to the 2nd of April 2022. On that day, a lecturer of Tejgaon College, Lata Samaddar was verbally abused by police personnel in broad daylight on the street of Dhaka for wearing a ‘teep’ - a very common and traditional accessory of the Indian subcontinent. The perpetrator tried to run his bike over Samaddar. (Prothom Alo,2022) A similar incident happened on 18 May 2018, a female student was subjected to assault and severe abusive words for her dress code at Narsingdi railway station. (Prothom Alo, 2018) These are just the two incidents where women faced violation for their self-expression which went viral and created chaos in the country. Countless other similar instances are happening every day. Regardless of whether urban or rural, educated or uneducated - women of Bangladesh are not able to exercise their fundamental rights effectively.

Now, let us imagine a scenario of a rural young woman. She is a victim of child marriage and is now being forced constantly to give birth to a son. At such a young age, she is already a mother of two daughters. Her husband does not let her use any contraceptive methods. After being pregnant for the third time, she opted for abortion but was denied due to the stigma and taboo attached to it. She dies during childbirth.

All of these scenarios are very common in Bangladesh. Here, women are often denied their rights to have bodily autonomy due to the existing patriarchy. Women are being exploited, and oppressed, and their autonomous worth is often being stripped away from them.

Body autonomy indicates the right to make decisions over one’s body without any external force or coercion. It includes the idea that every individual has the authority to control what happens to their bodies, such as - making choices related to their health, reproduction, sexuality, and overall

well-being (Kall et al.2014). The right to have privacy, sexual autonomy, choosing what to wear, reproductive rights and consent to or refusing medical treatment falls under this vast umbrella of body autonomy. Trauner (2024) emphasizes the importance of individuals having control over their bodies and decisions. The right to bodily autonomy is immensely important for ensuring personal freedom, dignity, and self-determination (Trauner, 2024). The concept of body autonomy is closely related to the women's rights movement. It is a large topic within feminism, as over the years feminists have explored how states regulate women's bodies hence creating women's unequal position to men in society. According to feminists, the most important way for women to gain an equal position to men is to control their bodies, especially in terms of reproductive decisions (Greenhouse & Siegel, 2011). Historically, most of the countries of the world have expressed a deep desire to control women's bodies, and have successfully established unequal power dynamics between men and women. As a result, bodily autonomy becomes a fundamental aspect of women's rights and plays a major role in achieving gender equality (Viðarsdóttir,2023). Mercer (2018) argues that the fundamental right of women to have control over their bodies, particularly in terms of reproductive health and decision-making. Prominent women's rights activists, Elizabeth Cady Stanton and Margaret Sanger have fought for women's autonomy by challenging societal norms and legal restrictions that limited women's agency over their bodies. Simultaneously they have raised their voices to the importance of women being able to make choices regarding their sexuality, reproduction, and overall well-being without external interference or coercion. (Mercer, 2018).

Under the body autonomy of women, one of the most important rights is - sexual or reproductive rights. Unfortunately, women all over the world face tremendous difficulties attaining this right. Reproductive rights are considered legal rights (Amnesty International [AI] USA, 2007; World Health Organization [WHO], 2014), which provides women's freedom to decide when to have children as well as the spacing and timing of their children's births (WHO, 2006). Unfortunately, a woman's decision regarding fertility behaviors is dominated by males, especially her husband and his family, in a patriarchal setting. (Jesmin & Salway, 2000; M. E. Khan, Townsend, & D'Costa, 2002; Sebstad & Cohen, 2000). A.N. and A.J. (2015) state that, marriage is often viewed as a condition for a man to have sexual relations with his wife, even without her consent in Nigeria. Moreover, The Nigerian constitution does not consider marital rape as a crime resulting in the violation of women's sexual autonomy.

In addition to sexual autonomy, women from various parts of the world are not able to wear clothes according to their wishes. In this context, Lahiri, Bandyopadhyay (2012) mentioned an instance in West Bengal, India where In 2010, Shirin Middy (a female teacher) was asked by the students' union of Aliya University to wear a burkha, though the university and the University Grants Commission (UGC) do not have such rules for teachers. Instead of wearing a Burkha, she stuck

to her regular clothing which was a salwar kameez. Later when her tenure was over, and though she did not receive a formal letter of termination from the university, her contract was not renewed. Lahiri, and Bandyopadhyay (2012) critique the imposition of dress codes as a violation of women's autonomy. In Africa, women's dress choices are sometimes used as a justification for violence against them. (Kwenaite,2011)

The violation of women's body autonomy takes its worst form in conservative Islamist countries. In those countries (Saudi Arabia, Iran, Afghanistan) women are treated as second-class citizens, facing discrimination every step of their way. In Saudi Arabia, women face a lack of suffrage rights, freedom of movement, and ownership rights without male guardians' consent. The strict male guardianship system is profoundly enforced and as a result, patriarchy and Wahhabi ideology completely take away Saudi women's autonomy (Salhi,2024)

Abortion is considered one of the important aspects of women's reproductive health. Yet, in most countries, abortion is illegal. Pérez (2017) argues that denying a woman the right to terminate an undesired pregnancy can severely disrupt her bio-psycho-social health, constituting a health risk. Viðarsdóttir (2023) argues that the legislature should not regulate only women's bodies and men should not establish laws that do not apply to them. Restrictive abortion laws in Lower and Middle-income countries are associated with an increase in unsafe abortions, as women opt for unsafe methods when access to safe and legal abortion services is limited or unavailable. This often results in higher maternal mortality rates. (Ngo et al. 2021)

Fortunately, this scenario is slowly changing in the world, especially in developed countries that are in the process of making abortion legal. In 2019, Iceland and Ireland legalized abortion, and in 2020 Argentina and Thailand made abortion legal in their countries.

