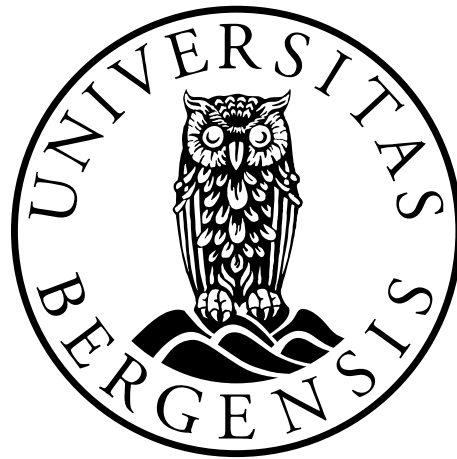


# **‘If You Look Beautiful, the World Would Be Yours’**

Does Cosmetic Surgery Lead to Gendered Empowerment in  
Bangladesh?

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## **ABSTRACT**

This study tries to explore the interrelated dynamics among patriarchy, cosmetic surgery and empowerment. While poverty, poor health accessibility and gender inequality are common problems in Bangladesh, a growing number of cosmetic clinics are being established and a number of women are increasingly taking up cosmetic surgeries. This study seeks to explore how and why women take cosmetic surgeries in the context of patriarchy and further to ascertain whether cosmetic surgeries enhance empowerment of women in Bangladesh.

This study used in-depth semi structured interviews, a case study method, focus group discussion and observation to collect the data. The produced data was analysed qualitatively to present cases and direct statements from the informants. The data was further analysed by coding informants' responses into themes based on the research objectives and the theories used, namely, the 'Three Bodies Approach' and 'Empowerment Theory'.

Despite some success stories with respect to cosmetic surgeries, this study shows that there are some women who continue to face socio-economic hardships and challenges from the beginning to the end during the process of treatment. Economic instability, sexual objectification, male superiority, uncertainty, family break up, dependency on husband or medical surgeons are the downbeat results coming from several female patients. The study further indicates that women consumers must possess some form of courage to enable them to go for cosmetic surgeries. The study further shows that even if the women choose surgery, it does not necessarily enhance their empowerment. That is the surgery does bring changes in physical appearance and might make them attractive but it contributes little socially in terms of enabling them to make own decision in the contest of family and in community, rather these women act as prescribed by patriarchal norms and gendered rules, unconsciously and sometimes deliberately. Critical analysis from related theories and contextual backgrounds might provide with a new perspective over this newly growing practice; that this industry, as a matter of fact is regenerating patriarchal norms in society and reproducing the westernized ideal body and beauty structure, but contributes little socially in terms of empowerment. The study concludes with some questions and queries that need more research to be answered.

Key words: Cosmetic Surgery, Women, Patriarchy, Empowerment, Choice.

## LIST OF ABBREVIATIONS

ASK	Ain o Shalish Kendra <sup>1</sup>
BAAPS	British Association of Aesthetic Plastic Surgeons
BBS	Bangladesh Bureau of Statistics
CNG	Compressed Natural Gas
FGD	Focus Group Discussion
GDP	Gross Domestic Product
GNP	Gross National Product
GOB	Government of Bangladesh
HSC	Higher-Secondary School Certificate
IAP	Inappropriate Adaptive Preference
ICT	Information and Communication Technology
NGO	Non-Government Organizations
NSD	Norwegian Social Science Data Service
RMG	Readymade Garments
SSC	Secondary School Certificate
TK	Taka (Bangladeshi currency)
TV	Television
TVC	Television Commercial
USD	US Dollar

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<sup>1</sup> Non-Government Organization in Bangladesh



'If You Look Beautiful, the World Would Be Yours'

## CHAPTER 1

# Introduction

*“Sundormukher joy sorbotro<sup>2</sup> I like to choose cosmetic surgery because I like to be appreciated by people...whatever your age is, if you look better, you will get better impression. People will show eagerness to talk to you.”*

45 years old cosmetic surgery patient named Rubi<sup>3</sup>.

Physical appearance is well-documented as being essential for both women and men and with implications for both intrapersonal well-being and interpersonal interactions (Hatfield & Sprecher, 1986). At present the growing global industry of cosmetic surgery has become enormously popular in beautification; to be more specific; the beautification of female body. Bangladesh, being a developing country is not an exception from this trend. This research aims to reveal the inherent diversified dimensions of patriarchy, cosmetic surgery and empowerment in Bangladesh and the inextricable but unexplored linkage between them. The major question this thesis tries to address is whether cosmetic surgery enhances empowerment of women or is it the case that patriarchal norms are regenerated and compromises the social gains that women hope to get by undergoing cosmetic surgery.

Although the emergence of cosmetic surgery was complemented by the idea of providing health services in reconstructing the injured (Kalam, 2010), the current expansion seems to be more about vanity and an obsession with the notion of maximising beauty. Rohrich (2003) asserts that, in the West, the rate of the consumption of the cosmetic surgery services have faced dramatic increase in recent years (cited in Gillespie, 1996; Henderson-King & Henderson-King, 2005) and this increase in terms of popularity continues (American Society of Plastic Surgery, 2004 cited in Henderson-King & Henderson-King, 2005). Even a cursory internet search reveals thousands of cosmetic and laser service sites, which is quite a surprising fact. These provide promotional information to potential consumers about the best services and strategies offered by them.

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<sup>2</sup>A beautiful face is appreciated everywhere.

<sup>3</sup> Respondent's (female cosmetic surgery patient) pseudo name

People's inner motivation and urge for being beautiful is basically derived from the cultural set up of the society (Gilmartin, 2011). This industry actually capitalizes on this to motivate the consumers. The promotion of this cultural elicitation of beauty is now complemented by the latest technological innovations that contribute in enhancing beauty (Ibid). The trend of cosmetic surgery for enhancing beauty is affecting both men and women (Holliday & Cairnie 2007 in Ibid). It has also reached to the developing countries with the passage of time, of which Bangladesh is not an exception. In Bangladesh, the beauty based business industry-inclusive of beauty parlours, gyms and above all cosmetics surgery centres seems to be mushrooming, particularly in the capital city of Dhaka (Hossain, 2010).

Bangladesh has achieved significant strides in human and social development since independence, including progress in gender equity, universal primary education, food production, health services and population control (Lewis, 2011). Yet, it continues facing numerous political, economic, social and environmental challenges, including political instability, corruption, poverty, overpopulation and climate change (Ibid). Affording cosmetic surgery for beautification for the common people in Bangladesh can be seen as a luxury because of its high expenses. Especially when one considers the fact that, women in Bangladesh are regarded to be a dependent group, with less participation in the labour force and with minimum /no income (Chowdhury, 2009; Kabeer, 2002). Although this picture is gradually changing in both the urban and rural areas, women are still largely economically dependent on men (Chowdhury, 2009). Considering the economic and social challenges in Bangladesh, particularly in relation to poverty and gender inequality, the interesting question arises then, why do women choose cosmetic surgery? Specifically, how do rural women afford the cost and how do they manage to take the challenges of undergoing surgery? How is it different from urban patients (both male and female)? Does patriarchy play any role in this process? Finally, does cosmetic surgery have any influence on women's choice, power and empowerment?

## **1.1 Background**

Understanding of the background of this research work requires covering a considerable discussion of historical context in terms of economic and social changes. As the background of my study, I would like to reflect on the historical perspective of social and economic transformations, which mostly took place after 1990s and relate it with the emergence of

cosmetic surgery industry. The presentation will cover the socio economic struggle as a war torn nation after getting independence and after 1990's socio-economic transformation that brought some new changes in society. However, I want to claim that, among many other changes that came out after 1990's, the beautification industry that includes parlour, gym, laser and cosmetic surgery emerged and gained remarkable popularity. Thus, the following section will explain how cosmetic surgery industry emerged and has flourished with the socio-economic changes in Bangladesh.

### **1.1.2 Globalization, Social Changes and Rising Cosmetic Surgery Industry**

Bangladesh emerged as a poor and over-populated country after its independence in 1971. After the history of 200 years of British colonial domination and 24 years of Pakistani rule, the country struggled hard to overcome the devastating war and develop institutional and physical capital and to rebuild the nation (Lewis, 2011). However, the process of socio economic changes and development has been contradictory and the transformations came with recurrent sets of transitions (Ibid). The beginning of the 1990's marked the era of more comprehensive reform programs mostly in the arena of politics and economics. This brought a transition to parliamentary democracy from a semi-autocratic rule in Bangladesh (Mahmud, 2003). Economic transformation in Bangladesh came out through globalization (Khan, 2013). Globalization is regarded as a much favoured economic concept in contemporary times that contributed to the launch of an open market economy and expanded the private sectors (Ibid). Major economic changes came in Bangladesh with a significant expansion of the readymade garment sector (RMG). Economic progress of the Bangladesh in the 1990s being underpinned by the growth in export rates in the RMG sector (Mahmud, 2003).

Moreover, in the last four decades, NGOs became important development catalyst in the country's development, particularly in the rural areas (Khan, 2013). It opened up the opportunities for the rural women to participate in income generating activities that NGOs created, with programs like micro-credit and many other (Ibid). Women's mobility increased due to their increased participation in economic and social activities. Besides, women came forward to work as a labour force through RMG in a remarkable rate. A large number of rural women have made their steps into living in the urban areas and leaving their villages behind, while contributing greatly in the RMG sectors through their services. (Bhattacharya et. al., 2002). The

number of employed women increased from 7.9 million in 1999-2000 to 16.2 million in 2010, with an annual rate of 10.51 percentage at national level (GOB<sup>4</sup>, 2010). The average female participation in labour force during the period of 1960-2012 was 57.04 percentages (World Bank, 2012). In parallel, because of all of these changes, Bangladesh has achieved significant economic progress during recent two decades. A report showed that, despite an increasing population, the amount of poor people in Bangladesh declined from 63 million to 47million people between the years 2000 and 2010 (World World Bank, 2013). The per capita income increased to USD 1190 in 2013-2014 from before (GOB, 2014).

Globalization has its significant contribution in technological expansion- the opening of a number of international, national television channels. ICT sector expanded with widespread usage of the internet and mobile phone (Khan, 2004). Particularly, different programs, product promotions and advertisements, came with a number of satellite television networks.

As a consequence of the colonial experience of being dominated by the West for a long and important period of the history; was the emergence of the belief that, 'modernization' comes through 'westernization', mostly via media added to the changes taken place. Since the West is perceived as 'modern' and 'civilized'; replicating Western ideas and attitudes started being seen as the prerequisites for socio-cultural progress by many people (Khan, 2013). Westernization contributes to modernisation, through its influence in transforming some aspects of culture, such as- life style, like food, dress, music, behaviour, fashion and beautification in the wide spread media and internet. Media expansion has gradually led to commoditization of culture through profit oriented cultural activities (Khan, 2013). Because of women's increased mobility and overall economic growth, the demand of new life style elements is continuously increasing. Beautification industry, including cosmetic surgery has emerged as a new life style element and expanded to meet the current demand.

All these emerging and growing new elements of social transformation discussed above brought about both positive and negative changes. With many positive changes i.e. relatively strong economic growth, new social systems, rapid urbanization; negative outcomes- such as continuous instability regarding governance and growing inequalities are also evident (Lewis,

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<sup>4</sup> Government of Bangladesh

2011). Beside economic growth, increased corruption in different sectors of the Bangladesh economy has created social inequalities, widening the prevailing gap between the rich and the poor (Devine, 2008 in Ibid). A business class has emerged with much wealth, so the average income of the country has increased in the last decades (Ibid). The gap between the rich and the poor, and the urban and the rural areas remain wide. The average daily expenditure among the poor is found to be less than TK700<sup>5</sup> and more than TK 3000 among the rich (Khan, 2013). A total 53 percentage of rural and 37 percentage of urban people remains poor (Ahmed and Mahmud, 2006 in Lewis, 2011). About 47 million people still live in poverty and 26 million people in extreme poverty (World Bank, 2013). The average income of the common people is also low here in Bangladesh, though the overall average annual per capita income increased. Yet, the same report noted that poverty continues to be a substantial and inextricable problem in Bangladesh.

Large segments of the population in developing countries are deprived of a fundamental right, like access to basic health care (Andaleeb, 2000). Facilitating basic health care is a particularly acute problem in Bangladesh. Besides, the overall health care performance remains unacceptably low by all conventional measurements. Statistics from 2011 shows that, one doctor works for 2860 patients in Bangladesh (GOB, 2014). Particularly, there are problems in poor and remote rural areas, where health-care networks have not been deployed yet, or where, after years of negligence, the health infrastructure continues to exist in name only (World Health Report, 2008). The Health sector of Bangladesh is facing a myriad of problems i.e. lack of budget, skilled professionals, trainings, hospitals, and medical equipment, and a management system with noticeable corruption (Andaleeb, 2000). While population growth along with density is extremely high with an average of 964 inhabitants per square kilometre (GOB, 2011), the expansion of health facilities and allocation for health is not increasing with the same pace in relation to that.

Furthermore, Bangladesh is known as a patriarchal country (Chowdhury, 2009). As mentioned earlier, the social changes of Bangladesh contributed mostly in progressing and promoting gender equality (Khan, 2013). Women have been integrated in different programs of the NGOs,

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<sup>5</sup> TK is Bangladeshi currency known as Taka. 1 Euro equals to 100 Taka

particularly micro-credit, social awareness and skill training in the villages (Ibid). In addition, significant contribution in national economy comes from RMG women. The opposite side of the coin is that, half of the women are still out of paid work. Sequentially, women are the cheap labour forces who are usually paid less than men (Kabeer, 2002). For example, a woman earns only 12 cents for every dollar a man earns in Bangladesh, which is the lowest among countries such as Sri Lanka, Malawai, Nigeria, Mexico and Germany (World Bank, 2012). Besides, in most of the cases women's income is controlled and spent by her husband or her in-law's family (Chowdhury, 2010). In that case, even though women are a part of the labour force, they are not economically solvent and are dependent on others, or leading a life with much economic crisis. This economic dependency bears significant impacts or influences on social and family life as well.

## **1.2 Problem Statement**

Dhaka, the capital city of Bangladesh is a densely populated one. Population increases in here at about 6% rate in a year, since millions of people leave rural areas in search of work and shift to Dhaka (GOB, 2011). Contrarily, per capita income of people shows that people are hardly surviving by adjusting with their basic needs only. Obviously, Dhaka is a city, where health services are not sufficient for 12.57 million people (GOB, 2014). I have chosen Dhaka as the city of my concentration, since most of the cosmetic clinics of our country are situated in this city. While the basic treatments are not equally and sufficiently ensured for all the citizens, numbers of cosmetic clinics are established and sequentially gaining popularity. Most of the people of the country have to struggle to get emergency medical support, whereas, beautification clinics are becoming a profit generating industry. Women coming from urban, urban periphery and rural areas; who might not be able to even access basic treatments, choose cosmetic surgery for beautification. Beautification and cosmetic surgery, has been researched and discussed from the Western perspective for decades. The perspective of Bangladesh, and even South Asia, has not yet been explored. Most importantly and contextually, the poverty, poor health accessibility and gender inequality do not mesh with the average economic and social scenario, particularly for women, who mostly go for such expensive surgery. And so there emerges the question regarding the arrangement of the huge expenses required to be met up for undergoing the cosmetic surgery procedure. There are questions of the culmination of cosmetic surgery with the mechanism of the choices, power and empowerment issues of women. One of the most important

questions is about the notion of patriarchy and if it does have any sort of influence over the growing consumption of the cosmetic surgery services for beautification by women in remarkable number. Thus, this research specifically tends to the exploration of the perception of beauty and cosmetic surgery, motivation behind the notion of beauty enhancement and choice of cosmetic surgery, socio economic struggle of women in Bangladesh for choosing cosmetic surgery and fulfilment of empowerment by undertaking cosmetic surgery.

### **1.3 Research Objectives**

The main objective of this research is to explore the interplay among patriarchy, cosmetic surgery and gender empowerment.

In addition to the main objective, this research has the following specific objectives:

- To explore the motivations behind undergoing cosmetic surgery
- To reveal the socio-religious perceptions and influence of media on cosmetic surgery
- To understand the economic struggle and socio-cultural challenges of rural and peri-urban women in availing cosmetic surgery.
- To analyse the differences between the experiences of urban patients (urban male and female) from rural and peri-urban women.

### **1.4 Definition of Term**

#### **1.4. 1 Cosmetic Surgery**

Cosmetic surgery is an expanded, diversified and advanced form of reconstructive surgery, and has its roots in plastic surgery. It is derived from the Greek word 'plastikos', which means to mould or form (Gilmartin, 2011). It is never easy to define the term 'cosmetic' because of its diverse global connotation (Holliday & Sanchez Taylor 2006 in Ibid). Cosmetic surgery actually comprises operations or other procedures that help to modify the appearance, colour, texture, structure or position of bodily features. It is normally chosen with the purpose of achieving what actually the consumers of it perceive as to be most desirable to meet their perceptions and fantasy about beauty (Ibid). In my study, I have considered only those surgeries or laser therapies which are used for the purpose of enhancing beauty and are mainly facilitated by private medical practice. In sheer contrast to this notion, the reconstructive procedures are concerned with



improving, restoring and recovering the functions of the body from accidental injury or trauma. These surgeries are frequently free and fully approved by the medical establishment. Keeping my study aim in mind, I prefer to limit my discussion only within those cosmetic surgeries which are used only for the purpose of enhancing beautification. I have various kinds of respondents taking different treatments, like silicon breasts implant, bio-com, hair plantation, mark removal, liposuction etc.

### **1.5 Organization of the Thesis**

I have organized my thesis into eight chapters. In the following chapter, I will provide a brief overview of some of the literatures relevant for my thesis, to conceptualize the idea of beauty and body and discuss the emerging feminist debates on using cosmetic surgery. In chapter 3, the theoretical tools which constitute the basis for my analysis are presented. In chapter 4, I will present my research methodology and the ethical considerations I encountered while working on my research. Chapters 5, 6 and 7 comprise the empirical chapters. Chapter 5 presents details of the factors working behind the choice of undergoing cosmetic surgery and perception and challenges of this choice. Chapter 6 presents the struggles of rural and peri-urban women to undergo cosmetic surgeries, and Chapter 7 reflects on the urban patient's (men and women) experiences of undergoing cosmetic surgery and how the experiences differ from previous group. Later, this chapter aims to connect the concepts of choice, power and empowerment within the cosmetic surgery industry from a theoretical perspective. I would like to draw a concluding line to my study in the eighth chapter through summarizing the overall prospects of the research and so with relevant analytical discussions and criticisms.