Abortion rights have always been a debatable topic in the US. Currently, some states of the US have completely banned abortion whereas some states are protecting abortion rights. Woodruff (2018) found that the majority of American women who seek abortion are highly supportive of the legal right to abortion. However, more than a third of the women believe that abortion is morally wrong.

Like most of the developing countries, patriarchy is one of the prime obstacles to women's empowerment in Bangladesh. In the male-dominated society of Bangladesh, the issue of abortion comes with a tremendous amount of stigma. In Bangladesh, abortion is illegal but it can only be done if it is required to save a woman's life. On the other hand, Menstrual regulation is allowed. (Crouthamel. et al 2018) Due to the taboo related to this topic, most women from this country do not have sufficient knowledge about safe MR procedures and often opt for the unsafe abortion process. In Bangladesh, approximately 12,000 women die every year due to various pregnancy-related complications (Planning Commission, Ministry of Planning, Bangladesh, 2008) which

includes unsafe abortion cases as well. According to a study, In Bangladesh, maternal mortality is 3.9 persons in every thousand women every year, where one-fourth of deaths happen due to the complexities of induced abortion. 8,00,000 women have an abortion every year, of which 8,000 women have died and various social, economic, political, and cultural reasons are to be blamed for these deaths (Akhter and Ferdous 2008). The concept of “personal autonomy” plays a significant role here, in terms of the understanding of the power dynamics between males and females in a male-dominated society such as Bangladesh (Haque et al. 2012; Rahman et al., 2014). Due to the inability to practice autonomy over their bodies, many women ultimately are losing their lives every day. Moreover, Bangladeshi women possess very limited knowledge regarding sexual and reproductive rights. Das and Roy (2016) found that Bangladeshi adolescent girls face difficulties in having accurate information on sexual and reproductive health due to social stigma, religious superstitions, and cultural rigidity. This study revealed that adolescent girls primarily gather information about sexual and reproductive health from friends, television, advertisements, social networking sites, and porn sites on the internet. (Das and Roy,2016).

Many studies have been conducted over the years separately on the perceptions and situation of “abortion” and “ body autonomy” in Bangladesh. Most of those studies were solely focused on the rural parts of the country. I have come across a study gap in the literature based on women’s perceptions regarding body autonomy, freedom of clothing, and abortion in the urban side of this country. Hence, I believe by studying and exploring the various views and knowledge about freedom of clothing and abortion which falls under the broader context of bodily autonomy among the women of Dhaka city, one can comprehend the current scenario of urban young women. The study population of this research is young women aged between eighteen to thirty-five years old, living in Dhaka city. These new insights can contribute to bringing a change in the current scenario in the long run.

1.2. Problem statement

This research seeks to delve deeper into the perception of young women regarding body autonomy. This research will specifically focus on the women living in Dhaka aged between eighteen to thirty-five years old from various socio-economic demographics. As today’s youths are the future of the nation and most women experience the reproductive process willingly or forcefully during this age limit, the researcher has chosen to explore their perceptions.(Delbaere et al.2020) This research will shed light on the concept of body autonomy through the lens of abortion and freedom of clothing.

1.3. Research questions

What are the perceptions among the female youths of Dhaka city regarding body autonomy, in general, and specifically on “freedom of clothing” and “abortion”?

What are the sources of such perceptions?

Which sources and/or factors do they see as influential to their perceptions?

1.4. Research Objectives

To understand the perception of body autonomy in general, and specifically “freedom of clothing” and “abortion” of female youths (aged between 18 to 35) in Dhaka city

To explore the knowledge, source of knowledge, and which source they consider most reliable to attain knowledge regarding the mentioned topic.

To study the factors (socio-economic, education, religion, etc) influencing the concept of body autonomy in general, and specifically, abortion, and freedom of clothing among the female youths in Dhaka city.

1.5. Significance of the study

This research paper will shed light on how female youth perceive body autonomy, freedom of clothing, and abortion. As all of these are highly stigmatized in the context of this country, it is important to know what the stakeholders think about them. Individuals' personal experiences and opinions can uncover previously unknown insights on such matters. The findings of this research can guide Bangladeshi NGO workers and activists who work for the women's rights movement. Assessment of the knowledge and their sources on body autonomy and abortion can help in launching new awareness campaigns that will be more inclusive and accessible to all. On a micro level, this research can instigate important discourse among the youth on highly taboo topics. On the macro level, the findings of this can help in changing important policies regarding women's reproductive rights. I have come across a study gap in the literature based on women's perceptions regarding body autonomy, freedom of clothing, and abortion. I believe studying these factors altogether can enlighten people about the scenario of the urban side of this country. Lastly, this research can be used as a pilot study and pave the way for future studies as well.

Chapter II

LITERATURE REVIEW

2.1. Introduction

Body Autonomy is deeply integrated with the women's rights movement. The driving principle of the proposed study is to study and understand the female youths' perception regarding this. A literature review of publicly available information on body autonomy, abortion, and freedom of clothing was done in the following. In this literature review perceptions of body autonomy, abortion, and freedom of clothing in both regional and global contexts are reviewed.