This chapter tried to portray the contextual background of this study. It briefly explained the history of social transformation and impacts of globalization, democratization and privatization as a backdrop of emerging cosmetic surgery industry in Bangladesh. It also addressed the contextual problems, including poverty, gender equality and poor health service in Bangladesh in order to specify the problem statement and the research objectives of this study.

## CHAPTER 2

### Literature Review

Interest in women's physical appearance is ancient, while the concept of women's body and beauty is modified, though surgery is more recent. Cosmetic surgery, as rapid growing procedures for women's beautification, has created a new area of research. Studies show the cultural importance of being beautiful, especially for women (Hatfield & Sprecher, 1986; Franzoi & Shields, 1984 in Thornton, Ryckman, & Gold, 2013). Beauty is taken as significant component of women's self-concept and as seen as having important implications for building interpersonal relationship (Thornton et al., 2013).

This research demonstrates that women in Western societies are introduced to certain norms endorsed from society for an ideal appearance from an early age (Ibid). In these societies, women usually place excessive value on their physical appearance, particularly, as a means of achieving success, when they compete against other females for desirable mates. Males actually place high value on a woman's physical attractiveness, when they intend to select mates (Buss, 1989). Thus, women are supposed to compete intrasexually primarily on the basis of physical attractiveness. According to Darwin (1871), intrasexual competition means where women compete with other women through their appearance to get attractive mates (Ibid). Besides, interpersonal relationship and intrasexual competition, media promotions and advertisements play a big role to convey the importance of beauty for women. Women are urged to meet the standard body and beauty, prescribed by media and society.

Due to increasing media promotions and advertisements of cosmetic surgeries, research has focused on how the media i.e. magazine and TV programs have impacted on changing viewers' body image and body satisfaction (Delinsky, 2005; Mahmud, 2003; Nabi, 2009; Slevic & Tiggemann, 2010; Swami, 2009; Thompson, Heinberg, & Altabo lol, 1999). Nabi (2009), for instance, has investigated the impacts of viewing reality-based cosmetic surgery makeover programs on body satisfaction. According to his research, patients (women) who opt for surgery for body modification do have knowledge of the risks and benefits of choosing it. Swami,

Taylor, and Carvalho (2009) have examined the association between acceptance of cosmetic surgery and celebrity worship<sup>6</sup>. The study shows that when any famous media personality chooses cosmetic surgery, other (fans) follow. A similar result was found by Maltby & Day (2011), claiming that, research participants, with intense interpersonal celebrity worship, have high tendency to undergo cosmetic surgery within next few months (Maltby & Day, 2011).

In the following section, studies that deal with conceptualizing the idea of body, beauty and cosmetic surgery and the recent feminist debates with this industry will be reviewed.

## **2.1 Conceptualizing Body, Beauty and Cosmetic Surgery**

In feminist studies, perceptions of women's body and beauty have for long been a major interest (Andrade, 2010; Black & Sharma, 2001; Bordo, 1993; K. Davis, 1995). For decades, women have been encouraged to accept their bodies, but this campaign seems to have had limited impacts as focus on and interest in beauty enhancement measures only increases. Women from all race and class backgrounds are still desperately choosing different beauty enhancement measures. This is because, beauty is culturally important for women to be successful in their life (Thornton et al., 2013).

In Susan Bordo's (2003) view, women's fascination with physical appearance, their struggles to control food and starvation is seen as a mean to fit into societal expectation. According to her, women are identified with their bodies and she claims that the pressure on women to modify their bodies comes from society, especially in those societies that seem to worship a 'standard' female figure (Bordo, 2003). Bordo (2003) differentiates female body and male body with some interesting adjectives, claiming that, the idea of a female body has been characterized as an alien, instinctual, threatening, passive, and false-self; whereas the true-self is the active and manly mind-soul. Bordo (2003) presents a postmodern, poststructuralist feminist interpretation of the female body, which corresponds with a cultural construction in western society. Furthermore, Thompson et al. (1999) elucidates how women are more obsessed with weight and dieting, arguing that, because of this obsession, women employ the help of the beauty therapists, such as beauticians, dieticians, gym instructors and cosmetic surgeons. Black & Sharma (2001) conducted a study on the complex relationship between femininity and beauty within the beauty therapy industry. Based on interviews from beauty therapists and observation in a beauty therapy

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<sup>6</sup> By celebrity worship authors refer to those fan who like to follow the life style of favorite celebrities.

school, they show how feminine and masculine bodies are differently measured, resulting in different expectations. While a man's body is expected to be 'real', it must be 'made up' for women(Ibid.).

Khan (2013) is one of few scholars who have taken a keen interest in beautification and socialization in Bangladesh. Inspired by the French critical philosopher and historian Michel Foucault, he shows how the female body has migrated from nature to culture. According to Khan, a woman's body is controlled by dieting and altered by surgery, made accessible through law, medicine, literature, art, popular culture, and particularly advertising. As a result, women are constantly fighting to fulfil their desire to modify their body standard.

Women's concern with body and beauty has enabled cosmetic surgery to become a major solution to women's beautification problems and, as a result, researchers has taken an interest in understanding people's attitudes towards cosmetic surgery [see Swami et. al. (2011), Sarwer & Crerand (2004), Slevac & Tiggemann (2010)]. Focus for these studies have been the relationship between cosmetic surgery and community acceptance and perceptions. However, uses of cosmetic surgery expanded the previous feminist debates on women's beautification and body modification and gave a new dimension to understand the dilemmas and discourses within that.

## **2.2 Cosmetic Surgery and Feminist Debates**

Tylor (2012) elucidated what he sees as the three strands of debate prevalent in cosmetic surgery from different feminist schools. Proponents of the first debate see that women, who undergo surgery, are as passive victims of a patriarchal social structure, requiring them to accept their own sexual objectification. The second school of thought does not necessary accept the idea of women being passive, rather argues that women who undergo surgery are acting as agents, capable of making their own decisions. This second school of thought further argues that women as agents in cosmetic surgery can be seen in relation to the unhappiness and domination, that they experience as part of the patriarchal standards of normative femininity. The last debate rejects both of the previous arguments. Rather, it sees cosmetic surgery as a form of consumerism practices, increasingly common in societies, in which women are obsessed with self-presentation and fashion. From the above debates, it is clear that women's' involvement in cosmetic surgery can be explained by three major steps; individual decision making level, socio-cultural influential level and global consumerism level.

### **2.2.1 Cosmetic Surgery: Individual Decision Making Level**

Most research on individuals decisions to undergo cosmetic surgery is quantitative, mainly in the field of psychology, and generally focusing on women's personal experiences (see, Sarwer & Crerand, 2004, Delinsky, 2005, Henderson-King & Henderson-King, 2005) For example, Delinsky (2005) claims that attitudes towards cosmetic surgery are closely connected to personality factors. These personality characteristics include body-image satisfaction, self-esteem, and importance of personal appearance and internalization of socio cultural attitudes towards appearance (Ibid). Cosmetic-surgery patients are more concerned about body-image than anything else (Didie & Sarwer, 2003; Sanver, Wadden, Pertschuk, & Whitaker, 1998 cited in ibid). However, most of these quantitative psychological studies are based on statistics and numbers. Quantitative studies cannot actually give an in-depth and real picture of the facts, where every single question will be answered in a comprehensive way. Rather, it gives yes no answer of each question and fails to answer what, why, how and where? Shifting from psychological and quantitative studies, my intention is to see the cosmetic surgery industry from socio-cultural perspectives; therefore, I aim to review the social science and feminist arguments regarding this topic.

From the individual perspective, according to many researchers, cosmetic surgery can be seen to have positive implications. Black & Sharma (2001), for instance, have seen beauty therapy as beneficial for women. This is because by choosing cosmetic surgery women are making economic choices, i.e. how to spend their income by themselves and on themselves. Women opt for cosmetic surgery not only to reduce societal or cultural pressure, but also to meet their emotional requirements. This is to say that, there is a standard body-image for women in various societies. Thus, women who do not meet such societal body image, undergo surgery to get the appreciation of society and also to feel good about them. Delinsky's (2005) study of American's attitudes towards cosmetic surgery reveals that people who want to pursue cosmetic surgery may be subject to disapproval and negative stereotypes about their personal characteristics earlier. Thus cosmetic surgery, for them, works as a method of self-improvement and empowerment.

Gimlin (2002), explains that women's use of beauty and fitness procedures is to improve their own self-identity. He explains how women who frequented in gyms, for example, considered themselves strong and powerful. Delinsky (2005) also agrees with Gimlin's perception on women's physical appearance as "an investment in their physical capital and a means of

achieving social power” and as “rational and empowering” (Gillespie, 1996, p. 83 in Delinsky, 2005).

Edmonds (2008) sees self-identity in a different way. He values personal inherent qualities, like appearance, more than social status. Yet, Edmonds claims, appearance related desire might cause body anxiety; but, to some extent, it minimizes the importance of some other components of success; like family, birth and character. Edmonds (2008) successfully connects beauty and gender, by identifying different factors that make physical appearance more important for women than for men.

The above studies show that cosmetic surgery works within an individual decision making level in order to build up self-esteem and confidence. In the next section, I aim to discuss the recent feminist debates that actually contradict these arguments by presenting new notions with regard to cosmetic surgery.

### **2.2.2 Understanding Patriarchy: Cosmetic Surgery and Socio-Cultural Influences**

Patriarchy, a Greek term means ‘the rule of the father’ (Chowdhury, 2009). Millette first used the term to describe the male domination over women in 1970. She posited that the main institution of patriarchy is family. It encourages its members to conform to the sexually differentiated roles and thus, suggests women’s inferior position (in Ibid). She also explains patriarchy in public dimensions, in different institutions and avenues of power within the society, owned and dominated by males. Walby (1990) considers patriarchy in a broader aspect, from a multi-dimensional approach. She defines patriarchy “. . . as a system of social structures and practices in which men dominate, oppress, and exploit women.” (p. 21). The practices and outcomes of patriarchy is systematically structured gender inequality in society.

Within feminist studies, some scholars strongly claim that patriarchy controls women’s bodies and encourages the idea of beatification (see Bordo, 1997; Davis, 1995; Morgan, 1991 and Fraser, 2003; Haiken, 1997; in Tylor, 2012). Thus, studies stress beautification as a cultural idea rather than merely a biological fact. Morgan (1991) believes that social norms, guiding women in their decision-making process, are not freely chosen. She explains how women’s success is mandated by some compulsory social virtues; like compulsory attractiveness, motherhood, heterosexuality. This compulsion can be driven and enabled by biotechnology and surgery, she argues. Black & Sharma (2001) believe that the individual desire for a specific look, in order to

achieve generalized ideal of acceptable beauty, differs according to social class, race, sexuality and age. These play a vital role in reinforcing the desired body practice (for beauty enhancement) and thus, determine women's position afterwards. These scholars also comment that general women are not striving for beauty, but they want to achieve normality of the body. Yet, this 'normality' is decided by society, and patriarchy influences the decision.

The previous discussion on individual benefits from cosmetic surgery thus contradicts some of the feminist scholarships. Instead of seeing the choice of cosmetic surgery as a personal decision, they believe that this is a choice imposed by the patriarchal society and women just have to conform it. Tylor (2012) refers to many feminists who also agree on the point that women, who have undergone cosmetic surgery, appear as victims of a patriarchal culture. However, beauty industry force them to choose surgery in order to make themselves sexually desirable for men. Morgan (1996) sees it as a sign of oppression, women submitting to male desire and expertise. The availability of technology is making obligatory the appearance of 'youth and beauty' for every woman, as long as they can afford it. To the extent that women choose cosmetic surgery merely to please men, exchanging natural destiny with technology, they submit to male preferences for 'youth and beauty' (Morgan 1991). Morgan criticizes medical professionals, attempting to categorize normal female physique as abnormal and proposing to apply technology as a remedy.

Edmond (2008) refers to existing scholarships to stress that despite many theoretical orientations, most of the literatures agree that, beautification works as a means for the social control of the female body within patriarchy. Particularly, Edmond notes Naomi Wolf (1991), who defines beauty myth as 'the last best belief system that keeps male dominance intact' (Wolf, 1991, p, 3 in Edmond, 2008).

### **2.2.3 Cosmetic Surgery: Identity or Objectification?**

In addition to the above discussion about two different feminists' stands, there are some literatures that connect both of the notions and address how they interact with each other. For instance, Kathy Davis's (1995) work, which analyses both individual and cultural notions in relation to beautification, is central for understanding the place cosmetic surgery holds in the Western world. She had an extensive fieldwork in Netherland, which included explanatory interviews with women, who had already chosen or planned to undergo cosmetic surgery, a

clinical study in a plastic surgery department, where she interviewed breast implantation patients, as well as an observational study of medical inspectors. She identified three major themes for discussion: i.e. identity, agency and morality. These help to develop the understanding of what she views as biographical agency, as women engage with cultural systems of femininity and beauty in their struggles with their body. Davis tries to epitomize the complex decision-making process women undergo, when they decide to modify their appearance surgically. She tries to reconcile, how a feminist could choose to reshape her body to fit the "gendered social order" and at the same time, remains a feminist. Thus, it considers beautification as a dilemma, particularly for feminists, when it works for exploring personal identity, but by accepting cultural pressure of beautification. She reviews a wide range of theorists and constructs a framework that enables her to criticize cultural discourses and practices, which interiorize the female body. On the other hand, cosmetic surgery literally cut women down to size, without treating the recipients themselves, rather, she claims, and these women are misguided victims of false consciousness.

Taking a moderate position, she also identifies how cosmetic surgery might actually be the best solution for some women and how women actually negotiate about their bodies and life within a gendered social order. According to Davis (1995), women knowledgeably choose to alter their body and they experience moral dilemmas and contradictions of doing so for themselves. In such a way, Davis claims that, in the West, women are themselves aware of the objectification of their own body. She identifies that women choose cosmetic surgery not only because they are not beautiful, but also because they are not ordinary. According to her, this inner shame of not even being ordinary drove women to allow their bodies to be surgically manipulated. Thus, Davis claims that cosmetic surgery is more about identities than objectification while women value their new identities by altering their body in spite of being objectified.

Kathy Davis, besides discussing about the dilemma of choosing cosmetic surgery and objectification- identity discourse, also emphasizes on how women make the choice of undergoing cosmetic surgery. She continues pointing out, women's strength of negotiation with society, how they overcome the opposition around them and how they ponder the risk and the pain, and the risks against the benefits. For many patients, this is not really a choice, in the sense that, they just have only one option left which is altering their body. Davis continues, "Cosmetic surgery can be an informed choice, but it is always made in the context of limited options and circumstances which are not of the individual's own making" (p. 13). Despite these limitations,



through cosmetic surgery, women came to know, how to transform themselves, which gives them, at least, a moderate amount of self-determination. Contrarily, they undergo and choose cosmetic surgery within an oppressive context, where women's body is used and somehow being objectified.

When the argument between self-identity and social submissiveness via patriarchy oppose each other, Frank (2006) seems to have a different take on agency within cosmetic surgery industry. She explores how agency has been conceptualized within beauty culture and disciplinary body technologies in a western context. Frank (2006) identifies the confusion in defining agency, when women electively choose to undergo cosmetic surgery; yet they choose it within a resisting system of power and gendered inequalities. The question might be raised, 'Do women exercise agency even in situations which look more like acquiescence to power structure than resistance?' (p. 284-285). According to Frank, women can exercise agency and conform to social expectations and ideals at the same time. She is inspired from Mahmood (2005) who is not interested to view agency that would 'belong to women themselves' and does not necessarily mean 'the personal preferences and proclivities of the individual to be the object of study', (Mahmood, 2005, p. 33 in Frank, 2006). Instead, she is interested more broadly in the capacities for action, that are created through different discursive traditions. Frank also adds that the idea of 'agency' would be meaningless if it fails to cross any boundaries of time or space and does not work from individual consciousness.

Bangladesh is known as patriarchal dominated nation where male domination is visibly practiced most in every sphere (Chowdhury, 2009). The components of patriarchy both in family and society strongly work in Bangladesh. Cain et al. (1979) wrote about patriarchy in Bangladesh. They define patriarchy as a set of social relations that enables men to dominate women. In Bangladeshi context, men maintain power and control of resources, and women are powerless and depend on men. The material base of patriarchy in Bangladesh is men's control of property, income, and women's labour. These normally work within the kinship system, political system, and religion (Ibid). Chowdhury (2009) explains how men dominate, oppress and exploit women in Bangladesh through public and private patriarchy. She argues, private patriarchy is sustained in the family through the [mis]interpretation of religion and the non-recognized unpaid work done by women at private sphere. Women are also excluded from economic and political power through public patriarchy. However, Chowdhury (2010) also explains the importance of physical

attractiveness for girls during marriage in rural areas in Bangladesh, which is also an outcome of patriarchal practice. In addition, Hossain (2010) shows that having beautiful partner (wife, girlfriend) works as an important indicator for defining strong masculine characteristics<sup>7</sup> in Bangladesh. However, the above discussion on identity, objectification and agency raise new questions on expansion of cosmetic surgery in Bangladesh within patriarchal social norms. This research aims to see whether patriarchy influences the choice that the patients make in undertaking cosmetic surgery in Bangladesh or not.

#### **2.2.4. Capitalism and Beauty Industry: Global Consumerism Level**

The market for cosmetic procedures has expanded rapidly in recent years (Tylor, 2012). Feminist studies have criticized the way the industry has been expanded and the motivation behind it. They consider it as technique of capitalist system with profit motive that actually works as parallel system to patriarchy. Eisenstein (1979) believes patriarchy and capitalism depend on each other. She notes valuable relation between capitalism and patriarchy, stating that capitalism cannot function without patriarchy. Because the goal of this system is capital accumulation, it cannot be achieved without patriarchal relations, where males dominate females.

With this notion, Black & Sharma (2001) identify the positive relationship between cultural expectation of beauty and body and the growth of market industry. They claim that female body must be shaped in order to produce a culturally recognizable product and beautification industry will continue to serve this purpose. Thus, the increasing number of beautification products is linked to a commodification of body practice. Similarly, Edmond (2008) claims that consumer faces objectification of body in the market, that actually constraints on their free choice. Here, Edmond believes that beauty challenges the traditional hierarchies; like class, family and social hierarchies. Edmond refers to Bourdieu who states beauty as 'double negative', 'an unfair hierarchy that can disturb other unfair hierarchy' (p. 158). Edmond brings the example of cultural imperialism through beautification that normally depends on global production and consumption. It can also bring moral and emotional conflict for those developing countries that started depending of the global trends, instead of practicing their native one.

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<sup>7</sup> Hossain (2010) intended to find the characteristics of masculinity prevailing in Bangladesh. Among different characteristics, one of the indicators is to have beautiful partner in life to get better social prestige and status.

In another book, Edmond (2010) divided his analytical discussion on the growth of cosmetic surgery industry in Brazil into two different ways. The first one examines how the industry develops as part of a modernization process in Brazil? Contrarily, the second one sees how the modernized Brazil practices market inequalities and prosperous consumer culture from the lens of beautification industry? The whole discussion has three parts. Firstly, Edmond (2010) explains the growth of cosmetic surgery in a developing country in relation to larger social transformation. The second section of the book shows “the double standard society” existing in Brazil. While patients attempt to “correct” a “Negroid” nose, the existence of racial hierarchies is generally denied. He observes that beauty itself create social inequalities and challenge the existing social hierarchies. For women in Brazil, cosmetic surgery is used as a strategy to secure the benefits of having a “good appearance”, which is seen as the central realm of identification. Lastly, he emphasises how the market capitalized women’s body and sexuality in order to gain profit.

Gimlin (2000) also argues that the body is conceptualized similar to commodity that can be modified and upgraded in accordance with new shape desires. Gimlin (2000) argues that, generally, women don’t run after the ultimate beauty, but are simply making the goal within a culture that rewards them for their looks. Interestingly, Tylor (2012) adds, cosmetic surgery industry promotes their market saying that customers would regain agency by opting for cosmetic surgery and thus attract the women to choose surgery. Patients actively attempts to position themselves as successful, modern, women of class etc by choosing surgery. Tylor also criticizes feminist schools for questioning lower class women’s breast augmentation without also questioning middle class women’s gym or parlour culture. Instead of criticising the women who choose surgery, she emphasizes on the market and structural context within which women choose cosmetic surgery, i.e. breast augmentation.

Gimlin’s and Tylor’s studies attempt to interlink both individual and cultural level, in the discussion of commodification of bodies. Edmond’s work seems interesting in terms of seeing economic changes in relation to social transformations, putting economic and social success in direct relation with beautification efforts. This scenario is quite similar to the socio-economic context of Bangladesh (see introduction). Their perspectives on commodification of body, identity and cultural discourse are relevant for this study, though it does not aim to cover the

whole areas. Still, these issues are deeply interlinked with each other and helpful to analyse the data within a structured framework.

### **2.3 Research Gap**

While most studies on consequences of cosmetic surgery emphasize the side effects or physical and psychological hazards, my study aims to understand the dimension between patriarchy, empowerment and cosmetic surgery in Bangladesh. Like the social transformation occurred in Brazil, as stated by Edmond (2010), Bangladesh has also gone through political, social and economic transformations. The country is still struggling with poverty, gaining economic stability and gender equality (see introduction). In this socio-economic situation, my research interest is to understand why the urban and rural- peri-urban women choose cosmetic surgery and how they manage the socio-economic challenge to choose cosmetic surgery. In addition, this research intends to find out how it is different for urban patients and analyses the linkage between patriarchy, choice and empowerment.

The above discussion on contemporary feminist debates rise many issues. Cosmetic surgery in individual level brings the positive implication of surgery for building self-confidence for women. Contrarily, in societal level, cosmetic surgery is seen as an outcome of patriarchal rules and practices. Lastly, in global aspect, cosmetic surgery is a profit motive industry which uses women as a means to achieve its goal gaining profit. These debates bring many important dilemmas and discourses on women's body and beautification, which has been a long concern for the feminists. While the contemporary three debates oppose each other and feminists keeps debating on theorizing and conceptualizing body and beauty, massive popularity of cosmetic surgery strengthen the debate, particularly in the West. But the flow of the popularity of cosmetic surgery in the West also strike in the East. Particularly, in Muslim majority developing country like Bangladesh, the context is obviously different with its socio-political-economic instability, poor health facilities and patriarchy and gender inequality (See introduction). The study aims to reveal how the debates work among rural, per-urban and urban patients in Bangladesh.

The experience from my previous studies about masculinity, women's body and cosmetic surgery show that women in Bangladesh, choosing cosmetic surgery, are not well informed about probable risks or side effects. Even the patients are not aware about the debates on patriarchy and commodification as explained in the literature. Though Davis (1995) claims that

women are aware of the objectification by choosing cosmetic surgery after her intensive work in Netherlands, it does not match with the cosmetic surgery patients in Bangladesh. The expectations of a better and a prosperous life could perhaps explain why women are willing to undergo risky and expensive surgeries and trying to become (more) beautiful in Bangladesh. The question is whether cosmetic surgery can be seen as liberating for women, empowering and increasing their self-esteem, or as yet another way of submitting to male domination and their desire for beauty within patriarchal structure.

From my point of view, existing literature on the subject of consequences of cosmetic surgery has several shortcomings. Firstly, most of the studies are quantitative and there is little or no in-depth knowledge on this issue, particularly from this part of the world (east, developing and Muslim majority countries). . It is also noticeable that most studies are from Western countries, countries that are generally economically, social and politically stable. Secondly, women and men, particularly, rural women's involvement in the cosmetic surgery industry has mostly been ignored. Finally, focusing more on physical complications and psychological issues, there has been many focuses on the intrapersonal and socio- economic consequences of cosmetic surgery. Therefore, the questions on choice, power and empowerment can be better to be analyzed from the perspective of developing countries, like Bangladesh. This study is a primary attempt to remedy such shortcomings, particularly, with the interconnection between patriarchy, empowerment and choosing cosmetic surgery.

The study will help anyone who aims to know about the facts and issues of cosmetic surgery industry in Bangladesh; to understand what reasons motivate patients for surgery, despite meagre means, how the people perceived cosmetic surgery, how rural and peri-urban women struggle to arrange the surgery, how their experience is different to urban patients, and finally, how patriarchy, choice and empowerment interact in this industry. Finally, the research shows the possible gaps that require the attention of researchers who are perhaps interested in this field.

This above chapter tried to discuss the major literatures to conceptualize the understanding of body, beauty and cosmetic surgery. It continued covering the recent feminist debates and dilemmas within this area. This chapter is a trial to find out the probable research gap in order to take an effort to fill it up with this study.

## **CHAPTER 3**

### **Theoretical and Conceptual Framework**

Theories are structured to explain, predict, and understand phenomena and, in many cases, to challenge and extend existing knowledge within the limits of critical bounding assumptions (Silverman, 2009). The theoretical framework is the structure that can hold or support theory of a research study and explains why the research problem under study exists. In my study I want to explain my empirical data grounded on Scheper-Hughes & Lock's (1987) 'Three Bodies Approach'. I want to use the theory of Empowerment as developed by Kabeer (2005 and 1999) with the critique of this theory as propounded by Khader (2011). In Three Bodies Approach, I want to include the concepts of 'Body Image' and 'Otherness' to see how these concepts interact with my findings.

#### **3.1 The Three Bodies Approach, Body Image and Otherness**

Scheper-Hughes & Lock (1987) aimed to introduce a new anthropological ground on 'body' and simultaneously challenge the assumption of Cartesian dualism found in the medical idea of the body. As Scheper-Hughes & Lock (1987, p. 208) noted, this dualist idea strictly 'separates mind from body, spirit from matter and real from unreal'. 'The Three Bodies Approach analyses the body as a physical and symbolic entity, which is both naturally and culturally constituted (Ibid). The approach presents body in three different categories (Scheper-Hughes & Lock, 1987, p. 209): individual body, social body and body politics.

Firstly, by individual body, Scheper-Hughes & Lock explained the idea of body to be 'understood in the phenomenological sense of the lived experience of the body-self' (ibid, p. 209). This includes the constituent parts of the body such as mind, matter, psyche, soul, self, etc. and the relations between them. The individual body experiences health, illness, happiness or sorrow, although these experiences are influenced by social, political and cultural factors. Secondly, social body refers to the 'representational uses of the body a natural symbol with which to think about nature, society and culture' (ibid, p. 209). The authors gave an example

from some societies, where left handedness is symbolized as the inferior, dark, dirty and female; while right handedness is associated with superior, holy, light, dominant and male (Ibid, p. 215). Thus social body indicates the social perception about body, acceptance and symbolization. Thirdly, body politic or the political body refers to 'regulation, surveillance and control of bodies (both individual and collective) in reproduction and sexuality, in work and in leisure, in sickness and other forms of deviance and human difference' (ibid, p. 209). The authors exemplified that the beautiful, strong and healthy body is the culturally and politically 'correct' body in many societies, though the indicators may differ between societies.

Generally, the three body approach explains how bodies are understood and the different meanings attached to different bodies. These different meanings give ideas of social perception of body, which determines the body as 'acceptable' and 'unacceptable' in the society. This is helpful to understand the body and its interaction from individual, collective and societal level. In my study, the individual body relates to the personal desires of women to achieve certain forms of body. Through the lens of the social body, I see the social expectation (through perception and acceptance from society) towards particular kinds of body structures/shapes. Though these body structures/shapes might be different, still the importance of achieving some 'categorized' or pre-defined beauty and body is what matters for cosmetic surgery patients. The importance of particular categorization might come from family and society, as well as with a big influence from media. Lastly, the body politics as I understand relates to the power structure, dominance and submissiveness with respect to body within different groups of patients.

My study is based on using Scheper-Hughes & Lock's categories of body and in this regard I intend to analyse body in the perspective of the concept of 'Body Image'. The concept of 'Body Image' originated in the work of Paul Schilder in the 1920s (cited in Grogan, 2008). To Schilder (1950), Body Image is 'the picture of our own which we form in our mind, that is to say, the way in which the body appears to ourselves' (p.11, cited in Grogan, 2008). However, there might be a connection between individual body and social body, and a combination of this connection might help to develop the idea of 'Body Image' among the patients. With the objective to know the reason of choosing cosmetic surgery, it is important to know how women perceive themselves through their bodies, or aim to see their bodies after undertaking cosmetic surgery.

De Beauvoir (1952), in her remarkable book 'The Second Sex' argues that women can only be the other in relation to masculine subject. Otherness starts with the feelings of incompleteness. These women continuously try to fulfil the desire of being men/like men. Her very identity is achieved through forging a whole self in relation to what she is not. (Beauvoir in Blum, 2005). Keeping Beauvoir's 'other' in mind, Blum further argues that women can experience feelings of 'otherness' comparing themselves to the 'ideal women' also (Ibid). Giving different examples of probable consequences, Blum (2005) asserts that the imaginary 'She' is the one who, because of physical attractiveness, takes your partner away from you.. She is the ideal, she is you if you were ten pounds thinner (Ibid). To exemplify, Blum refers to Kathy Davis and her account of a young woman's statement about why she wants breast implants. Compared to other women, her breasts are too small and she feels ashamed. She envies the ideal, the perfect woman that she feels she will never be, making her think of her as the 'Other', 'She is deviant, hidden, underground, and your nemesis' (Blum, 2005, p. 110-111).

Like Blum, drawing on Beauvoir's concept of 'otherness' as feelings of incompleteness and inadequacy (women who compare with other, ideal women), I will also look into respondents' feelings and perceptions in relation to 'otherness', which hopefully will also enable me to say something about motivations for choosing cosmetic surgery. The question is whether such feelings of 'otherness' continue throughout the process and even after having surgery or not.

### **3.2 Choice, Power and Empowerment**

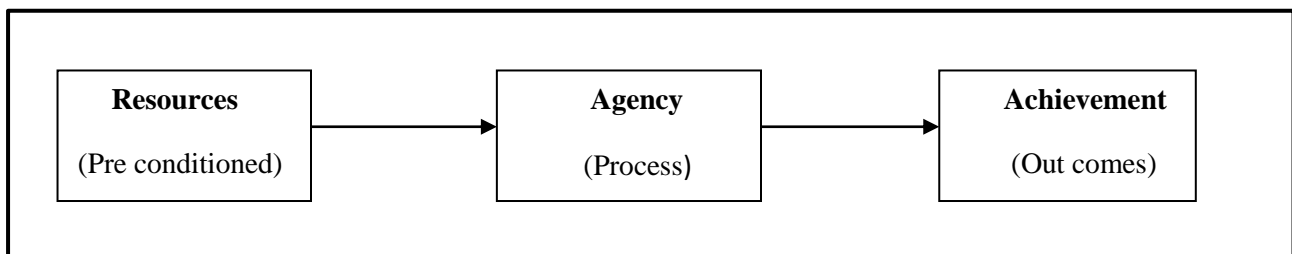
Empowerment is a process of transition from powerlessness to a state of relative control over one's life, destiny and environment. Kabeer (1999) connects it with choice, clearly arguing that, 'one way of thinking about power is in terms of the ability to make choices, to be disempowered, therefore, and implies to be denied choice' (p. 436). Sequentially, according to Kabeer (1999), empowerment can only be understood in relation to disempowerment; the first meaning the ability to make choice, and the second when such ability is denied. Empowerment commonly indicates a process of change.

I find the relationship between choice, power and empowerment as most interesting. Little differing from previous thought, Kabeer mentions, 'People who exercise a great deal of choice in their lives may be very powerful, but they are not empowered in the sense, in which I am using the word, because they were never disempowered in the first place' (ibid, p. 437). Relating



choice and power, Kabeer (1999) emphasizes the possibilities of having alternative options that allow a person to choose one option from many others. At this point, Kabeer draws a logical connection between poverty and disempowerment, because deficiency in resources for meeting one's basic needs often controls the ability to exercise important choices. Kabeer (1999) thinks that not all choices are equally important to define power; some choices have greater importance than others. It depends on how these choices impact on people's lives. She divides choices into first and second order choice. The former means the strategic life choices, which are significant for people to live the lives they want, for instance, choice of livelihood, marriage and children. The second order choice are driven by strategic choices, which is less consequential, but still important for quality of life and do not constitute its defining parameters.

Following Kabeer, the ability to exercise choice can be considered in terms of three inter-related dimensions, which are:



**Figure 1: Conditions of Empowerment**

Kabeer also defines these interrelated dimensions and shows how they interact with each other to achieve empowerment. To define resources, Kabeer intends to count not only material resources, but also the various human and social resources that serve to enhance the ability to exercise choice. In a broader sense, empowerment covers 'the multiplicity of social relationships, conducted in the various institutional domains which make up a society (such as family, market, community)' (Kabeer, 1999, p, 437).

Kabeer describes the second dimension of power as 'agency', which means the ability to define goals and act upon them accordingly. She identifies it as the most important fact for exercising power. Agency can be discussed within a broader aspect, which covers its meaning, motivation and purpose. Thus, agency starts from a small part of individual feelings to a wide range of collective issues. According to Kabeer 'it can take the form of bargaining and negotiation,

deception and manipulation, subversion and resistance as well as more intangible, cognitive process reflection and analysis' (p. 438).

Kabeer further continues as regards agency that the power can be operated without any explicit agency, for instance, the norms and rules governed by social behaviour can reproduce certain outcome without necessarily any exercise of agency. In a later work, Kabeer (2005) argues, agency, in relation to empowerment means not only always actively exercising choice, but also doing this in ways that might challenge power relations. She believes that empowerment is deeply rooted in how people see themselves and their sense of self-worth.

Agency has different forms and distinctions. There is difference between greater 'effectiveness' of agency, and agency that is 'transformative'. By effectiveness of agency, Kabeer (2005) refers to women's greater efficiency in carrying out given roles and responsibilities where-as transformative agency means the ability to act within the roles and responsibilities in order to challenge the existing system.

Lastly by 'achievements', Kabeer refers to the outcomes, that come from people's great efforts. Kabeer (2005) indicates that in relation to empowerment, achievements have been considered in terms of both the agency exercised and its consequences. Kabeer refers to Sen (1985) and argues that, resources and agency both make up people's capabilities, that is, their ability for living the lives they want. By capabilities, Sen means, 'the potential that people have for living the lives they want, of achieving valued ways of 'being and doing' (p. 438). Kabeer claims that 'achievements' is the final elements of empowerment which draws the attention to the need for further qualification to the understanding of choice.

Khader (2011), in a critique of Kabeer, puts forward a different notion of empowerment. The familiar relation between choice and empowerment is that, disempowerment is lack of choice and empowerment is enhancing choice. She states that, not all choices indicate empowerment. Khader (2011) continues her discussion by identifying the barriers that disempowered people. She classifies them into internal (negative concepts of self-entitlement) and external (opportunity lacks) causes. However, the lack of choice concerns the status of 'self-subordinating choices'. It comes when people make deliberate choice, but still behaves in ways that is inconsistent with their basic flourishing, mostly because of the unfavourable context. Khader asks a logical

question, 'if empowerment is the capacity to make deliberate choices, are deliberate choices to engage in behaviours inconsistent with flourishing, by definition, empowering?'(p. 185).

Khader identifies the reason behind choosing disempowering choice, claiming that presence of inappropriately adaptive preference (IAP) helps to explain why people may make disempowering choices at certain times. Inappropriately adaptive preference (IAP) is 'a preference inconsistent with person's basic flourishing that is causally related to condition of deprivation. (p, 176). Thus, the term 'inappropriately adaptive preference' highlights the preference that are inconsistency with a person's basic flourishing, which might be formed under an unproductive conditions though it might work to bring some better outcomes.

Khader criticizes other definitions of empowerment and offers her own, linking it to her definition of IAPs. She defines empowerment as the process of overcoming one or many IAPs. Again, Khader (2011) emphasizes that not all intervention that contribute to overcome IAP are empowering, but can lead to wellbeing without necessarily constituting empowerment. Rather it can leave the possibilities of being a transformed into wellbeing without necessarily empowerment. The person is not empowered, if s/he overcomes IAP without any change in self-conception. It must be done through the processes that enhance some elements of a person's concept of self-entitlement and increase their capacity to practice her own flourishing. The case of person feeling forced to change his/her behavior without changing his/her self-consciousness is not empowerment, according to Khader. Instead of thinking people as completely empowered or disempowered, her definition of empowerment suggests that people can be involved in process of empowerment without overcoming their IAPs. This implies that it is not mandatory to overcome all of IAPs in order to get empowerment; people may rank which IAP should remove first and which next.

Khader (2011) refers to Kabeer (1999), notes that, 'we are interested in possible inequalities in people's capacity to make choices, rather than in differences in the choices they make (in 439 cited in Khader, 2011). Thus, choices made in difficult conditions appear as empowering; do not constitute real empowerment. Again, the positive fact is that, even though some desirable IAP interventions is not empowering, they can still improve the lives of people. She explained 'people may hold lower-order preferences that are inconsistent with their basic well-being

because of simple lack of knowledge of opportunity; in these cases IAP transformation may benefit people without necessarily empowering them' (p, 177).