2.1.2 On Body Autonomy

Body autonomy indicates the right to make decisions over one's body without any external force or coercion. It includes the idea that every individual has the authority to control what happens to their bodies, such as - making choices related to their health, reproduction, sexuality, and overall well-being (Kall et al.2014). It includes the idea that women, like men, possess the sovereignty to make choices regarding their reproductive health, sexuality, and physical well-being without interference from others, which includes- the state, medical professionals, or societal norms. Unfortunately, in most parts of the world, women are unable to exercise their rightful bodily autonomy. There is a handful of historical evidence that states all over the world have sought to regulate women's bodies, thereby creating an unequal power dynamic between men and women(Viðarsdóttir,2023). Achieving body autonomy for women has been a core issue in the feminist

movement. Over the years, many feminist activists have challenged the notion of patriarchy and raised their voices in support of bodily autonomy.

Mercer (2018) reviews the work of two 19th-century feminists - Elizabeth Cady Stanton and Margaret Sanger who advocated for women's autonomy by challenging societal norms and legal restrictions that take away women's agency over their bodies. They tried to establish the significance of women being able to make choices despite their sexuality, reproduction, and overall well-being without any kind of external interference or coercion throughout their lives. By analyzing the inspiring works of Stanton Sanger, the author states that women's body autonomy illustrates the fundamental right of women to have control over their bodies, where reproductive health-related decision-making is often the central issue as it is the most oppressed one.

2.1.3 Body Autonomy as a Fundamental Aspect of Human Rights

Acknowledging a fundamental right to bodily autonomy is immensely important (Trauner, 2024). The study argues that the right to bodily autonomy is necessary for ensuring personal freedom, dignity, and self-determination. In this study, the author delves deeper into the various aspects of body autonomy - such as reproductive rights, medical decision-making, and bodily integrity, and finds out the importance of respecting and providing individuals' autonomy over their bodies plays a vital role in people's well-being.

Similarly, Heidari (2015) emphasizes the significance of body autonomy as a fundamental aspect of human rights, specifically in the context of sexual and reproductive health. This paper studies the intersection of sexuality, human rights, and public health focusing on the political nature of sexuality, the struggle between repression and exploration, and its danger and agency. Heidari (2015) argues that to ensure an individual's sexual health and well-being, sexual rights need to be recognized as human rights. Without respect for individuals' autonomy and self-determination over their bodies, the implementation of sexual rights is not possible. The paper analyzes the control of women's sexuality and the suppression of their autonomy have detrimental consequences, especially in regions like Sub-Saharan Africa where gender inequality and harmful gender dynamics lead to health challenges, for instance -the rise of the HIV epidemic. The author concludes by underscoring the significance of body autonomy as a core element of human rights, intertwined with broader issues of gender equality, sexual health, and social justice.

2.1.4. Current Scenario of Women's Bodily Autonomy

The current scenario of women's bodily autonomy in the world greatly varies from country to country. In modern times, some countries are approaching a more inclusive society, whereas some countries are still very oppressive towards women. The oppression of women is mostly visible in countries that follow strict religious rules and are very conservative. Salhi (2024) dives deeper into the struggles faced by Saudi women in their quest for autonomy and feminism. This paper discusses the deep-rooted patriarchal notion and religious rigidity of Saudi Arabia where women are heavily surveilled by male relatives and society at large to uphold family honor. Despite economic and urbanization progress, gender discrimination remains one of the core natures of this country, restricting women's freedom in both urban and tribal settings. For instance, the ban on women driving cars in Saudi Arabia, imposed by religious authorities through fatwas indicates the limitations imposed on women's mobility. Salhi (2024) sheds light on the activism of Saudi women, who gradually started to demand their rights. The Gulf War in 1990 brought Saudi women with the interactions with American women who defied societal norms by driving which resulted in sparking questions among Saudi women about their restrictions. In addition to demanding the right to drive, Saudi women started to protest against the discrimination and facilities against the biased education system. The paper discusses the instances where women like Manal al-Sharif faced arrests and backlash for driving, yet their resilience and advocacy efforts remained constant which gained international attention and support. The Arab Spring uprisings and reforms by King Abdullah further fueled Saudi women's activism, pushing for legal reforms and organizing despite restrictions on public dissent and civil society organizations in the country. Currently, Saudi women are still fighting for their freedom and autonomy.

On the other hand, another study conducted in the context of two Western countries - Iceland and Ireland examines how the debates regarding abortion laws in these countries have brought women's bodily autonomy to the forefront (Viðarsdóttir,2023). The discourse in both countries signifies the need for women to have the right to decide over their bodies, free from external interference or regulation. The author concludes this study by stating that bodily autonomy is a fundamental aspect of women's rights and is very crucial for achieving gender equality and reproductive justice

In a male-dominated society like Bangladesh, issues like - women's body autonomy is highly taboo and are not often talked about. Similarly, women from all aspects of society - urban and rural face great difficulties in exercising bodily autonomy. Many studies have been conducted in

the past portraying the struggle of Bangladeshi women to access their autonomy, especially in terms of reproductive rights.

Biswas et al. (2017) examined the women's autonomy and reproductive rights in rural Bangladesh. They argue that women's autonomy contributes significantly to the sociocultural indicator of higher control to exercise reproductive rights for young mothers in Bangladesh. The authors emphasize that women's autonomy is a crucial socio-cultural determinant of their control to exercise reproductive rights, specifically in patriarchal societies like Bangladesh. Biswas et al. (2017) found out that, in rural areas, women's autonomy is strongly tied to their ability to make decisions about their reproductive health and access reproductive health care services which most of them are being deprived of.

Though most of the literature blames the states for taking away women's rights to body autonomy, some literature also points out other components responsible for this. For instance, Stibbard (2022) investigates the detrimental effects of the male gaze on women's autonomy in patriarchal societies. The male gaze is defined as a force that strips women of bodily integrity and autonomy, reducing them to mere objects for consumption. Objectification and reduction of women to body parts alone result in psychological and physiological damage for women, impacting their autonomy significantly. This study argues that the male gaze snatches away women's identities from their sites of political action and power, which strips them of their autonomous worth. In addition to the male gaze, the media plays an important role in objectifying women. The media presents the appearance of women as their most valuable asset, which reinforces the idea that their worth is solely based on their appearance. Stibbard (2022) argues that the male gaze and objectification in society contribute to the declination of women's body autonomy and overall sense of self-worth.

2.1.5 Conflicting Definitions of Body Autonomy

Contrary to the popular notion, Reynolds (2015) heavily criticizes the traditional definition of autonomy as a "functional fiction" that abstracts and decontextualizes the real conditions under which women make choices. This paper argues that women's bodily autonomy does not adequately capture women's struggles by simplistic notions of individual choice and self-governance. Women's choices and decisions depend on a range of factors such as social norms, power dynamics, and cultural contexts. The author suggested the appropriate word to replace women's autonomy will be women's agency which is sensitive to both individual capacities and external influences, highlighting the need to consider the complexities of women's experiences when discussing autonomy. Largely, the study advocates for a more nuanced understanding of women's bodily autonomy that takes into account the intersecting factors that shape women's

choices and agency, particularly in situations involving sexual violence and consent. It casts doubt on an oversimplified definition of autonomy and emphasizes the necessity of addressing structural injustices and power dynamics that affect women's capacity to truly exercise agency over their bodies.

2.1.6. Current Scenario of Abortion

An abortion generally means a procedure to end a pregnancy. Abortion is a highly taboo issue all over the world. Currently, only a few countries permit women to opt for abortion according to their choices, whereas in most countries it is completely banned or restricted. However it has been proven numerous times that access to safe abortion improves maternal morbidity and mortality (World Health Organization (WHO), 2012). Unfortunately, most of the women in the current world do not have this access. In 2017 about 42% of women of reproductive age lived in countries with highly restrictive abortion laws (Guillaume et al., 2018). In 2020, the lack of safe and legal abortion negatively affected 700 million women worldwide. (Centre for Reproductive Rights (CRR), 2020). Twenty-six countries put a complete ban on abortion with no consideration whatsoever for example - Nicaragua, Mauritania, Angola, Madagascar, Iraq, Congo Brazzaville, Philippines, Egypt, Laos People's Republic, Dominican Republic, Sierra Leon, Senegal, Jamaica, Haiti, Etc (Centre for Reproductive Right (CCR), 2020). This indicates that women living in these countries cannot go for abortion even if they are victims of rape and incest. Similarly, in Latin America and the Caribbean, more than 97% of women live in countries with restrictive abortion laws, and in Asia, only 17 out of 50 countries permit abortion without restriction (Schwartz, 2017; Singh et al., 2018). Denying women abortion services does not mean that abortion in these countries has stopped altogether. Women from such countries have sought unsafe abortions which can be very dangerous. Attempts to ban or restrict abortions have done nothing to reduce the incidence of abortions globally; instead, they only force women to seek unsafe abortions (Amnesty International (AI), 2018).

Similarly, Rahman and Mahbubur Rahman (2021) found that rural women in Bangladesh go through extreme difficulties in exercising autonomy over their bodies, particularly regarding reproductive health decisions such as abortion. They look into the concept of body autonomy of rural women in the context of abortion. There is a societal stigma attached to abortion in Bangladesh and cultural, religious, and socio-economic factors contribute to women's inability to make autonomous decisions about their reproductive health. The authors find that even rural women's knowledge and beliefs regarding sexual and reproductive health are also shaped by such socio-cultural and economic factors. They frame factors such as fertility behavior, decision-making about having a baby, pregnancy, unwanted pregnancy, and abortion as crucial in shaping women's reproductive health practices. Social norms, limited access to information, and economic

conditions greatly impact rural women's agency and make them feel constrained.

However, one study suggests that currently there is a favorable change towards acknowledging and upholding women's bodily autonomy in Western countries, namely in Iceland. Women's reproductive rights and decision-making regarding their bodies, including abortion are underscored in the current discourse in Iceland. This emphasis on trusting women to make decisions for their own lives and future indicates the existence of a forward-looking and liberal perspective in this country regarding women's reproductive rights (Viðarsdóttir, 2023).

2.1.7. Impact of Restrictive Abortion Laws

Ngo et al. (2021) found that restrictive abortion laws significantly contribute to unsafe abortions and maternal mortality in lower and middle-income countries. On the contrary, countries that have liberal abortion laws have seen a decrease in abortion-related mortality rates over the years. This research states the importance of challenging the problematic representation of abortion in discourse and advocating for women's rights to health and bodily integrity. The authors discuss the unnecessary burden of maternal mortality caused by restrictive abortion laws and emphasize the need for policy changes to ensure women's access to safe abortion services in lower and middle-income countries. The author argues that to achieve reproductive justice, empowering women to make decisions about their bodies and reproductive health is essential.