Khader referred to Miriam Teschl and Flavio Comim, who explain the distinction between non-adaptive and adaptive preferences as a difference between what people "really prefer and what they are made to prefer" (74). With regard to this, speaking of disempowerment as absence of choice is misleading. Thus Khader expands on the concept of choice, sketching an important difference between 'having a choice' and 'making a choice'. Simply, to have a choice is to have acceptable options, while to make choice is to go through a particular type of deliberative process. To classify choices, Khader (2011) refers to Andrea Cornwall, who divided choice as strategic and tactical choice. Strategic choices involve long-term goal setting, as Khader (2011) clearly states, it means the presence of opportunities to flourish a certain domains of life and having acceptable choices are important domains of life. While tactical choices are choices that people make to scrape by and get on with their lives, which imply that the choices are taken and managed according to limited options. According to Cornwall, small- scale choices like choices between two options seem insufficient to give all choices to be empowered (in Khader, 2011).

In light of the discussion, what really makes people empowered? Khader emphasizes on removing IAP, yet she thinks that overcoming all IAPs does not always leads to empowerment. She rejects the idea of empowerment that suggests pre-existing models of empowerment. Rather, she emphasizes on those interventions that successfully work on people's self-concepts, basic flourishing and own interest.

The theoretical and conceptual approaches described in this chapter are interrelated and engaged throughout the empirical chapters. Within the framework of 'Three Bodies Approach' my aim is to analyse how women perceive, present, exercise and modify their bodies. Within 'Empowerment Theory', I aim to answer; how women exercise power and choice in the process of their undergoing surgery.

From the above discussion, my theoretical frameworks can be presented as bellow:

<b>Patriarchy</b>	<b>Cosmetic Surgery</b>	<b>Empowerment</b>
<ul style="list-style-type: none"> <li>- Socio-cultural Norms</li> <li>- Religion</li> <li>- Social institutions</li> </ul>	Three Bodies Approach <ul style="list-style-type: none"> <li>- Individual Body</li> <li>- Social Body</li> <li>- Political Body</li> </ul>	<ul style="list-style-type: none"> <li>- Resources</li> <li>- Agency</li> <li>- Achievements</li> </ul>
	<ul style="list-style-type: none"> <li>- Body image</li> <li>- Otherness</li> </ul>	<ul style="list-style-type: none"> <li>- Choice</li> <li>- IAP</li> </ul>

**Figure 2: Theoretical framework of the study**

The theoretical approaches and concepts discussed here provide grounds for discussing my empirical chapters with the 'Three Bodies Approach' and 'Theory of Empowerment' as main theoretical frameworks. The 'Three Bodies Approach' will be used to analyse how body and beauty has been perceived in regard with choosing cosmetic surgery from individual patients (male and female), community members and media (chapter 5). Concept of 'Body Image' and 'Otherness' is also relevant to understand nuances of body symbolism, feelings and expectation of cosmetic surgery patients (chapter 5, chapter 6, chapter 7). Finally, based on my assumption that women choose cosmetic surgery to bring changes in their lives, I have chosen to use 'Empowerment Theory' to analyse the precondition, process and outcome (resource, agency and achievement) of undergoing cosmetic surgery (chapter 6). Later, this is also important to see 'choice', IAP and 'power' in terms of undergoing cosmetic surgery (Chapter 7). However, the debate that discussed in previous chapter on three different feminist stands about cosmetic surgery is another interesting fact that I aim to use to analyse my data. However, Kabeer's Empowerment Theory and Khader's criticism on it is mostly discussed the empowerment from individual level to a broader aspect. My understanding expands little from Khader in this regard. Since cosmetic surgery industry in Bangladesh is expanding as a result of neo-liberalization and market economy, there might have a possibility to see the choice to be formed in different layer of market expansion policies. Besides, Mahmood's (2005) definition of agency (referred by Frank, 2006) appears as a criticism of Khader's IAP and choice, while Mahmood sees agency as capacities for action that can be even created through discursive tradition. However, the overall

aim is to understand how patients from different gender and regional backgrounds experience the treatment differently with respect to 'Body Image', 'otherness' and different bodies within 'Three Bodies Approach' and how it works on their 'choice' and 'empowerment' .

This chapter explained the relevant theories and concepts that would be used to analyse the data for this study. It helped to build up the ideas and understanding of the theories related to body, beauty and empowerment. However, though there are different concepts related to empowerment, this chapter selectively took Kabeer's 'Empowerment Theory' and Khader's criticism on it to reveal the interrelated dimension between cosmetic surgery and empowerment.

## CHAPTER 4

# Methodology

Methodology defines 'how one will go about studying any phenomenon' (Silverman, 2009 p.110). Silverman (2009) details, methodology 'refers to the choices we make about case to study, methods of data gathering, forms of data analysis etc. in planning and executing a research study' (p. 110). The chapter will explain the methodological choices made for this study. It discusses the study design or plan made before going to the field, later on the final selection of the respondents. It also focuses on data collection procedures and field work challenges. It continues to describe the methods used in this study. Finally, it elaborates the ethical consideration of the research.

### **4.1 Selection of Respondents**

#### **4.1.1 The Initial Plan**

Between June and August 2014, I conducted fieldwork in Dhaka, Bangladesh. Before I started my fieldwork, I planned to divide the respondents into several categories. First, I wanted to talk to female patients who had already undergone cosmetic surgery and selected respondents through purposeful sampling, though I was flexible to consider patients taking any type of cosmetic surgery or laser treatment. I did not think of specifically selecting patients according to age, education or class. Considering the expenses involved in cosmetic surgery, and the economic position of Bangladesh, I was anticipating that most of my respondents would be from affluent economic backgrounds. The plan was to mainly seek them out in clinic waiting zones, but also to utilize my social network to identify the participants.

My second category of respondents was male partners, i.e. husbands or boyfriends of female patients. Like before, I did not consider age, education, class, or religion for this group either. Rather, I was looking for anyone interested in sharing their perceptions about their partner's surgery. From previous fieldwork, I knew that female patients are often accompanied by male partners. The plan was to talk to both of them (couple interview), when they would come together, or to talk to the male partner separately.

My third category was the experts who had been working in this sector for a long time. I planned to find names and addresses from the internet and the doctors' directory and just call them up and ask for appointments. I expected that it would be difficult to get access to them due to their busy schedules, but I planned to be very insistent to talk to at least a couple of doctors also.

#### **4.1.2 The Final Plan**

Because of the delay in gaining access to relevant the female patients, i.e. my respondents, I shifted my focus of the type of informants. First, I mapped community perceptions regarding the use of cosmetic surgery. So, I included the general people (male and female) as my fourth category of respondents. I was not that much concerned about who they were, rather to select informants through the snowball method. Second, I also reviewed some television programs particularly on cosmetic surgery and beauty enhancement as well as review television commercials (TVC), billboards, and newspaper advertisements. The aim was to know the role of media in motivating people to take cosmetic surgery. Third, I also included urban male patients as my respondents, which was not my initial plan. When I worked in the field, I thought it would be interesting to get some data to compare their perception. I found some male patients who had attended treatment for hair implantation and mark removal.

Finally, I found some female patients, not only coming from urban areas, but also from rural and peri-urban zones. I included both these categories into my consideration and modified my objectives in order to find the distinction between urban and rural- urban periphery women about their experiences of undergoing cosmetic surgery. I failed to get any partners' interviews and couple interviews; I changed my plan to remove them and include urban male patients instead.

#### **4.2 Data Collection Procedures**

I started my data collection procedure in June and finished in September 2014. It took a while to sort out the respondents and conduct the interviews. I started with collecting information of hospitals, clinics, service centres and medical personnel with a long-term involvement in cosmetic surgery. I found 8-10 clinics in Dhaka, which I contacted over the phone to make appointments with people in charge. Before meeting, I arranged my papers, including application asking for permission to speak with patients, letter from my supervisor confirming my student



status, my research proposal, etc. Then I went to the hospitals and clinics, explained my position, and gave a copy of my papers. I asked for permission to talk to patients in the hospital/clinic waiting zone. First I was waiting to get a response, but after one week, I started calling again to remind them of my request. I also went back to talk to them. I shared my concern about limited time for fieldwork and my plan to get started as soon as possible. They explained that because of confidentiality of the patients regarding their treatment, it would take some time to get their consents. At one clinic, the clinic authority decided to talk to some of their patients first. If they agreed to talk to me, they would provide me with their contact information. Considering the lengthy process of getting in touch with patients, I decided to start the data collection talking to the experts first.

I introduced myself and gave a copy of the interview guide and the consent form (see appendix). Though most of the information about the project and its objective were written there, I also explained verbally the purpose of the meeting and objective of my research. After finishing an interview session, I also asked their help in finding patients who would be willing to talk to me. Some experts agreed to introduce me with their patients, but again I had to wait for them to call me.

During this time of waiting, I collected names of television programs which were promoting cosmetic surgery. I applied to those particular television channels to get a copy of those programs. Besides, I used You Tube<sup>8</sup> to collect TVCs<sup>9</sup> of clinics and billboard pictures. Time was passing and I was, desperately looking for informants, constantly contacting the doctors and clinics. After two months of constant trying, I got some helps from surgeons who arranged sessions with previous patients when they came for follow-up. Through my initial greetings and informal conversations, I managed to create a friendly atmosphere in which my informants felt comfortable to talk. They gradually opened up and conversation continued in a relaxed and informal manner. Being introduced by doctors helped to build trust with the patients. Also for these meetings I followed the procedure of providing them a consent form and describe my study

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<sup>8</sup> YouTube is a video-sharing website

objective verbally before taking their interviews. Some of them signed the consent form, while others gave the consent verbally.

The interviews continued throughout the fieldwork period. Most interviews took place in doctors' chambers or in the clinics, while others preferred to talk to me outside, such as in the university campus. I used a recorder to record whole conversations (after taking consent) and, I also took notes of informants' key points and additional information. Any inconsistencies, observations of body language, use of words etc. were also noted down for further follow up. I let the respondents choose the time and place for meetings and managed to get ten interviews; five males and five females, and one detailed case study.

Another aim of my study was to understand influence of cosmetic surgeries mediated through media. For this purpose, I selected television programs aired in different private television channels in Bangladesh and requested them to give me copies of relevant programs. In addition, I collected TVC's<sup>10</sup> from You Tube, and keenly observed billboards that were hung besides major roads and in city centres and press advertisements from newspapers, magazines and internet. In addition, I asked questions to common people from different gender, age and education backgrounds to share their ideas and views on this topic. The collection of television program, billboard photos and TVCs was informative and helped me gain knowledge about different kinds of cosmetic surgeries carried out in Bangladesh.

As a follow-up, I also arranged two focus groups discussion and three interviews with people not involved in cosmetic surgery. Again, I was not selective about age, gender, education or religion, but used snowball sampling to find my respondents. The objective was to get some general ideas and opinions on the use of cosmetic surgery.

#### **4.3 Fieldwork Challenges**

I faced several challenges during fieldwork. First, it was difficult to talk to female patients about cosmetic surgery. In Bangladesh, women normally consider efforts to become more beautiful as a private matter. They fear criticism, as they go for artificial means to become more beautiful. Commonly, women don't want to discuss such matters with anyone, not even family or friends. Furthermore, the secrecy surrounding the issue also made it difficult to talk to husbands, who

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<sup>10</sup>Television Commercial

may not even know what cosmetic surgery their wives have had. Even if the husband knows about the surgery, they are not always willing to talk about it. That was the reason; I decided to change my plan and removed male partners from my group of respondents. The females who did talk to me seemed hesitant and scared, requesting me again and again not to disclose their identity to anyone.

Second, my data collection procedure was affected by events such as *Ramadan* (Muslim month of fasting), *Eid* Festival (when breaking the fasting), and other holidays. During the month of *Ramadan*, informants, especially the women remain very busy with their extra household works and regular prayers. In Bangladesh, the majority of the population is Muslim. I found most of the respondents were fasting and praying, especially the women. When I asked to arrange a time to talk to them, they cordially refused. It was difficult for them to manage time from their busy *Ramadan* schedule which comprised arranging and preparing food, and shopping for the upcoming festivals. Opening hours of clinics generally change during *Ramadan* and also vary from clinic to clinic. It was challenging to maintain the schedule and get hold of people during this period. Sometimes I was kept waiting, but at the end of the day I had to leave with unfinished business due to doctors' busy schedules. I found the same problem when I went to the television channels to collect the programs, as they were busy making programs for *Eid* and *Ramadan*. Finally, I had to leave without getting copies of the desired programs.

Third, due to the matter of confidentiality, it was not easy to get permission from the hospitals and clinics to meet or talk to their patients. Clinics or doctors are not supposed to disclose patient names or identity, but some agreed to contact with their previous patients and ask them if they wanted to participate in my study. In this way, I managed to get some respondents, but it took some efforts from my side.

Fourth, my field work was impeded by severe traffic jam and transport problem in Dhaka. Particularly during the month of *Ramadan* and immediately before the biggest Muslim festival, *Eid-ul-Fitre*, the city becomes bustling with activities. It was tough to get transportation and reach destinations on time. Though I tried to start earlier than the scheduled time, I missed appointments twice with male patients due to the severe traffic congestion. Then again on one occasion, I waited for more than 4 hours for a patient who was stuck in the traffic.

Due to these circumstances, I had to rethink about my objectives. Therefore, I included some male patients who were available and accessible for interviewing, besides, interviewing female patients as planned.

#### **4.4 Methods of Data Collection**

In this study I used qualitative methods, because 'the subjective meanings and everyday experience and practice is as essential as the contemplation of narratives and discourses' (Flick, 2006). I consider qualitative method most suitable for the project as "Qualitative research begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of research problems inquiring into the meaning individuals or groups ascribe to a social or human problem" (Creswell, 2007, p. 37). Qualitative methods helped me to analyse the objective of this study in more depth than it would have been otherwise possible. While quantitative research can show some trends, qualitative research enables us to explain, understand the process and interpret the findings. For this purpose, I used qualitative data collection techniques of semi-structured in-depth interview, focus group discussion and case study method.

##### **4.4.1 In-depth Semi-Structured Interview**

(Flick (2006)) explains interview as a common method used in qualitative research where the researcher as the interviewer can make direct contact and interact with participants. It is useful for mapping and collecting people's opinions and experiences. In this study, I have conducted in-depth semi structured interviews, which enabled me to focus on a narrower range of issues than people do in normal conversation. Furthermore, the semi-structured format allowed me to talk to the participants in-depth to explore their perceptions and the informal and flexible interview guide helped participants to share more freely about their experiences. Finally, face-to-face interviews enabled me to be sensitive to the needs of the participants (Flick 2006).

These are the interviews conducted during fieldwork for this study:

**Table 1: Types of respondents for interviews**

Types of Respondents		Area	Number of Respondents
Patients	Female	Urban	3
		Peri Urban	1
		Rural	1
	Male	Urban	5
Experts	Female	Urban	1
	Male	Urban	4
Community People	Female	Urban	2
	Male	Urban	1

#### 4.4.2 Case Studies

Since case study is a method that allows in-depth analysis, I have chosen the case study method. In general, case study is needed when how and why questions are being posed (Yin, 2003). However, case study is an empirical inquiry that carefully ‘investigates a contemporary phenomenon within real life context, when the boundaries between phenomenon and context are not clearly evident’ (Ibid, p. 13). I used case study method because I wanted to analyse the contextual conditions, rely on multiple sources of evidence and take the benefits of prior theoretical prepositions to structure the data collection and analysis.

For this study, I followed a patient for two months after her surgery. The girl was not financially solvent and came from a semi city (per urban) area. I tried to study her and her surroundings (family members and physician) to map and understand different strategies she adopted in order to manage the breast enhancement surgery and the subsequent social impacts that followed from it.

#### Categorizing Cosmetic Patients for Interview and Case Studies

Experience of cosmetic surgery might differ from people coming for regional backgrounds. If I categorize my respondents (cosmetic surgery patients) according to gender and region, I can divide them into three different groups.

**Urban Female Patients:** These groups of women are Dhaka based, mostly having affluent economic backgrounds and are well educated. The source of economy was mostly from their husband's income, though some of them do some paid work. Yet, in most cases, these women didn't earn by themselves or earn very little. Although they involved in some paid jobs, this was not because they needed money, but because it gave them social prestige. This group did not think a lot about their expenditure and income, but spent their husband's money. However, these women seemed very relaxed when they come to take cosmetic surgery. They emphasized more on the quality than money to spend on the treatment. They chose clinics in Dhaka for their surgery because it is cheaper than doing it in abroad. Only when the treatment went wrong or did not bring any desired result, they used to plan to attend the treatment from abroad. They had alternatives in their hands to solve their problems.

**Urban Male Patients:** This group of patients was economically solvent and independent. Most of them had good job, successful businesses, leaving them a surplus to spend for cosmetic surgery. This group of people came across as very relaxed, flexible and confident about opting for surgery. They were not that much answerable to their families about taking decision or spending money like the previous group.

**Rural- Peri Urban Patients (Women):** This group of women patients are from village and peri-urban area. This study considers district and semi city area, small cities near capital, sub-urban areas as peri-urban areas. However, the women coming from these areas actually did not have any earnings of their own, had low and medium family income. Since these women did not have a stable source of income of their own, they were mostly dependent financially, mainly on male family members (fathers, husbands, brothers, etc.). In general, they tried different treatments before finally decided to undergo surgery.

#### **4.4.3 Focus Group Discussion (FGD)**

Barbour and Kitzinger (1999, p. 5) noted that, 'focus groups enable researchers to examine people's different perspectives as they operate within a social network'. Thus the method was important for my study to explore community members' perspectives about the topic, particularly to know the perception on cosmetic surgery. I preferred to take one focus group interview to know their perceptions with respect to cosmetic surgery. The group comprised four men and one woman, who all live in Dhaka. The age range was from 24 to 40 (See Appendix).

I found males talked a lot about cosmetic surgery. In the beginning, the female was silent all along, and then I inspired her to participate in the conversation. The discussion became meaningful after 15-20 minutes when both parties started discussing and debating. In the one hour conversation, I found it was interesting to get opinions from different gender and different age groups. They shared their understanding and knowledge about cosmetic surgery, and how media and celebrity life influenced them to undergo cosmetic surgery, what the major implications of it in their life etc.