Similarly, a study conducted in Argentina delves deeper into how denying a woman the right to terminate an undesired pregnancy can severely disrupt her bio-psycho-social health. (Pérez, 2017) Abortion was illegal in Argentina with some narrow exceptions in the duration of this research. This study argues the importance of recognizing women's autonomy in making reproductive choices and the impact of restrictions on their physical, mental, and social well-being. The author addresses the challenges faced by women seeking abortion in a legally restricted area and focuses on activist health professionals who advocate for abortion rights despite legal constraints in the hopes of making safe abortion accessible. The author found out that activist medical professionals think that essentially all abortions are medically necessary to protect women's health. This study concentrates on insider activists of Argentina who promote abortion rights by arguing that terminating a pregnancy is an essential part of a woman's health and agency. The study sheds insight on the change in clinical practice at a primary care clinic, as medical staff members moved from counseling patients about abortions to performing legal pregnancy terminations under the legal health exemption. This strategy was developed by insider activists who produced a diagnostic tool that supported women's abortion requests as legitimate medical procedures.

Likewise, another study on this issue discussed the challenges and complexities regarding out-of-clinic and self-managed abortion in Bangladesh (Crouthamel et al. 2018). In Bangladesh's constitution, abortion is illegal except to save a woman's life. However, menstrual regulation (MR)

is legal, which involves the use of manual uterine aspiration or medications like Misoprostol to induce menstruation up to 10-12 weeks from the last menstrual period. This study focused on the perspectives of experienced menstrual regulation (MR) providers in tertiary care settings. The authors found that providers face difficulties in defining MR/abortion gestational age cutoffs hence, some patients are being turned away even if they are within the legal window. As a result, women opt for untrained providers, leading to delays in care-seeking and increased risks for complications. Provider biases and attitudes towards MR contribute to creating barriers to care. Some providers imposed their moral judgments on patients' decisions. The authors illustrate instances where providers had religious hesitations about providing MR or would only perform MR under specific conditions for example, if the patient had a certain number of children or if certain family members were present. This biased approach to providing MR limits patients' autonomy in making decisions about their reproductive health. Moreover, negative perceptions of informal MR providers lead to delays in seeking formal care, endangering patients' health. This study also reveals that brokers play a harmful role by redirecting patients to informal clinics, where care is usually not safe.

In Bangladesh, one of the reasons for abortion is unintended pregnancy. Inadequate knowledge about sexual and reproductive health can contribute to unintended pregnancies. Begum, et al.(2018) inspected the prevalence of unintended pregnancies among young women in Dhaka city through the lens of socioeconomic and gender factors. The major findings of this study are complex interplay of social norms, economic limitations, and power dynamics highly contribute to unintended pregnancies and abortions among young women in Dhaka. As access to safe and legal abortion services is limited, particularly for young and women from marginalized communities, the restrictive laws and social stigma regarding abortion often lead these women to seek unsafe procedures which result in risking their health and lives. In Bangladesh, unsafe abortions remain a significant public health issue, contributing to maternal morbidity and mortality.

2.1.8. Abortion as an Integrated Part of Body Autonomy

Trauner (2024) highlighted reproductive rights as a significant aspect of bodily autonomy. The paper advocated for women's right to make decisions about their bodies without any external obstructions. It indicated that this should be promoted through improved access of women to exhaustive reproductive healthcare, including but not limited to contraception, abortion, and maternal care. This has been identified as a crucial aspect of ensuring women's bodily autonomy. The author also argued that imposing barriers to women's reproductive rights hinders women's bodily autonomy as well as their well-being.

2.1.9. Women's Knowledge and Attitudes Towards Reproductive Rights

A.N. and A.J. (2015) investigated postgraduate female students in Nigeria to understand their knowledge perception regarding reproductive rights. It was found that there existed a knowledge gap among this group and mass media was the primary source for them to gather information on reproductive rights. Moreover, a massive number of the participants lacked awareness of reproductive rights violations and retained misconceptions regarding women's reproductive rights. The issue of bodily autonomy, particularly among married women, was identified as a controversial subject matter in this article. Although the participants predominantly opposed the idea of married women having total command over their bodies, they viewed marital rape as a deed punishable by law. This circumstance implies disapproval towards customary practices of remaining silent regarding domestic violence as well as the underlying religious belief system among mass people that supports women's submission to their husbands. The study concludes that women, especially married women should be made aware and knowledgeable on reproductive health and bodily autonomy.

Similarly, another study in Dhaka found there is a significant knowledge deficit about sexual and reproductive health rights in urban women. A study conducted in a reputed college in Dhaka explored the experiences and perceptions of adolescent girls regarding sexual and reproductive health rights (Das and Roy, 2016). This study revealed that adolescent girls have no valid sources to obtain information on Sexual and Reproductive rights. On top of it, social stigma, religious superstitions, and cultural rigidity create barriers to accessing accurate information on this issue. Das and Roy (2016) found out that adolescent girls primarily gather information about sexual and reproductive health from friends, television, advertisements, social networking sites, and porn sites on the internet which are often inaccurate.

Another research in the USA found that more than one-third of the women in the USA find abortion to be morally wrong, while the majority of the women seeking abortion are strongly supportive of abortion as a legal right. The findings also suggested that women's personal experiences, e.g., whether they faced unwanted pregnancy or sought an abortion, can be a determining factor impacting their views on abortion. While trying to understand abortion attitudes, the study emphasized differentiating between "morality" and "legality" of abortion. Even though most women support the legality of abortion, a significant number of participants also view abortion as morally wrong. (Woodruff et al. 2018).