#### 4.4.4 Observation

Observation is a way of finding about the world around us. However, as a method of data collection for research purposes, observation is more than that. Observation can provide rich qualitative data, sometimes described as 'thick description' (Greetz, 1973). For example, in observation method, the relevant phenomenon have been carefully observed and noted. Normally, observation is open without pre-determined categories or questions in mind. Because of this openness, observation in qualitative research is often referred to as unstructured (Bryman, 2008). I conducted observation on media promotions and programs related to cosmetic surgery (TV/ Newspaper/ Magazine/ TVC/ Billboard). These promotions are source of knowledge to get ideas about cosmetic clinics, their services and promotion strategies in Bangladesh.

**Table 2: Used Methods and Rationales**

<b>Method</b>	<b>Rationales</b>
In depth interview	To know the details about motivation, perceptions and challenges of patients with regard to cosmetic surgery.
Case Study	To explore the in-depth story of the difficulties that women face to undergo cosmetic surgery
FGD	To unveil the perception regarding choosing cosmetic surgery
Observation	To get the knowledge of media influence on promoting cosmetic surgery and its services in Bangladesh

#### **4.5 Data Analysis and Limitations**

Data analysis is a challenging, time consuming but nevertheless a crucial part of doing a qualitative research. This challenge was made even more difficult in my case due to the diversity of the data collected in short period of field work. Detailed and intensive analysis of data has been necessary to bring out proper interpretation of what lies in, behind and beyond the material (Stauss, 1987). In my data analysis stage, I have organized and interpreted the data in a very systematic way. At first, I transcribed data from the audio recording and my notes. The transcribed data have been coded (numbers and pseudo names) and categorized into themes. I used *open code* software to organize my data according to different topics and subtopics. The field notes taken during the interviews as well as my field diary were quite useful in this process. I have taken help of my own narration based on the interview guide to organize these into themes and subthemes. The distinction between pre-identified and emerging themes interacts in a flexible way. Though the pre-identified themes were meant to guide me in answering the research questions, I was also open to what came from the data outside of these themes. The software helped me to categorize the data, emphasizing on different quotes and find out the main themes and subthemes.

All the interviews, focus groups and field notes were conducted and written in Bangla (the national as well as local language of Bangladesh) and then translated into English. During translation, the long discussion of interviews was carefully compressed without losing their original meaning.

In conducting field work, I encountered a number of limitations that impacts on data analysis as well as my whole research. First, it was difficult to get respondents who were willing to be interviewed and a result I ended up with a small sample size. It limited the opportunity to generalize findings. Second, I could not manage to conduct interviews of couples and partner. This has limited my scope to learn more about women's challenges in terms of gender role and relation from the perspectives of their partners. I found difficulties in categorizing different class groups in Bangladesh (Upper class, middle class and lower class) which was my initial plan. That actually limited me to discuss the situation based on different class perspectives. Instead, I decided to categorize respondents on the basis of regional backgrounds; like rural, urban, and



suburban. During my research, I also observed some unethical medical practices. However, this was beyond the scope of my research and as such was not focused and emphasized.

#### **4.6 Ethical Consideration**

Kvale (1996, p.110) notes that, 'Ethical decisions do not belong to a separate stage of interview investigations, but arise throughout the entire research process. So, ethics do not start and finish with the informants safety and privacy, but includes additional points during the research'. From the very beginning of my study till the end of data analysis, I was concerned with ethics and ethical practices.

This research fulfilled all the necessary conditions of the Norwegian Social Science Data Services (NSD) regarding confidentiality of the information, anonymity of the informants and safe storage of the data.

Research topics which touch on private experiences can be regarded as sensitive topics (Lee, 1990). Opting for having a beauty enhancement surgery is very much private to both men and women. Most of the patients (female) might have gone through bitter and painful experiences of facing social stigma related to beautification. Some of them might struggle hard to manage the surgery and some might fail to get expected results from the surgery. Respondents may also feel emotional pain and stress when they are asked to share their experience. To deal with such a private and sensitive topic, and recalling the painful and difficult experiences related to beauty and body may cause the negative emotional feelings to return. It created discomfort among them when they unfolded the history and experiences of undergoing cosmetic surgery to me. In dealings with such sensitive topics, key ethical principles like informed consent and confidentiality were important to maintain (Davis, 1999). The informants were informed in advance about the aim of the study, use of data audio tape recorder, anonymity and secrecy of their personal information that they shared with me. I took time to make them understand about the intent of my study and their right to withdraw from it any time if they wanted to do so. I used codes (for the place) and pseudo names throughout the process of data collection, analysis and thesis writing. I ensured that the story that they told me, would not be presented in such a way that might recognize and identify them. In addition, I tried to be careful to use other's opinions regarding them, particularly from the doctors that might help to identify them. I also gave them

ample room, so that if any issue that the respondents disliked and did not want to disclose, were avoided.

This chapter explains the major techniques to collect and analyse the data. In order to uncover the dimensions among patriarchy, choosing cosmetic surgery and women empowerment, different data collection methods- like interview, case study, observation and focus group discussion have been used to map views and perceptions of respondents. By considering all ethical issues, the data collection process has been completed after overcoming many challenges and it also leaves some limitations. However, after collecting data and systematic analysis of it, the empirical findings will be presented in next chapters.

## CHAPTER 5

### **Cosmetic Surgery: Factors and Perceptions**

Beauty is a significant universal quality of human being. Since beauty is a relative term, it varies depending on region (rural and urban) in Bangladesh. Fair complexion is regarded as an important indicator of beauty for girls in urban and rural areas in Bangladesh (Chowdhury, 2010). Slim girls, however, are not always regarded as beautiful, but as a sign of malnutrition (ibid). Girls with a smooth skin are regarded as beautiful, but to the villagers, height is not an important condition of beauty (Chowdhury, 2004 in Ibid). Slightly different from rural perception, in the urban areas, a girl meets the criterion to be beautiful if she is tall, fair complexioned, and slim (Ibid). With this criterion, grooming to be attractive, particularly for the girls, has been practiced since childhood in Bangladesh (Hossain, 2008 in Ibid). Mostly, media and fashion industry play a vital role to encourage people for grooming. The majority of Television advertisements are related to cosmetic products, beauty parlours, gyms, aroma centres, cosmetic clinics and laser treatment centres.

With this backdrop, the aim of this chapter is to explore the factors and perceptions of choosing cosmetic surgery in Bangladesh. To be more specific, this chapter covers the dynamics and factors that led the respondents to choose cosmetic surgeries. Later on, this chapter presents the way respondents come to know about surgery (media influence) and perceptions of patients and general people about using cosmetic surgeries.

#### **5.1 Dynamics and Factors behind Choosing Cosmetic Surgery**

Before I examine the perceptions and challenges in respect with cosmetic surgery, it is pertinent to know why the patients choose cosmetic surgery to enhance beautification. Men and women have different reasons and factors that they consider before undertaking cosmetic surgeries. This study shows that patients are inspired to choose cosmetic surgery because of some important social factors and personal desire.

### 5.1.1. Avoiding Social Stigmas

Respondents, particularly coming from rural and urban peripheral areas reported about social stigmas related to body and beauty. According to many of the respondents, society (family, friends and neighbour) regularly judge and comment on beauty and body, particularly if there is any defect. Social stigmas such as mocking and gossips create problems for women in getting married. Even after marriage, women are still concerned about the talks behind their backs, especially from other women. Social stigmas therefore appear to be one of the reasons why most women undertake cosmetic surgeries.

A 33 years old woman from UP 2 explained,

*'I got a mark on my face. It's not too visible, but if you look very carefully you will notice it. My husband doesn't have any problem with it. But for me, I face many questions from different people. My in-law's family is carped; they did not want me for their son when they saw me for the first time. Even my friends in college and university were very curious about that mark and asked many question. How did it emerge? Is it caused by acid throwing? It was tiring for me to clarify and explain this every time. Some showed sympathy for me saying that I would look better if I didn't have that mark on the face. But still, I did not feel good because I felt they were mocking me from behind, sometimes even in front of me. May be this motivated me to take the decision of taking surgery. Akhi said.*

Akhi explained how she experienced different questions though out her life because of the mark on her face. Her friends and neighbours were always curious about the mark. Particularly, she faced serious problem before her marriage. Her husband did not complain much, but she faced serious complain from her in-laws family. The mark on her face made her defective in front of her in laws family during the first visit. Obviously the questions coming in regard to the mark did not give her comfort; rather, there is always a possibility to be rejected by the groom's family.

Akhi's experience with her mark on the face can be seen from Scheper-Hughes and Lock's (1987) classification of body. Among three types of body, the second level of analysis is 'social body' which is much relevant to discuss these cases. They emphasized on representational uses of body containing natural symbols, which are seen as positive, superior and ideal and termed as 'social body' (See chapter 3). The above cases indicate the societal expectation to have a normal

and flawless body. Both Rina and Akhi did not meet the criterion of 'social body' due to the mark on their faces. Thus cosmetic surgery came as a solution to fulfil the societal expectation. The above cases indicate the societal expectation to at least have a normal and flawless body. Thus, both Rina and Akhi enable to meet the category of 'social body' due to the mark on their face. Thus cosmetic surgery came as a solution to achieve the societal expectation as well as 'social body'.

### **5.1.2. Assurance of Marriage**

It is clear that women carry a social pressure to achieve an ideal form of beauty. The social pressure comes to them in diverse forms at different ages. The most important social motivation of being beautiful is to get married. With such experience, Rina, a 19 years girl came from rural area said,

*I live in VLI<sup>11</sup>, far from the city. When I was 6 years old, I accidentally fell on the ground. After this accident, I got a mark on my lower forehead. It is very deep and visible. Neighbours used to ask about it. I felt shy when everyone asked me about it. My mother had to face many questions. She became disheartened because of these. Many of them told my mother that I am growing up and reaching to the age of marriage. I would not get a very good groom unless my face is clean and flawless. My mother was stressed and upset. I found my mother crying alone several times. I felt sorry for her."*

It is important to discuss about the rural context of beauty and marriage in Bangladesh. For parents, the first choice is to have sons. Parents expect to give birth to sons and sometimes they will not stop giving birth until achieving their expectations (Chowdhury, M. K., & Bairagi, R., 1990). Male children have been considered the 'Lamp of Dynasty' or 'precious diamond' who will support parent's livelihood in the future (Ibid, Kabeer, 2012). Daughters or girls, on the other hand, are often considered as expensive, as they have to be married off, which is costly for the parents and they usually leave their parents after marriage (Shah, 2005). Giving birth to girls in South Asia such as in Bangladesh, India and Pakistan is seen as an economic liability for the parents. It is because of the dowry system and the higher incurring cost on their weddings

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<sup>11</sup> A village in Bangladesh

(Ibid).<sup>12</sup> Parents of a daughter start saving money from her birth to accumulate adequate dowry and importantly teach them to become proper housewives and prepare them for motherhood (Kabeer, 2012). Furthermore, Bangladesh is a country with one of the highest rates of early marriage worldwide (Field & Ambrus, 2008). In many places parents still arrange early marriages to take advantage of their daughters' youth and beauty, which is highly valued by potential in-laws (Ibid, Chowdhury, 2010). In such socio- economic context, this study indicates that beauty is seen as the most important requirement to have a good marriage.

However, women are exposed to the socio cultural expectations with regard to their appearance at very young ages (Thornton et al., 2013). In Bangladesh, this phenomenon is also very common (Chowdhury, 2010). Media promotions particularly television advertisements and billboards portray the importance of being attractive, particularly for the girls, in every steps of their life in order to get social acceptance, appreciation, marriage, job and promotions. Less attractive girls are predisposed to face discrimination in their parents' family. Even the educated girls, who are less attractive, have difficulty in finding grooms (Chowdhury, 2009 in Chowdhury, 2010). In the villages, as mentioned earlier, girls with fair and smooth complexion and attractive appearance are seen as 'beautiful' (Ibid). Grooming and applying different methods of beautification for girls in Bangladesh starts at a very young age. This effort is deeply connected with getting good marriage. While decision of marriage comes from families, the bride has to be chosen by the groom's family and beauty plays an important role in terms of being chosen (Chowdhury, 2010). This selection process serves as a motivating factor for choosing cosmetic surgery as a tool to enhance beautification or remove the flaws to be chosen by the groom's family. As mentioned above, Rina's family was anxious about the mark on her face that might be a constraint for her marriage. They came to Dhaka to make their daughter an eligible bride by removing the mark from her skin. This is because, in village, as mentioned earlier, fair and smooth skin is more in demand and hence more desirable.

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<sup>12</sup>Dowry is an ancient custom, and its existence may well predate records of it. Dowries continue to be expected, and demanded as a condition to accept a marriage proposal dowry is the wealth transferred from the bride's family to the groom or his family

### 5.1.3 Cosmetic Surgery: Ensuring Better Conjugal Life

Beauty does not only help in getting married, but also serves as an important factor that makes the relationship sustainable. Women are expected to keep their beauty to continue healthier and long conjugal lives. Maloti, a 21 years old girl from UP 3 said,

*'I got married without my parents' consent. We loved each other. I came to physical contact after getting married. My husband was not happy with my breasts since these were small. He used to complain every time when we were intimate. He told me that there is no difference between a man's body and mine. After some time, I learned that my husband is involved with another girl. After that, I came back to my parents and I made a decision to divorce him. Now I am in a relationship with another man. He loves me the way I look. But I don't want to face the same situation that I faced before. Therefore, I decided to implant my breasts before I went for marriage'*

As previously discussed, getting married by one's own decision, particularly for females is not very common phenomenon in Bangladesh. Maloti has decided her own marriage. Though the couple knew each other before marriage, Maloti started getting complains about her breasts size after marriage. This incident focuses the importance of carrying on the discussion about the social construction of marriage. The culture and religion of Bangladesh do not commonly permit pre-marital physical relation (Rashid, 2000). Maloti had physical contact with her husband after marriage and the problem actually appeared after then. Her husband was unsatisfied and therefore, he opted for other girls. Maloti left her husband and initially she felt she is responsible for her break up of her marriage. Because she chose her own partner, she was the one who was responsible to sustain her marital relationship. After this incident, she felt unsecured and scared from her previous breakup and she did not want to have the same problem happening again. This motivated her to go for the breast implantation.

Jeffrys (2005) cited in Tylor (2012) contents that young women are encouraged to adopt the dress and body that men usually like, in order to meet male demand and sexual titillation. The importance of beauty for females is also rooted to meet the partner's desire (Ibid). Male preference plays a big role for women in fixing their body shapes and also for undertaking beauty enhancement procedures in Bangladesh too (Hossain, 2010). Based on the field data, it is clear that husband's dissatisfaction with their wife's beauty and body shapes cause extra marital

affairs and divorce. As explained elsewhere (in chapter 3), since 'social body' symbolizes the societal expectation related to body (Schepher-hughes & Lock, 1983), Maloti failed to meet that expectation, particularly fixed by her ex-husband. Rejection and divorce from her husband brought an individual feeling of insecurity with regards to her body. Furthermore, individual body, which refers to "lived experience of the body self" (Ibid, p. 209), is her own feelings and experiences with body. Yet, where in most of the cases, the individual body experiences are mostly influenced by social and cultural factors (social mocking, stigmas, rejection from husband), Maloti is not an exception from that. The rejection from her husband to meet the 'social body' made her feelings incomplete with her 'individual body', which motivated her to choose breast augmentation.

#### **5.1.4 Social Appreciation and Personal Desire**

People want to be beautiful because people love to be appreciated by others. Social appreciation is actually one of the strong causes that motivate women to choose cosmetic surgery. A 45 years old woman, named Ruby said,

*'Everyone wants to be seen as beautiful. I am not an exception. I am 45 years old now; I need extra care for my body and I feel it in my heart. I don't think any social influence works behind my decision, yet, I agree that if I look good, people will praise me and treat me well and I want it.'*

Rubi loves to be appreciated for her looks. Though she seemed to have made an independent decision regarding choosing cosmetic surgery, but her concerns about her looks were still related to how she was seen by others and how that might influence her social relationships. She wants to be praised, admired and get better acceptance from others.

The previous discussion about marriage and longevity of conjugal life also emphasizes the importance of getting social appreciation. Akhi talked about being mocked by her friends and classmates. Both Rina and her mother also talked about the social mocking with her mark on the face. All these factors highlight the need to remove the marks to prevent being mocked by others and to be appreciated.



The male patients are also concerned with getting social appreciation with regards to their body. Most of the male respondents considered social appreciation as one of the important motivational factors for undertaking cosmetic surgeries. Tonmoy, a 34 years old man said ,

*'I was losing my hair. My friends always asked me about my hair. Sometimes, they made fun or talked behind me. Though I never showed that these hurt me, I felt really depressed and down every time.'*

Tonmy lost lots of his hair that made him uncomfortable in his social participation. He felt that he failed to meet the social expectations with regard to his appearance. Like the female respondents, he has also been mocked by his friends. He has chosen hair plantation to get back the hair and to be appreciated socially.

Though the social factors motivate the respondents most, some of the informants also laid emphasised on their personal choice and desires in choosing cosmetic surgery. A 34 years old woman, Maliha explained,

*'I did not have any kind of pressure from society. It was my own choice. I gained weight during the time of pregnancy and I could not lose it after giving birth. I was 76 kg's when I conceived. After delivering, I gained weight rapidly. When I reached 96 kg's, I felt that I had go to a clinic. I decided to take therapy with the doctor's consultation. Currently, as result of the therapy and my strict diet, I'm down to 83 kg's. I felt myself so heavier before, I wanted to get rid of it.'*

Maliha was more concerned about her fitness and comfort, rather than beautification. Gaining weight during pregnancy is commonly experienced by all mothers. Yet, over weight even after delivering the child made her uncomfortable and it restricted her mobility. She chose cosmetic surgery as a tool to reduce her weight and ease her mobility.

Rekha, a woman of 44 years old, explained why she felt the need of losing weight

*'I did not feel good in front of the mirror. My old dresses did not fit me well. I felt I am fat and I really wanted to regain my previous slim body shape'.*

However, the study found the interesting fact that the motivating factors for male patients to undertake cosmetic surgeries appears to be more of personal desire. For example, Towfiq, a 26 years male pointed out,

*'I am not influenced by anyone. I have never felt offended by anyone, and I feel rather different about myself. The mark I got in the upper part of my feet is not even always visible. Still, I took surgery, only because I wanted it.'*

However, the most important challenge for these respondents is either to have a normal body or to get a beautiful body. Individuals want a specific body shape (social body) through removing the flaws or enhancing their beauty through cosmetic surgeries. The presence of flaws on the body and the inability of having a 'social body' bring out the feeling of 'Otherness' among the respondents. The feeling of 'Otherness' comes when the respondents find themselves different from the 'social body'. However, this 'Otherness' is similar to incompleteness with their individual body, as social body influences individual feelings about individual body. Respondents like Rina, Akhi and Maloti don't feel like they have a normal 'social body'. With these incompleteness and feelings of 'otherness', they are likely to choose cosmetic surgery. On the flip side, respondents like Ruby and Tonmoy aimed to get social acceptance and appreciation with achieving their own 'Body Image'. 'Body Image' as noted by Grogan (1999) can be built from both social and personal impressions and in most cases they influence each other (discussed in Chapter 3). Therefore, in this study, the personal desire and social impressions interact and produce the ideal 'Body Image'. Ruby and Tonmoy had the feelings of not meeting the expected 'Body Image', which is a combination of social expectations and personal desire in regard to their body. Thus, the expected 'Body Image' comes with individual body, but mostly influenced by social factors. The combination of all these factors motivates them to choose cosmetic surgery as a solution to achieve either the 'Body Image' or 'social body'. Further, 'Body Image' can also be formed as a result of only individual feelings. For Towfiq, it is also his feelings, thoughts and perceptions related to negative 'Body Image', without any connection of social motivation. These above factors associated with their body shape and size push them to get a new shape of their body and choose cosmetic surgery.

## **5.2 Choosing Cosmetic Surgery: Feminist Debates and Empowerment**

One of the aims of this study is to know why people choose cosmetic surgery. Before I went to the field, I was inspired by the study of Henderson-King & Henderson-King (2005). Henderson-King & Henderson-King's (2005) quantitative study with 1288 undergraduate students, male and female aimed at finding how and why they accepted cosmetic surgery. To analyse the findings,

motivations behind accepting cosmetic surgery were divided into two major categories: social factors and intra personal factors. I find these categories useful for understanding reasons behind taking cosmetic surgeries for this study in Bangladesh as well. The data shows that the social reasons worked more than personal reasons, particularly, for most women patients. In contrast, men are mostly inspired by personal desire. However, women, most of the cases, chose cosmetic surgery to achieve specific goal(s). Yet, they really had very limited options to make choice to achieve their goal. Beauty enhancement by cosmetic surgery is one of the solutions to solve their problem as well as achieve their goals.

Relating choice and empowerment, Khader (2011) emphasises on specific choices that really contributes to empowerment (chapter 3). As Khader claims important distinction between 'having choice' and 'making choice'. Normally, women patients, particularly, from rural and peri-urban, had limited options within which to make choices for their goal. Furthermore, Khader refers to Andrea Cornwall, who classified choice as strategic choice and tactical choice. The choice that these women patients made can be understood as are actually tactical choices, because these choices were taken and arranged within limited options. According to Cornwall, small scale choices seem insufficient to provide all the choices and make empowerment. Thus, it can be argued that the choices that women (particularly rural and peri-urban) made about undergoing cosmetic surgery do not necessarily lead them towards empowerment.

Among the three stands of contemporary debate with cosmetic surgery, categorized by Tylor (2012) this research does not actually support the first school of thought. This school believes that women, who undergo cosmetic surgery, work as agents capable of making their own decision (See chapter 2). Most of the cases, the motivation of choosing surgery emerged from social context, particularly for Rina, Akhi and Maloti. So, the choice they made is not actually their own choice, rather, the choice was influenced by society. But, the arguments from second school of thought work more effectively for these respondents. They argue that, women undergoing cosmetic surgery are the passive victim of patriarchy (see chapter 2). However, in the above discussion, the issues of marriage and maintaining longer conjugal life are important social factors that came out to motivate women to go for cosmetic surgeries in this study. Marriage and family are mostly dominated by patriarchal norms in Bangladesh (Kabeer, 2012). Thus, it can be argued that women, who choose to undertake cosmetic surgery, were in fact conforming to patriarchal norms.

Though some urban women claimed that undertaking cosmetic surgery was their personal choice, on closer analysis, they seem to be actually influenced by social factors. These women shared their expectation of getting a lot of attention, acceptance and appreciation, beside their individual desire to reshape their body. Tylor (2012) referred to some feminists who agreed on that point that women want beauty enhancement to obtain men's attention and meet men's desire. Thus the choice of undergoing cosmetic surgery is not actually their own choice but that is influenced by the society as well as patriarchy, since they expect to get social appreciation. Khader (2002) emphasises on the fact that choice in uncondusive situation does not form empowerment (chapter 3). Most of the women patients' choice, as mentioned earlier, was formed under uncondusive condition, like under patriarchal norms. As a result, it does not actually ensure their empowerment. In contrasts, Mahmood's (2005) explanation on agency contradicts with it as she emphasized on capability to act, even it happened under discursive tradition (in Frank, 2006). In that case, these women appear to be capable to act, when they choose cosmetic surgery, this is yet to see how these women exercise agency during the process of undergoing surgery.

Unlike women, the male seems to have more inspiration from their personal desires and preferences. They rarely mentioned any social pressure that women usually face with regard to marriage or maintaining a long-lasting relationship. In terms of enhancing beautification, while men confidently make the decision of cosmetic surgery by themselves, women's experience is quite different and it mostly depends on different social and cultural factors.

In such a situation, following Morgan (1991), it is necessary to ask whether with these social settings taking cosmetic surgery is liberation or oppression. The next chapter would discuss the struggles of undergoing cosmetic surgery for rural and peri-urban women and the last chapter would continue to analyse more on power, choice and empowerment.

### **5.3 Cosmetic Surgery: Socio-Religious Perceptions**

Though the above mentioned factors motivate men and women to choose cosmetic surgery, most people don't actually have clear ideas about the surgery and its implications. Beauty enhancing cosmetic surgery is quite a new concept in Bangladesh. Because of this fact, many people are confused and have queries about the ethical and religious reservations in regard of choosing cosmetic surgeries. Most of my respondents didn't seem to know much about cosmetic surgery

and its implications, i.e. side effects. Despite of these constraints, many people became interested to choose cosmetic surgery collecting the information mostly from advertisements (television and billboards) and TV programs. This section aims to discuss socio-religious perceptions and role of media in relation to choose cosmetic surgery.

### 5.3.1 Cosmetic Surgery: Confidentiality, *Purdah*<sup>13</sup> and Religious Dilemma

Generally, there is a common dilemma between body modification and religion. People were interested to know more about these and openly shared their confusions regarding cosmetic surgeries. Atik, a male of 59 years old expressed his opinion,

*'I don't think we should take cosmetic surgery. Allah knows what is best for us. We are Allah's creatures, and we believe that we have been gifted what we deserve. Our intention to modify this creation means we are unsatisfied with His works and therefore we are rejecting His blessings'*

Atik believes in Allah and hence opposes body modification processes. Seltzer (1965) explains the protestant, catholic and Jewish opinion and religious dilemma about cosmetic surgery. Bangladesh, being a Muslim majority country (88.8% of the total population) has some different cultural and religious views influenced by religion (GOB, 2013). Maloti, a girl who took silicon breast plantation said,

*'I have undergone a silicon breast implant. I kept the matter as secret as possible. I did not tell it to any one, this is very private. Even my family members don't know about my surgery. I told my mother and my elder sister only. I am not even staying at my father's house during my post-surgery period, preferred to be at my sister's house instead. My father is very religious. I think in the Bangladeshi social context nobody takes these matters easily. Some people think it's unethical and non-religious. I am even thinking of getting married again, since I have been divorced. I don't know how my future in-law's family will react when they come to know about my silicon breast. They may think that it's artificial'*

This is important to discuss the issue of '*Purdah*' to analyse the conceptions about religious reservation of using cosmetic surgery. The religious belief related to body modification is deeply rooted with *purdah*. Bangladesh is a country with Muslim majority where *Purdah* is a religious custom followed by many Muslim women (Amin, 1997). '*Purdah* is customary seclusion and

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<sup>13</sup> *Purdah* actually means covering of women's body in public with a veil from head to toe head

segregation of women from stranger men and the world outside home' (p. 18, Ibid). However, culturally Muslim women are expected to follow some obligations which seclude women from public realm. First of all, *purdah* and its related factors limit women's movement, even in going to hospitals particularly because, most of the doctors are male (Ensor & Cooper, 2004). It appears from the study that women who are undertaking cosmetic surgeries are overcoming some of the restrictions related to their *purdah* and mobility. At this point, these women are capable to perform acts, therefore, have the agency, according to Mahmood (2005).

In the case of Maloti, it is more sensitive because she had breast surgery which is considered very private and a sphere of shyness for women. Furthermore, her doctor was also a male, which was a big challenge for her. Second, silicone breast implant raises many questions on perceptions about natural and artificial body. People commonly question and distinguish between natural and artificial beauty. There are many debates raised in literature with such issues, particularly with breast augmentation (see Tylor, 2012). As stated by Atik, who believed in Allah's creation more than artificial body modification. The most common belief of the people is that natural beauty is seen as a gift from God and the only true beauty, which can never be achieved artificially. While most cosmetic surgeons are male, exposing their bodies to men is a problem for many women due to religious custom, like *Purdah*. Especially, exposing their breasts for cosmetic surgery is probably unthinkable for the majority of women in Bangladesh because of social and religious norms.

This is not only with the breast implant patients, but the patients undergoing other treatments are also concerned about issues of confidentiality and privacy. It's because, most people have negative ideas about cosmetic surgery, as discussed above. Therefore, patients feel uncomfortable in answering questions concerning cosmetic surgery. Akhi also explained the secrecy and confidentiality she maintained,

*'When I decided to undergo cosmetic surgery, made the decision of choosing cosmetic surgery, I did not disclose it to anyone, not even to my husband or my mother. After doing my first surgery, my mother was very disappointed. She thought I had done something very irreligious. According to her, it's not good to be unsatisfied with Allah's creation; even changing the shape is kind of a sin to her. She thought it might be important before marriage to get a good husband. But I was*

*married when I did surgery and I did not ask for my husband's permission which deserves censure.'*

To many people in Bangladesh, changing your one's looks means somehow showing dissatisfaction with, or even disrespect for, God's creation. People need to accept the way they have been created. Because of these social and religious norms, cosmetic surgery, for most of the patients is a confidential and private issue and should not be discussed with others.

### **5.3.2 Cosmetic Surgery: Related Confusions and Queries**

Different groups of people seem to have different opinions about cosmetic surgeries. Some of the respondents perceive cosmetic surgery as blessing of advanced technology. At the same time, despite the contribution of cosmetic surgeries, many people are still in doubt as to its relevance due to the lack of enough information about it. Still some people lacked with adequate information.

Reza, 35 years old man said,

*'I appreciate the progress of technology and the idea of changing the body, from an ugly face to a beautiful one or from a defective body to a normal body. It does a huge change'*

A 32 year old man, Alam interrupted, while Reza was talking,

*'I can't totally agree. Yes, I accept cosmetic surgery as blessings of modern technology. I welcome this technology in Bangladesh. But I wonder; do cosmetic surgeries always give positive results? I don't know, but I have doubts. This is due to the fact that, every action has some reactions. I have very big doubts about something called silicon breast implant. I heard many actresses have done this. I wonder; does the artificial breast not make problems when it comes to sexual intercourse? What about breast-feeding? How can a mother breast-feed her child after having plastic inserted in her breasts! I am worried because, I think, anyone who undergoes this surgery might encounter these problems.'*

As discussed earlier, there are many questions and concerns about breast implantation, which is one of the biggest sectors in the beautification industry in England (BAAPS<sup>14</sup>, 2011 in Tylor, 2012). And, of course, in recent times, the trend has been expanding in Bangladesh as well.

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<sup>14</sup> BAAPS is British Association of Aesthetic Plastic Surgeons

Mostly, people, including the patients, don't have much information and ideas about the process, its future implications. They consider it as artificial intervention inserted in body and might have some side effects. Since breasts function with breast feeding and sexual intercourse, silicon breast implant raises questions about how it functions after the surgeries. Does it cause any complications? Generally, the respondents appeared sceptical and inadequately informed but also curious about the procedure.

### **5.3.3 Cosmetic Surgery and the Crisis of Masculinity**

Beautification is not only limited to females, but increasingly men have also started to show interest in looks and beauty. The man seems to be taking more pride in his appearance and dedicating more time and resources in looking good in recent time (Sowad, 2010). Yet, people may have diverse perceptions about males going for cosmetic surgeries. Suvo, a 35 year old man stated,

*'I don't think any man who takes cosmetic surgery for beautification or puts on makeup or go to the parlour is a real man. I think make ups and parlours are for women. If any male practices it, he is more female than male. People will laugh at him'*

Therefore, the perceptions about men going for cosmetic surgeries are often negative. Majority of the respondents thinks that beautification is a feminine arena, where men's involvement is quite unusual. There is always a possibility of being mocked and criticised by society, because of going for cosmetic surgery. Male patients are also more concerned about the confidentiality and secrecy of their surgeries. Ashiq, 34 years old male said,

*'I kept it as secret as possible. There are many social stigmas attached to males going for cosmetic surgeries. This is because people perceive it as an arena for females. They might undermine me. Neither do I like to be the talk of town, nor do I want to be a fun topic!'*

Though the reasons for choosing cosmetic surgeries are different for male and female, still the males, like females, want to keep it as confidential as possible. While emphasis is placed mostly on women's appearance in almost every culture, a man's interpersonal and social attractiveness has traditionally relied more on his skills, abilities, and accomplishments rather than physical appearance (Jackson, 1992; Sherrow, 2001 in Thornton et al., 2013). The interesting finding of this study is that the reasons for male keeping this fact confidential are different from females.



Male respondents feel uncomfortable to share their surgery story, because they believe that cosmetic surgery is part of beautification which is a feminine arena. Being part of feminine activities is not culturally acceptable, and hence, this study indicates that it negatively impacts on their masculine identities.

Though the context of the East is sometimes different from West, yet, the changes of the idea of beauty, body or new fashion trends and men's participation in it in West has more or less consequences on the East. The trend of male fashion and beautification is growing significantly and gaining popularity in Bangladesh (Soward, 2010). However, though this study shows male's increasing participation in cosmetic surgery industry, yet, the general perception of male beautification is negatively perceived. Soward (2010) referred to Yumiko Lida's (2004) findings, where she sees the changing trend of men's perception of male beautification. Her study notes that these trends are often been described as 'feminization of masculinity'.

#### **5.4. Cosmetic Surgery: Media Influence and Rapid Popularity**

As Davis (1995) argues, beautification industry is expanded globally through western media and culture. Davis (1995) explained the influence from Western media, states that, people do not just want to attain the 'standard' or 'modern' form of beauty, but also desire to follow how the West has structured it. This trend influences the East as well and creates new opportunities to establish new business and industry. The changing economic growth has shaped individual's behaviour, including the cultural orientation of beauty and way of life that individuals hitherto had not used. Modern standards of adjudging beauty and attractiveness, as noted above, have seemingly taken root in all cultures and age groups, thus contributing to the growth of cosmetic industry in Dhaka. However, other major change in life style, mostly arrived from the West via media, beautification-enhancing methods has been gaining popularity. Therefore, the beautification industry, including parlour, gym, aroma clinics and cosmetics clinics was established and mushroomed, particularly in Dhaka (Nahar, 2011).

Dhaka is known as 'the city of color' or 'the city of magic', particularly for its colorful streets, multi-storeyed buildings, lucrative shops, the blend of modern and traditional vehicles and above all the provocative advertisements of the fashion and cosmetic industries hanging around the city roads. I found that a remarkable number of impressive electronic advertisements and dazzling

billboards are found to be hanging over the streets in Dhaka. Some of these promotions and advertisements introduce the gradually rising cosmetic surgery industry of Bangladesh.

Furthermore, there are television advertisements, talk shows and entertainment programs promoting cosmetic surgery in Bangladesh. With captions like '*Change your future with us*<sup>15</sup>', or '*We make you beauty, confident and happy*<sup>16</sup>', these clinics welcome patients, promising a better future of beauty, such as '*To fulfil your dream of desired beauty*'. '*Let the magic of LASERS make your wishes come true & keep you young & beautiful forever!*<sup>17</sup>'. These clinics promise to ensure confidence, social acceptance and praise after customers take the treatment with them. In addition to TVC, experts (surgeons, dermatologists and other skilled personnel) attend television talk shows introducing treatments and services. Most programs are recorded, but some are also live telecasted. In live airing, the invited experts face the audience over phone or text messages. They are asked to answer questions directly from the audience. In the recorded programs, the presenter usually asks the expert(s) questions related to services, expenses and whatever else. In addition to giving examples of success stories, there is usually also room for questions from the audience. This is noticeable, most of the audience who make call to such programs are women.

Women's increasing mobility outside home, and the increasing wealth accumulation for a certain group of business people perhaps allowed this change in life style, which includes beautification techniques like cosmetic surgery (see introduction). The wide expansion of media has also contributed to make beauty enhancement procedure familiar among the people of every corner of the country. People come to know about recent fashion, modern body and beauty from television, the Internet and movies. All these promotions, advertisement and other fashion programs might have assisted to build up the social expectation in relation to body and beauty. Furthermore, this is documented in literature that, beauty is valued more for Bangladeshi girls, particularly to get good marriage (Chowdhury, 2010). That why, the industry targets mostly women as its main consumer base. Cosmetic surgery comes as a solution to enhance beauty, thus the influential factors mentioned above work for the rapid growth of cosmetic surgery and has gained popularity among all kinds of people, including men and women.

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<sup>15</sup> See <http://lasermedicalbd.com/>

<sup>16</sup> See [http://www.cosmeticsurgerybd.com/laser\\_treatment.html](http://www.cosmeticsurgerybd.com/laser_treatment.html)

<sup>17</sup> See <http://lasermedicalbd.com/>

However, in this study, many people know about cosmetic surgery by reading the news of celebrities who actually undergo cosmetic surgery. Rahman, a 32 years old man said,

*'I came to know about cosmetic surgery from Michael Jackson, I was his fan. I know he did it several times. Also, I know the Indian cricket commentator Harsha Bhogle has taken it for re-growing his hair. There are many actresses in Hollywood who changed themselves by taking cosmetic surgeries. It's amazing!'*

Many people came to know about cosmetic surgery from Michael Jackson's life and several respondents were inspired by the celebrity's life style. In this study, the women seemed to follow their favourite celebrities like Angelina Jolie<sup>18</sup>, Britney Spears<sup>19</sup>, Ashwarya Rai<sup>20</sup>, Kareena Kapoor<sup>21</sup> and so on who has undergone surgeries on their body. Celebrities and their life styles influence some of the respondents especially those who wants to look more like the celebrities they admire.