2.1.10. On Freedom of Clothing

Clothing or dress is an important part of a person's self-expression. Freedom of clothing is considered a human right in some parts of the world. Freedom of clothing falls under the broader context of body autonomy. Usually, freedom of clothing indicates the right of individuals to wear dresses according to their will without facing legal or social restrictions. However, as women are often being deprived of exercising their rights and choices, in many parts of the world women do not have the right to freedom of clothing.

Lahiri and Bandyopadhyay (2012) shed light on the importance of women's autonomy in making choices about their bodies and clothing. The authors analyze the issue of women's body autonomy in the prevalence of dress codes forced on women in educational institutions in West Bengal, India. This study portrays the forceful imposition of dress codes as a violation of women's autonomy and argues that the institutions should recognize and respect women's right to dress as they choose. The authors provide several insights into West Bengal where women's freedom to dress was violated multiple times. In many educational institutions in West Bengal, there were a series of attempts to implement dress codes for women teachers, students, and employees. These dress codes are often connected to societal expectations of decency and morality, with attempts to regulate women's clothing choices based on unwritten codes of conduct from male perspectives.

2.1.11. Women's Dress as a Justification for Violence

In many parts of the world, people believe that women's dress is considered a justification for violence. For example, they believe that if a woman wears a dress in a certain way there's nothing wrong to rape her. This notion is very common in South Africa. A study in the South African context highlights the relationship between dress and violence towards women, focusing on the notion that by avoiding provocative dress, women should prevent rape (Kwenaite, 2011.)

The study discusses the concept of women's body autonomy in the context of freedom of clothing, and societal norms and perceptions often violate it. The author investigates the intersection of culture, law, and gender dynamics in addressing violence against women and argues for a shift toward promoting gender equality and victim protection. This study advocates for the right to make choices about women's appearance without facing judgment or violence which can ultimately put an end to the struggle for them to have control over their bodies.

2.1.12. Dress as a Means of Personal Agency

Dress is an important aspect of a person's identity. However, histories suggest that women did not use appearance only to express their identity, but sometimes they used clothing to hide themselves from society as well. Jones and Hollie (2022) portray appearance as a form of autonomy by discussing the nineteenth-century prostitutes of the UK, who reclaimed power through deliberate dressing. Prostitutes were able to avoid internal examinations, frequent arrests, and social marginalization by carefully curating their clothing and disguising their "Sexual 'Otherness'" through deliberate dressing like upper-class English women. This act of dressing allowed them to subvert their identity and reclaim personal agency. Streetwalkers were able to move undetected through class borders and disturb the power of the dominant social body by manipulating their appearance as moral English women.

2.1.13. Summary

The literature review explored much already existing knowledge that is relevant to this study from Bangladesh and beyond. Most of the studies present findings related to the importance of body autonomy, the importance of access to safe abortion, and the freedom to dress however one likes separately. Almost every paper acknowledged reproductive rights as human rights and the struggle women had to go through to achieve autonomy over their bodies. In addition to that, these papers found that changing policy on abortion and making it legal can be a game changer in achieving women's rights worldwide. A good number of local studies focused on rural women's perception of abortions and reproductive rights solely, lacking the insights of urban women in the country. On top of it, I have come across a study gap in the literature based on women's perceptions regarding body autonomy, freedom of clothing, and abortion. Most papers have focused on each one of the topics whereas studying abortion and freedom of clothing under the broader umbrella of body autonomy is missing. Similarly, in the context of Bangladesh, there is not much study solely dedicated to how women think about their freedom of clothing. Abortion and freedom of clothing are two very essential elements of body autonomy. Studying these factors altogether can

enlighten people about the scenario of the urban side of this country. As the perception of female youths regarding body autonomy in Dhaka city is not represented much in academic papers, this research can be used as a pilot study and pave the way for future studies as well.

2.2 Theoretical framework

This study will not test any theories, however, to understand the responses from the interviewees better, I believe theories related to the topic will be immensely helpful. Hence, the following theory is found to have some relevance to the research, and in the section below, the aspects of relevance are discussed.

Social Construction of Reality

The social construction of reality indicates that people's perceptions, beliefs, and understandings of the world are shaped by the social context in which they live. This concept highlights that what people consider to be real or true is not only determined by objective facts but is also inspired by society and culture. The term 'social construction of reality' was described by sociologists Peter Berger and Thomas Luckmann in 1966 when they published their book *Social Construction of Reality*. Berger and Luckmann (1966) argued that people create society through interactions, and they maintain the rules and values of society because they view them as habits. This theory incorporates several key ideas by which people shape their reality.

Some of the key aspects of this theory are the following -

Shared Meaning: People create their realities through shared meanings and interpretations within a society. Culture, community, and social institutions influence people's opinions on particular issues. For instance, the concept of beauty is different from culture to culture.

Socialization: Socialization plays a major role in understanding and interpreting the world according to the norms, values, and beliefs of their society for individuals. In almost all societies, children are taught what is right and wrong, acceptable or unacceptable which later greatly influences their opinions.

Institutionalization: Social institutions such as the family, education system, religion, economy, and media play a significant role in determining shared understandings of the reality of people. These institutions create and establish norms, rules, and roles that ultimately guide people's attitudes as well as shape their values.

Language and Symbolism: Language is a very important tool through which reality is constructed. Components of language - words and symbols shape an individual's experiences of reality by communicating and organizing their thoughts. Distinct linguistic frameworks of different cultures inspire the way people comprehend and interpret the world around them.