Swami et al. (2009), in their study, explained the linkages between acceptance of cosmetic surgery and celebrity worship. The study shows that if any famous media personality undergoes cosmetic surgery/surgeries, her/his fan(s) intend(s) to follow her/his style. Furthermore, similar result was noticed by Maltby and Day (2011). Their study contends that, research participants with intense interpersonal celebrity worship have high tendency to undergo cosmetic surgery within an 8-month period of time (Maltby & Day, 2011). The trend is observed in Bangladesh too as a number of people get influenced to undergo cosmetic surgery.

Maloti, a patient of 21 years old said,

*'I came to know about cosmetic surgery in Bangladesh through billboards. I found different attractive and eye catching billboards hanging almost on every corner of the city. I heard that, many Hollywood and Bollywood<sup>22</sup> film celebrities had done it. I felt interested to see the billboards because I was also looking for a solution to my problem.'*

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<sup>18</sup>Popular Hollywood actress

<sup>19</sup> Popular singer

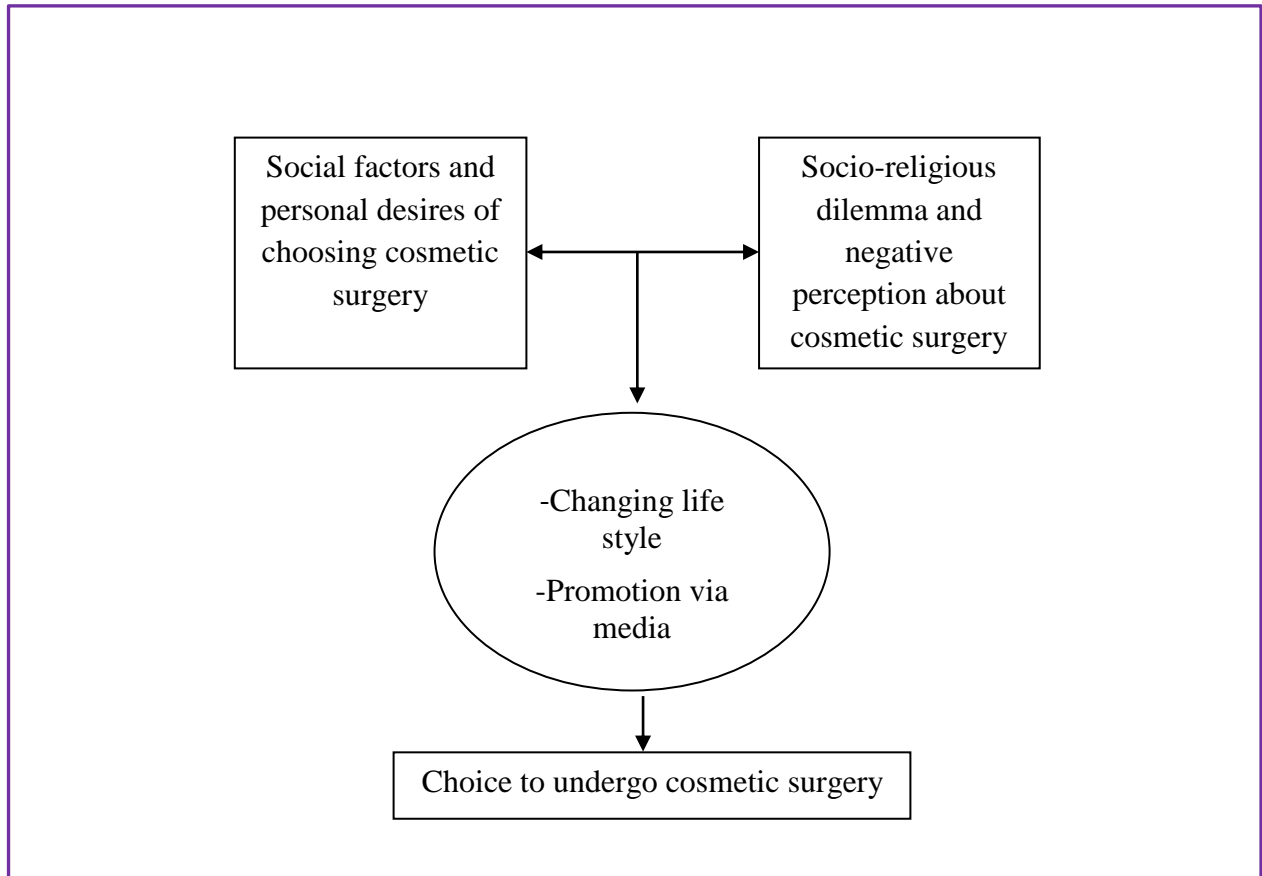
<sup>20</sup> Popular Indian actress and miss world

<sup>21</sup>Popular Indian actress

<sup>22</sup> Indian film industry

Due to the increasing media promotions and advertisements of cosmetic surgeries, much research has focused on media's impacts on changing viewers' body image and body satisfaction (Delinsky, 2005; Mahmud, 2003; Nabi, 2009; Slevac & Tiggemann, 2010; Swami, 2009; Thompson et al., 1999). Looking back to the last feminist debate on cosmetic surgery helps to understand the growth of cosmetic surgery industry in neo-liberal market economy. The last debate has seen cosmetic surgery as a form of consumerism practices in global level. As mentioned earlier, this practice normally comes and spreads via media. While Black and Sharma (2001) claim the positive relationship between cultural expectation of beauty and body and the growth of beautification industry, this seems very much relevant in Bangladeshi context. Hossain (2008) successfully connects the long process of beautification starting from childhood as follows: "*Girls are starting to become sexual objects from a very early age, and being 'sexy' has become something very important in empowering, and a precondition of women's success...*" (p. 205 in Chowdhury, 2010). Cultural expectation related to body, sometimes, comes through media, which has made much available information about cosmetic surgeries in every corner of the country. Chowdhury (2010) also explains, "*These standards have been shaped by advertisements, films, beauty contests, and pornography, where women are used as sexual objects to accumulate capital*" (p, 205). However, since the study objective does not cover the details factors and consequences of growth of cosmetic surgery industry in Bangladesh that create a new research opportunity to uncover these interesting facts.

However, the above discussion maps an interesting linkage among factors, perceptions and media influence of choosing cosmetic surgery. Social factors and personal desire motivate the patients (both male and female) to choose cosmetic surgery, although some negative perceptions about cosmetic surgery prevail in the society. Social factors carried more weight than personal desires for choosing cosmetic surgery, especially for the women. This social motivation really boosts up, when the patients come to know about the services that cosmetic surgery industry offers via media. They ignore the negative perceptions about cosmetic surgery to undergo surgery, when they are assured to get change with their body and ensured better life by mass media promotion of cosmetic surgery.



**Figure 3: Interrelation among factors, perceptions and media influence on cosmetic surgery in Bangladesh**

This chapter discussed the major factors of choosing cosmetic surgery in Bangladesh. Here I see a relationship between social construction of beauty in society and a correspondingly personal preference to live up to these constructions. It further highlighted the perceptions towards cosmetic surgery and challenges from multi-dimensional perspectives. It indicates that though beauty is an important quality to get social acceptance and appreciation, the process of enhancing beautification through cosmetic surgery is somehow confidential and private. Besides, because of treating beauty a feminine zone, males face the masculinity crisis when they choose cosmetic surgery. It also analysed the religious dilemma of choosing surgery in regard to *Purdah* and artificial beauty. Finally, the chapter ends up with analysing the rapid media influence and growth of cosmetic surgery market industry in Bangladesh. Mainly, the cultural factors including media influence, actually build up the image of body and beauty in the society, motivate people towards beauty enhancement procedures and boost up the new beautification industry, like cosmetic surgery.

## CHAPTER 6

### **Cosmetic Surgery: Mapping Socio-Economic Challenges for Women**

This chapter aims at exploring the challenges of women, living in the rural and peri-urban areas while experiencing cosmetic surgery. To be more specific, the major purpose of this chapter is to analyse how these groups of women afford the expenditure of the surgery for altering their body in the purpose of beauty enhancement. The previous chapter identifies the motivations, perceptions and media influence that work behind the growing consumption of cosmetic surgery. That chapter also shows how cosmetic surgery is expanded to almost every corner of the country by the rapid media promotions and consequentially, even the rural and peri-urban women take the challenge in undergoing cosmetic surgery. That calls forth the importance of discussing the emergence and expansion of cosmetic surgery industry in the capital and contextual position of these women to undergo expensive cosmetic surgery. It also explores whether those social factors, influenced by patriarchy, continues working in the process of their experiencing surgery or not. In addition, it also explores how these women attend the elements of empowerment in this procedure.

#### **6. 1 Emerging Beautification Industry and Imposition of Burden in Global Periphery**

In Bangladesh, the widespread practice of cosmetic surgery began during the time of the liberation war in 1971 to serve the injured freedom fighters (Kalam, 2010). As discussed earlier, the increasing demand coming from changing life style and privatization (caused by globalization and open market economy), numbers of private institutions, like private hospitals and clinics have increased all around the country (Andaleeb, 2000). Patients, from every nook and corners of the country come to the capital to meet their different necessities and demands, including medical services. A number of private clinics have been established in the country particularly in Dhaka city since 1982 (Ibid). Cosmetic clinics are mostly part of the private clinics, though some are established independently. In addition to that, some separate clinics are established, only to serve cosmetic services. These clinics have already been noticeably growing

and visible in the capital. Doctor Anwar, who has been working as a cosmetic surgeon in Dhaka, asserted-

*'In public hospitals, we deal with quite a huge number of patients. We treat many serious patients who have suffered from acid violence, road accidents and congenital problems. Furthermore, we have limitations in regard of the number of experts in this field. Definitely patients coming with serious accidents are given priority than those who come just to enhance beauty. Everyone knows this fact. People, who aim to enhance beauty, would like to go to the private clinics for their treatment because of this reason.'*

According to the cosmetic surgeons of the government hospitals, there are many serious patients who come to seek treatments. In most of the cases these patients are prone to injury caused by occurrences like acid throwing, burnings and accidental injuries, political riots and road accidents. Taking advantage of this situation, the private clinics have established their roots and become the obvious choice for customers concerned about beauty. Doctor Anwar gave important information about the number of cosmetic surgery clinics, *'There are almost 10 cosmetic clinics running in the capital and the number is significantly on rise'*.

Although Bangladesh has made a remarkable progress in terms of its economy and social issues, the country is still heavily burdened with poverty, poor health facilities and gender inequalities (Delisle, 2008; Kabear & Mahmud, 2004). The government health policy is a universal access to medical services free of cost. Yet, the reality is very different. The provided equipment and the number of medical personnel are insufficient as compared to the requirements (Andaleeb, 2000). The inadequacy of resources in the health care sector of Bangladesh causes great sufferings to the people living in the lower economic class and rural areas, who rarely can afford private hospitals or clinics (Vaughan et. al., 2000). These clinics are usually not subsidized by government, are pretty expensive to afford and normally attended by affluent people (Ibid). While public hospitals struggle to facilitate basic treatment to the large number of population, cosmetic surgery industry has expanded rapidly and contradictorily. Dhaka based cosmetic surgery industry is a part of these private clinics, assumed to be chosen only by a specific group of people, who have the ability to afford it. Generally, surgery is not an option for most of the people in Bangladesh, because of the high expense involved with it. Furthermore, undergoing cosmetic surgery for beauty enhancement is not a serious health issue that has consequences of

life and death. Rather, it only fulfils the desire of being beautiful in terms of the socially constructed and perceived notion of beauty.

According to Dr. Anwar,

*'The difference between regular surgery and cosmetic surgery is that, unless the cosmetic surgery is to be taken due to health reasons, it is not covered by the free public healthcare services. Therefore, if someone decides to choose cosmetic surgery for beautification, obviously it will cost a huge amount of money'.*

Despite this socio-economic context, in reality, this study finds out number of rural and urban periphery women with lower economic backgrounds coming to Dhaka to get cosmetic surgery for body modification.

## **6.2 Socio-Cultural Challenges of Undergoing Cosmetic Surgery: Rural and Peri-urban Women's Perspectives**

In comparison to the other countries of the world, cosmetic surgery is cheaper in Bangladesh. Yet, as discussed earlier, the socio-economic condition of the rural women shows that they cannot afford even these expenses. Obviously, women from rural areas and peri-urban areas having very meagre economy, face different challenges and struggles to accomplish their enterprise of beautification through cosmetic surgical treatment. This chapter will narrate three case studies from rural and peri-urban areas to uncover the challenges they face in undergoing cosmetic surgery.

### **6.2.1 Rina's Story: Spending Savings and Debt for Dowry Negotiation**

I first met Rina in a clinic of Dhaka. I found an ordinary and simple village girl sitting in the waiting room, accompanied by her parents. Her mother also looked like a traditional and ordinary mother in Bangladesh. Although I was talking to Rina, the mother kept interrupting our conversation, whenever she, according to her mother, answered anything wrong or hesitated to answer any of my questions.

I came to know an eighteen years old college girl. Coming from a remote village of the RL 1<sup>23</sup> district, Rina had not been exposed to the city life earlier. Her nuclear family consisted of her

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<sup>23</sup> A village of a district in Bangladesh



father, mother and two sisters. Her father was the only earning member of the family, who managed a small business in the village. Her mother was a housewife.

Rina appeared to be a good looking girl. She came to see the doctor to remove one mark from her forehead, which she got when she was only 6 years old. She fell down while playing and the mark was still very visible on her face. Rina's mother was deeply concerned about the mark and worried about getting a suitable husband for her. They had to listen to constant questioning of their neighbours and relatives about it and had to answer when and how it happened, whether they had any plan to try to have it removed, and if it would affect her chances of getting married.

Rina is the oldest daughter of the family. Since early marriages are pretty common in the rural areas of our country, her parents were willing to arrange her marriage. Therefore, her mother was sincerely preparing her daughter to be a good bride and house wife. In Bangladeshi social context, the most important quality of a good bride is to be good looking. Her mother wanted to ensure this as well and came to Dhaka for surgery in order to remove the mark.

Initially, Rina's parents tried to find hospitals near where they live. They even tried different kinds of treatments to remove the mark for a long time, like herbal, homeopathic and also skin specialists. They spent a lot of money, but with no result. After several failed attempts to have the mark removed, Rina's parents finally came to seek help from a cosmetic surgeon in Dhaka.

Rina and her family are economically dependent on her father, who earns very less. Cosmetic surgery, which might seem a luxury for them, became a necessity to secure a good-match marriage for her. Her father and mother invested all their savings on this purpose. These people have always had very limited income and struggled to save any money. Particularly, the mother saved the money for a long time from household expenditures. Yet these savings did not cover the whole expenditure. Her father had borrowed money from different neighbours and friends. This is not the end; the mother had borrowed money from her brother (Rina's uncle) as well.

Contextually, Rina represents the girls living in a village in Bangladesh, where women usually suffer from health problems more than men (Howlader, 2013). Less health care facilities, high mortality rate continued through childhood to adolescence and extended through the reproductive ages in Bangladesh (Fikree & Pasha, 2004). It is caused because, gender preferences exist in our society, also poor socioeconomic conditions and the male supremacy, particularly in rural area, are very much common (Kabeer, 2012). From this contextual

backdrop, while most of the girls don't really get the basic treatments, the reason behind choosing cosmetic surgery and spending money over it calls forth an interesting question, how do they actually manage to complete the surgery? Rina's mother explained the importance beauty for preparing her daughter for marriage -

*'We have two more daughters. We know that we need money for our daughter's wedding. My daughter, Rina is already 18. This is the time for her marriage. I taught her to do domestic chores like cooking and cleaning. I tried my best to educate my daughter, so that she could fulfill the groom's family expectations. I taught her Holy Quran too. I wanted to prepare her in a well-nurtured manner so that she would get a good husband. She is young; it's good time for her marriage. Yet, what makes me concerned is that she does not look beautiful, particularly with the mark on her face. We don't have the ability to give much dowry, that's why we were thinking that, if we could make her good looking, we would not have to spend much money for dowry during her marriage.'*

Rina's mother wanted to arrange her marriage at young age. In Bangladesh, most of the rural women get married in their early youth. Though the legal age of marriage in Bangladesh is 18 for girls and 21 for boys, it is also well documented in the literature that more than two thirds of adolescent girls aged 10-19 are already married (Obaid, 2005 in Hawlader et al, 2013). Living within this context, Rina's family was also willing to arrange her marriage at a young age. Furthermore, marriage negotiations for Bangladeshi Muslims and Hindus involve various financial transactions. Firstly, for Muslim, the religiously sanctioned dower (*meher*), which has to be paid by the groom (*Sura Nisa*, Chapter 4, Al Quran cited in Azeem et. al., 2013). Dower is paid by the groom or his family to the bride out of honour and respect and to show that he seriously desires to marry her with a sense of responsibility and obligation (Monsoor, 2003 in Chowdhury, 2010). Added to *meher*, there is the practice of dowry or *joutuk* which is demanded by the groom's side to the bride's side, the transmission of large sums of money, jewellery, cash, and other goods (ibid). The dowry system is neither supported by state law nor by the family laws, yet, is commonly practiced in a great scale and apparently designed to strengthen traditional patriarchal assumptions (Huda, 2006; Chowdhury, 2010). The woman or her family must have property in order to attract husbands of equal or higher rank. Dowry is the price the parents of the daughters pay to buy their daughter's security, happiness, and a good timely marriage (Chowdhury, 2010). The dowry system increases the vulnerability of

women in Bangladesh which has become a widespread practice in the recent few decades (Huda, 2006). Women face physical and mental abuses when they are unable to fulfil the expectations of dowry, making parents concerned about their daughters' futures. From January to September, 2013, 265 cases of dowry related violence occurred and among these there were, 128 deaths filed after Physical Torture (Ain o Salish Kendra (ASK), 2013). Sometimes this unequal exchange of materials keeps taking place silently or indirectly in which the girl's parent gives dowry to the groom in name of gifts or decorating the new home to secure a happy life for their daughter (Huda, 2006).

However, Rina's parents also feel it obligatory to invest on the dowry to ensure their daughter's security and happiness. Since they did not own much money and property, they might not be able to pay large amount. The demand from groom's family is usually much higher, when the girl is not beautiful (Chowdhury, 2010). To adjust with this system, the mother thought that there might be a possibility to negotiate the amount of dowry, if Rina is well qualified. However, youth and beauty come prior to the concerns of their quality. Rina's mother thought that, besides her training to make her a good bride, if Rina looks good and flawless on her face, she could be chosen easily by the groom party. That's why they came to take cosmetic surgery that might help Rina to look better in front of the groom's family and eventually her parents might be able to minimize the amount of dowry for Rina's marriage.