Power Dynamics: Power dynamics within a society greatly influence an individual's construction of reality. It is often seen that dominant groups have more power in shaping societal norms and values - as a result, the perspective of minority or marginalized groups gets excluded.

Mainly, the social construction of reality theory emphasizes the dynamic nature of reality, explaining how it is continuously constructed, negotiated, and interpreted within certain social contexts. This theory sheds light on the insights into the complex interplay between individuals, society, and culture which shapes the human experience of reality. This theory is very important to understand how people perceive certain things. As this research aspires to explore the perception of body autonomy among female youth, this theory can be immensely useful. Through the lens of the social construction of reality, I could assess what factors influence holding a certain opinion on the research topic.

the social construction of reality theory emphasizes the dynamic and contingent nature of reality, highlighting how it is continuously constructed, negotiated, and reinterpreted within social contexts. By examining the social processes through which reality is constructed, this theory provides insights into the complex interplay between individuals, society, and culture in shaping human experience and understanding.

2.3 Conceptual Framework

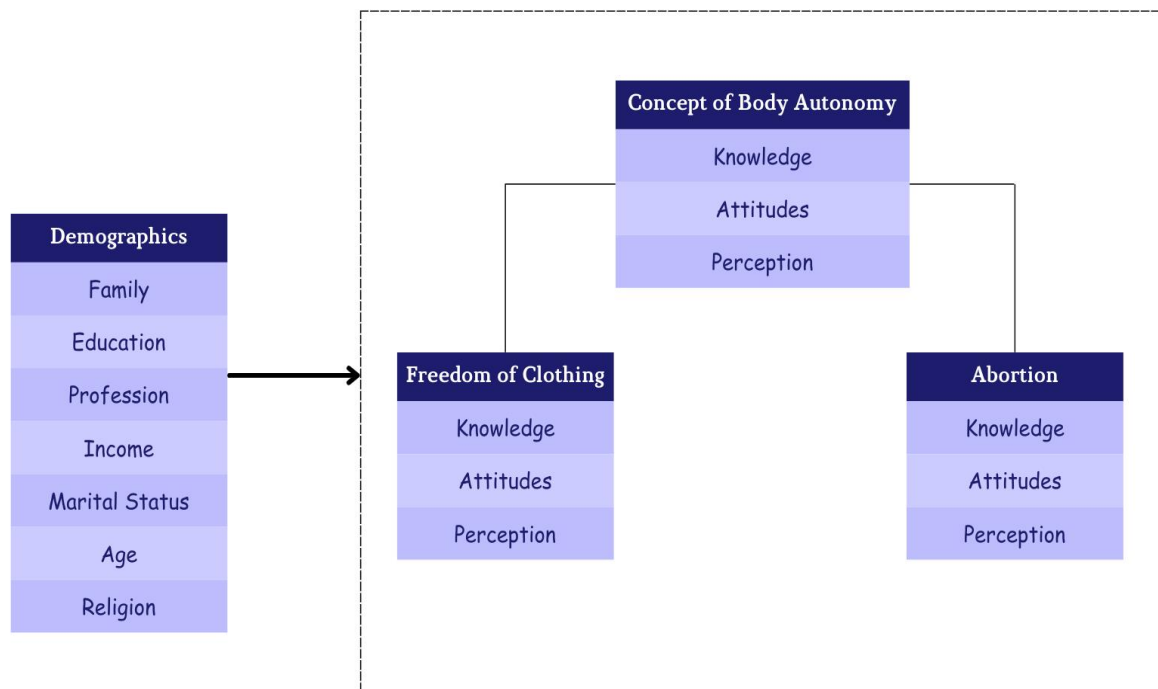


Figure 1: Conceptual Framework (Source: Illustrated by the Investigator)

The framework presents several variables relevant to the study. For instance, components like family, education, profession, income, religion, and marital status influence people's perceptions of a particular issue. Berger and Luckmann (1966) state that, people's perceptions, beliefs, and understandings of the world are shaped by the social context in which they live. Through the lens of the social construction of reality, this study will explore the concept of body autonomy among female youth in Dhaka. Various factors can influence the knowledge, attitudes, and perceptions regarding body autonomy, abortion, and freedom of clothing. All of the elements mentioned play significant roles in shaping an individual's perception regarding abortion and freedom of clothing

which fall under the broader umbrella of body autonomy. The framework indicates how the independent variables can influence the dependent variables here independent variables are family, education, social class, etc, and the dependent variables are - body autonomy, abortion, and freedom of clothing. To fully comprehend the perception of the research topic among the study population, it is necessary to analyze all of the variables.

2.4. Operational Definitions

Body autonomy

Body Autonomy indicates the right to make decisions over one's body without any external force or coercion. It includes the idea that every individual has the authority to control what happens to their bodies, such as - making choices related to their health, reproduction, sexuality, and overall well-being(Kall et al.2014). The right to have privacy, sexual autonomy, choosing what to wear, reproductive rights and consent to or refusing medical treatment falls under this vast umbrella of body autonomy. Trauner (2024) emphasizes the importance of individuals having control over their bodies and decisions. The right to bodily autonomy is immensely important for ensuring personal freedom, dignity, and self-determination.

The importance of achieving body autonomy for women

The concept of body autonomy is closely related to the women's rights movement. It is a large topic within feminism, as over the years feminists have explored how states regulate women's bodies hence creating women's unequal position to men in society. Historically, most of the countries of the world have expressed a deep desire to control women's bodies, and have successfully established unequal power dynamics between men and women. As a result, bodily autonomy becomes a fundamental aspect of women's rights and plays a major role in achieving gender equality (Viðarsdóttir,2023). Prominent women's rights activists, Elizabeth Cady Stanton and Margaret Sanger have fought for women's autonomy by challenging societal norms and legal restrictions that limited women's agency over their bodies. Simultaneously they have raised their voices to the importance of women being able to make choices regarding their sexuality, reproduction, and overall well-being without external interference or coercion. (Mercer,2018).

Reproductive rights

Reproductive rights refer to legal rights and freedoms relating to reproduction and reproductive health, which include the decision to have children, the right to abortion, birth control, etc. (WHO, 2009) Reproductive rights are considered legal rights (Amnesty International [AI] USA, 2007; World Health Organization [WHO], 2014), which provides women's freedom to decide when to have children as well as the spacing and timing of their children's births (WHO, 2006). Under the body autonomy of women, one of the most important rights is - sexual or reproductive rights. Unfortunately, women all over the world face tremendous difficulties attaining this right.

Abortion

According to the World Health Organization (WHO), "abortion refers to the expulsion or extraction from mother of a fetus or embryo weighing less than 500 grams." It generally means the termination of a pregnancy. Mainly, there are two types of abortions. Spontaneous abortion which refers to miscarriage and induced abortion refers to the termination of pregnancy through medical or surgical means. Abortion is a highly taboo topic around the world.

Importance of access to safe abortion

Currently, only a few countries permit women to opt for abortion according to their choices, whereas in most countries it is completely banned or restricted. However it has been proven numerous times that access to safe abortion improves maternal morbidity and mortality (World Health Organization (WHO), 2012) Unfortunately, most women in the current world do not have this access. Denying a woman the right to terminate an undesired pregnancy can severely disrupt her bio-psycho-social health, constituting a health risk. (Pérez, 2017) Attempts to ban or restrict abortions have done nothing to reduce the incidence of abortions globally; instead, they only force women to seek unsafe abortions (Amnesty International (AI), 2018). As a result, maternal morbidity rates have been increased.

Freedom of clothing

Clothing or dress is an important part of a person's self-expression. Freedom of clothing is considered a human right in some parts of the world. Freedom of clothing falls under the broader context of body autonomy. Usually, freedom of clothing indicates the right of individuals to wear dresses according to their will without facing legal or social restrictions. (Latino, 2023) However, as women are often being deprived of exercising their rights and choices, in many parts of the world women do not have the right to freedom of clothing.

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SELF-ASSESSMENT FORM

The purpose of this survey is to obtain students input on how they think they have performed.

Name of Intern: _Fahmida Huq Saima

University ID: 203012008

Name of the

Institute/Organization: **ULAB**

Corporate Office Address: 688,
Beribadh Road, Dhaka-1207
Email: ulabpress@ulab.edu.bd

Web: ulab-press.ulab.edu.bd

1. During a typical week, approximately how many hours did you dedicate to your internship?

10 hours

2. Was your internship paid? If yes, how much?

No

3. Was your site supervisor available to meet when needed? Tick any one of the following.

☐Not at all ☐Slightly ☐Moderately ☐Quite a bit ☒A great deal

4. Next, we would like to know how you were affected by your internship. Using the scale below, please indicate the degree to which participation in your internship experience increased or strengthened your abilities, attitudes, awareness or understanding in each of the areas identified:

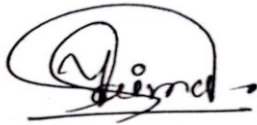
1=Not at all 2=Slightly 3=Moderately 4=Quite a bit 5=A great deal

NO	CRITERIA (Personal)	RATING
1	I have a sense of satisfaction in doing something worthwhile.	5
2	I believe in my ability to make a difference.	5
3	I am open to new experiences.	5
4	I have gained the capacity to be more productive.	5
5	I can recognize my personal strengths.	5
6	I can recognize my personal weaknesses.	5
7	I have a sense of personal achievement.	5
8	I have the ability to persevere in difficult tasks	5
NO	CRITERIA (Social/Interpersonal Impact)	5
9	I demonstrate concern for the welfare of others	5
10	I can be understanding and appreciative of people with diverse backgrounds	5
11	I have the ability to work cooperatively with others	5
12	I have the ability to communicate effectively	5

13	I have increased my ability to be a leader	5
14	I feel more connected to my community	5
NO	CRITERIA (Academic learning impact)	5
15	I have acquired knowledge from the job duties I performed	5
16	I have broadened my critical thinking skills (reasoning, problem solving)	5
17	I have learnt the ability to work independently	5
18	I feel my classroom learning was enriched	5
19	I have the ability to connect academic subject matter to the real world.	5
NO	CRITERIA (EMPLOYMENT/JOB SPECIFIC IMPACT)	5
20	I developed specialised technical skills for a specific job function	5
21	I broadened my future employment possibilities	5
22	I received an opportunity to explore a specific career	5
23	I developed realistic ideas about the work world	5
24	I narrowed my future possible career choices.	5
25	What is your average score from this test?	5

5. General Comments:

I have learned a lot from this internship. It pushed me to my limits and inspired me to work hard. It also made me confident about my ability. I am determined to pursue the research project I have worked on here in the future.. I feel truly grateful for the opportunity.



Signature of Intern