### **6.2.2 Maloti's Story: Securing Future by Fulfilling Male Desire**

*'It was a great mistake in my life. I loved him. I have been in a relationship with him for almost three years. I left my parents and married him without their consent. We had not have any sort of physical intimacy before marriage. Six months after the marriage, I came to know that my husband has an extra marital relationship. He suddenly changed his behaviour. I asked him, why did he do it? What mistake have I done?'*

Maloti described her life story. She decided to get married to the person she loved without her family's consent. During their marital life, her husband kept complaining about her small breasts, saying that *'You are not like a woman'*; *'There is no difference between you and a man.'* She felt offended and incomplete by his remarks. Within only a few months into the marriage, she realized that her husband was secretly involved with another girl. When Maloti asked him about that, he said that he had been involved with other girls because he was not sexually satisfied with

her. When she protested, Maloti was brutally beaten. She got divorced when she was just 20 years old.

After getting divorced, her parents started searching for a new groom for her. She realized that she had to start again. She felt inferior, unconfident, incomplete and defective after that incident. She went to different clinics to find a solution to her small breast size and she was advised to get silicon implantation.

Observing Maloti three months after her surgery brought the realization of importance of breast for womanhood and conjugal relationship. Naugler (2009) also observes the same in one study stating that, *'in contemporary cultural imagery breasts are depicted everywhere and have become an aesthetic sign to a great extent. That is, female breasts are not celebrated or scrutinized for what they do, but for how they are supposed to look. This cultural focus on breasts, as the defining physical feature of womanhood, is shaped by social norms and perceptions of masculinity and femininity, as well as other social norms such as class, sexuality and heteronormativity, the public/private dichotomy, and the racialization of beauty'* (p. 101 in Tylor, 2012). Thus, both in the West and the East, breasts have become a most important symbol of femininity and sexuality. Because of this attributed social importance over the idea of having well-shaped breasts, probably, breast implant is one of the most popular cosmetic surgery operations. A study in UK shows that, about 8000 women each year opt for breast implants (NHS, 2011 in Tylor, 2012).

Maloti's marital relationship proved out to be fragile with its short span and disintegration. Maloti believed that it happened since her husband was unsatisfied with her physical beauty, particularly with the size of her breasts. According to her, it appeared more vividly as they got married and so he opted out for another girl(s) using this issue as tool of justification of his unjustifiable actions.

The literature shows that beautification and sexuality has been inextricably interrelated through the social and cultural attributions and perceptions of the notions of beauty, sex and gender. Referring to psychological and sociological studies, Grogan (1999) claims that, sexual preference in body shape and size is largely learned instead of regular and inherent perception of those and is constructed, shaped and reshaped and affected, by the values and practices of society. Grogan (1999) puts importance on the cultural relativity of the features attributed on

body shape that signal the attraction of the opposite sex. Women's beauty, in many aspects, is judged in terms of sexual appeal and so is prone to a natural and regular violation of the idea of womanhood itself. However, Maloti mentioned about her intention of reshaping organs i.e. breasts to be thereby meeting partners' desires. Tylor (2012), in her study, also shows that many women choose surgery to present themselves as attractive to their partners. Grogan (2008) also referred to other studies, in which women who were dissatisfied with their body shape, showed up with their appearance related concerns during sexual interaction with their partners. Maloti's story projects these ideas with a similar notion, bringing the importance of satisfying the partner, particularly, by reshaping their organs. To avoid such discontents in the future in part of her husband, Maloti opted for breast surgery to ensure physical satisfaction of her future husband.

Another challenge Maloti maintained with keeping the surgery a secret; because of the prevailing social stigma about undergoing cosmetic surgery, especially breast implantation (See Chapter 5). She believed that public knowledge about her artificial breasts would create problems with her future husband and in conjugal life. She kept it secret with a hope that she would now be more attractive and well accepted by her future husband and her family. To avoid the future risks of such discontents she opted for breast surgery to assure the physical satisfaction of her future husband.

### **6.2.3 Akhi's Story: Male Superiority and Sexual Passivity**

The first time I met Akhi, I met a deeply frustrated women who could not stop her tears while speaking. Akhi was a 33 years old University student. She lived in UP <sup>24</sup>, a place which is not very far from Dhaka. She lived with her son and her mother lived in another village. She came to the clinic to remove one birthmark on her forehead. *'The mark is not so visible, but when you stare very close and carefully, you can see it'*, she said. Still, she wanted to take surgery to remove it. She explained. *'Why do you want to remove it if it is not really visible at first glance?'* I asked. She took some time and then said that her friends in school and college have mocked her about it. It also created problems before her marriage, when the groom's family came to visit her. They kept asking questions about this mark and she felt obligated to answer. *'Did your husband have any complain about it?'* I asked. *'No,'* Akhi replied, *'though his family wondered when they first saw me, but he did not have any problem with it.'*

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<sup>24</sup> One Upozila (sub district) of Dhaka District

Before she visited clinics, Akhi did not have any idea about the expenses of cosmetic surgeries. She collected information from her friends and went to see a doctor. When the doctor suggested surgery, she asked about the cost. It seemed a big amount for her and it was hard to gather that such amount of money at that time.

Akhi stressed that taking surgery was very confidential and private and that she did not reveal it to anyone, not even to her husband. *'But why did not you share with your husband?'* I asked. *'I knew my husband would not support me, neither financially nor psychologically, for him, it is just waste of money and time'*, Akhi explained.

Akhi's case can be discussed from multi-dimensional perspectives. Starting from social stigmas related to beauty, it covers a wide range of topics like stereotyped family system, male superiority and sexual passivity etc. Chapter 5 discussed the social stigmas in relation to beauty, while Akhi experienced the mocking and criticism from her surroundings. Even that created problem in her marriage with regard to being chosen by groom's family involved in the process of selecting her. Besides that, because of confidentiality issues, there were some uncomfortable situation raised, during the time of the surgery when the visitors came, as she felt embarrassed to disclose her surgery in front of them.

First, Akhi's story presents the scenario of the traditional family structure of Bangladesh. Akhi explained how she managed her surgery by balancing between her house works and treatment,

*'Taking surgeries were tough for me. I have taken 5 surgeries. The surgery failed to give me an expected result every time and that's why I decided to go for the same surgery in the same place again and again. I was prescribed to take bed rest for at least seven days after every surgery. Doctor took the skin from my leg and grafted it on my face. So, I was advised to protect both of the places from water, heat and dusts. But I found this suggested protection to be hard to maintain and manage all along the day, as found it was hard to manage the protection all day, while I have to do multiple tasks; like taking care of my son, cooking, managing house works, grocery and also attending my school.'*

Managing housework, study and child rearing became tougher day by day in conjunction with her treatment and hardship in gathering money for her treatment. Akhi's story portrays the strong gender division of labour practiced in Bangladesh, where women are supposed to perform all the household chores i.e. cooking, rearing children and the maintenance of the households and

entertain guests. Men usually do not involve themselves in household activities or in many cases are criticized by the society even if they intend to spread a helping hand to their wives. American feminist Betty Friedan explains this similar situation in her book named, *The Second Stage* (1981). She argues that 'super womanhood' has led to double enslavement of women, both at home and at work (in Tong, 1998). Friedan (1981) claims that, women's multiple roles create burden on them, which is termed as 'triple burden' or 'double burden'. In order to perform all these roles perfectly, women aim to be a 'Super Women'. Furthermore, describing the consequences of this concept of 'super women hood', Marjorie Hansen Shaevitz, in her book brings up the concepts like 'Superwomen complex' (a constructed expectation for women in which they should do all the works properly) or 'Superwomen squeeze' (a pressure on women to perform all the multiple roles in a perfect way) (Shaevitz, 1988). In this case, Akhi explains her struggle to manage every single work as mentioned before, which includes i.e. child rearing, home management, entertaining guests, her own study and works, accumulating money for surgery. These indicate her unconscious and attributed ambition and social expectation of being a *super woman* as Frieden (1981) describes it to be.

Second, the story indicates the strong and unavoidable male superiority constantly at work in the life of a woman in life and sexual dominance, while she explained,

*'After My husband came to know about surgery, he did not support my decision. He reacted every time, when I was late to cook and serve food due to my operation. He was very rude during our sexual intercourse. I was prescribed to keep the bandage on my leg and also on my face. I actually could not perform freely and come closer during our physical interaction because of that. He was tolerant at the beginning, but later he started reacting.'*

In terms of taking decision, women usually seek consent of their husbands before taking any step (Kabeer, 2012). Akhi hid it from her husband, when she took the first surgery. She had to protect those operated parts of her body which were operated from any kind of exposure. Despite the obligation of protecting her bandage that was put on her upper leg (from where the skin has been taken) and face (where the skin has been grafted to), her husband demanded that she meet his sexual needs. He was not careful about these dressings during sexual intercourse. Her husband understood at first, but gradually lost his patience. In addition he got involved with another girl and got married to her. As a consequence their marriage ended in divorce.

Many other studies emphasized the indirect social pressures to conform to a particular body shape in order to be attractive to men (Morgan, 1991). In fact, the aim of being physically more beautiful is to make intrapersonal relationship better (Thornton et al., 2013). It was also evident in the previous case in this study. Yet, surprisingly, it turns out to be wrong in this case. Akhi wanted to remove the mark to look good, but the husband was unsupportive with her decision. The long procedure of the surgery made the husband impatient and led to a more complex relationship. That means, women's decision of choice mainly depends on male's desire. In the last case, Maloti's relationship broke up because she was unable to meet her husband's desire with her body (breasts). She got an indirect pressure of choosing surgery what Morgan (1991) talked about to satisfy her future husband. But in this case, Akhi wanted to choose surgery without asking her husband's consent. Her divorce caused because her husband did not support her decision of surgery and he got impatient because of its frequency.

However, this case can be discussed from the point of Kette Millate, who termed sexuality as politics of men. In her revolutionary book, named '*Sexual Politics*' (1970), she claims that the term "politics" refers to power relationships and arrangements, whereby one group of persons is controlled by another. In both of these above cases, men's control guarantees their superiority, and on the other hand, represents inferior status of the female. Akhi stated the problems that she faced during her sexual intercourse with the husband immediately after the surgery, when she was unable to perform freely due to her physical predicaments. She was not even interested in sex at that time in order to save the restricted places. But I found the idea of sexuality comes with the male superiority and women's inferiority comes true in this case (Millett, 1970). Millatte (1970) indicates how the personality of masculinity and femininity were structured, categorized and believed as per the requirements of the dominant group. In this story, the husband expected to have the sexual interaction and asked for it instead of Akhi's disagreement and physical inabilities for the time being. While Akhi failed to perform in accordance with his wish, it resulted in a big problem in conjugal relation and ended up with divorce. Similarly, in the last case, Maloti's inability to satisfy her husband with her body made the relationship end with divorce. Thus, male superiority and women's passivity clearly appeared in this study, during the experiences of cosmetic surgery as faced by the women.



### **6.3 Political body, Dependency and Otherness**

Akhi and Rina failed to get the desired results despite several surgeries. I want to discuss these findings in relation to *political body*, the last level of 'Three Bodies Approach' by Scheper-Hughes & Lock (1987). According to them, beautiful, strong and healthy body is perceived in accordance with the culturally and politically 'correct' body in many societies, although the requirements and scale may differ. As mentioned earlier to justify social body, these respondents thought that, face with mark or small breasts are incorrect body shapes, which are not socially and culturally well accepted. However, in their trial of overcoming this incompleteness in order to be cared and loved by husbands, these women in fact purposefully act to fulfil men's desires as well as being politicised by patriarchal norms about an appropriate body. In contrast, they experience misery and sufferings for going against/without husband's permission, even if the initiative was to enhance beauty and satisfy the husbands themselves. That means, they are supposed to act as per the consent of their male counterparts and if they did not, the consequences were negative and drastic in their life. Scheper –Hughes & Lock (1987) explain political body as "the regulation surveillance and control of bodies" (p. 209). The male superiority (husband's sexual desire) puts on the regulation of sexual obligation, controls the body to fix how it should be looked. Thus the body is politicized, constructed and shaped by the dominant groups (male).

Furthermore, women choosing to undergo surgery naturally did have high expectations from their treatment. They placed the surgeon after God and believed that they can change their life. These women were able to undertake surgery after so many hardships, particularly after struggling hard to collect money and negotiate with their family and society. That made them highly passionate and hopeful about the outcomes of the surgery. Yet, when the treatment brought wrong result and it did not fulfil their desires as expected and it eventually caused frustration and uncertainty in their life. Among the above three cases, both Akhi and Rina had to go through multiple surgeries. Particularly, Akhi went through five surgeries in quick successions that brought a terrible consequence in her life. But why Akhi had to take frequent surgeries for the same purpose? Her doctor Dr. Abeer, a male surgeon said,

*'I am also bit surprised about what's going on with this patient. When I did her surgery for the first time, it brought a better outcome. Yet, I was not fully happy with that. I wanted to make it even better. During this time, I learned a method from abroad and applied it on her. Unfortunately the technique failed to give a good result. After that I tried to apply the technique in a small part of her skin and slowly proceeded to the other parts. It brought quite good results primarily. I wanted to do more experiments on her with what I learned. I know she is frustrated initially because of this sort of outcome from the treatment, still she trusts me and I am working for better result'.*

According to Davis (1995), women's negotiation with society for overcoming the opposition around her in society, taking the risks and pains of surgery against probable benefits gives them strength. Akhi fits into this frame with her constant negotiation with family, opposition from husband and knowledge and experience of probable pains and risks. But, in spite of challenges and difficulties, she did not get the strength and confidence at the end to salvage her marital relationship. This happened, because of those surgeries as her husband thought it to be unnecessary and was not much bothered about the mark, which made her conjugal life more vulnerable. In addition, family complication arose because of surgeries which made her life more unsecured. Furthermore, Akhi seems to be more dependent on her surgeon and medical personnel and the surgeon actually used her body to do experiment with his newly learned method(s). In these circumstances, I agree with Morgan (1991) who claims that, patients' dependency increases instead of autonomy in the process of cosmetic surgery. Again, Akhi's story is an example which is similar to Schepher Huge & Lock's (1987) argument on body politics. To the physician, the body is a source of experiments for learning skills as well as source of benefit. Particularly, it happened with those rural and per-urban women, who came from poor economic backgrounds, who might not be able to raise voice to ask for clarification from the surgeon and also might not be able to understand the loopholes of the apparent projections of the benefits of this sort of services. Thus, their bodies are being used and experimented, while in response to this, women remain passive. Thus, the surgeon became dictator, in a position of dominant group, where, his patients are inferior and victims of body politics. Thus women voluntarily conform to their colonized subaltern status in the society in every respect starting from submission to the sparks of beauty enhancement to the dependency on the surgeons and letting them(s) experiment over their body.

As mentioned in Chapter 3, Beauvoir, in her revolutionary book 'The Second Sex' in 1949 mentioned that woman as a category of 'Other', after more than half century, referring to her, Blum (2005) argued, women's every identity is achieved through forgoing a whole self in relation to what she is not. Blum (2005) identified women's feelings of otherness in respect of the time, when they compare them with the 'imaginary women' (attractive and beautiful) and identify the lacking within them in terms of those constructed ideologies or perceptions. These happened with these respondents, when they identified their limitations (attributed by the patriarchal society) with their body. These limitations motivated them to undergo cosmetic surgery to achieve their individual goals (get married, long conjugal life, etc). Yet, as the study found, the 'otherness' existed and continued in the process of undergoing treatment and even after they finished. Rina, Maloti and Akhi, all of them experienced the feelings of 'otherness' during the whole process; i.e. before, during and after going through the surgery. Because of the mark on the face or small breast, these patients feel themselves incomplete, defective and therefore, 'other'. They are different, because they are not like the women who are flawless. During the process of surgery, these women again had the feelings of being 'other'. This is because; they were among the few women, who opted to undergo surgery for beautification. Perhaps, because of these, they kept it secret and made the fact seriously confidential. Again, when the surgery went wrong (like Akhi and initially Rina), the otherness continued with the feelings of unluckiness. For instance, Akhi felt that she is so unfortunate that none of her surgeries was successful. She is an exception and that made her 'other', alienated and marginalized accordingly. Finally, even after the accomplishment of the process of surgery, the feeling of 'otherness' continues haunting them in either ways. Maloti wanted to keep the whole issue secret, because, she believed that, having an artificial breast could make her different than other women. 'Otherness' continued with the fear of being rejected or unaccepted by husband as well as society. Thus this notion of secrecy attributed them with an inherent sense of fear and low self-esteem accompanied with the overwhelming urge to be accepted and appreciated by the society they live in.

#### 6.4 Understanding Empowerment: Rural-Peri-Urban Women's Perspectives

Kabeer (1999) claims that the ability of practicing individual choice can be analysed in respect of three inter-connected dimensions: Resource (pre-condition), Agency (process) and Achievement (outcome). While rural and peri urban women had to struggle to arrange their daily means, such expensive surgery was an extra burden for them. Rina explained,

*'I don't come from a wealthy family. My father is the only earning member in our family. He has a very small business in the village. My mother works hard from morning till evening to maintain the family. I have two more sisters who are also going to school like me. We hardly have any money left by the end of the month. In this situation my treatment was like a burden on my family. Still, my mother tried a lot for my recovery. She ran after every single possible solution within her limit. At last, we came to this cosmetic clinic in Dhaka. After consulting the doctor we decided to go for surgery'*

The rural and peri-urban women faced the hardships in arranging the money for the surgery and in the whole process of surgery. Maloti planned to save money from her daily allowances. She started using public transportation instead of private transportations, like Rickshaw or CNG vehicles.<sup>25</sup> She also tried saving money from Tiffin, buying books, and new clothing. However, savings was too little to afford the cost of the surgery. She decided to cut the money that her father gave her to pay for the semester fees. She lied to her father, pretending that she was attending classes while she actually was saving money for the surgery. So this didn't only affect her social life but also disturbed her academic progress. While concentrating on education more to become independent and free from the obligation of falling into the category of beautiful and structured women would have been a better understanding of life and future; Maloti chose to sacrifice her self-dignity instead of upholding with those. Her continuance of a sound education life would have proved her rebellion to the idea of politicized body which she failed to understand. In some cases in Bangladesh, marriage, particularly for the girls is valued more than education. This is because most villagers think that, in an ideal marriage, the groom must have a higher educational qualification than the bride (Geirbo and Imam, 2006 in Chowdhury, 2010). Given the socio-cultural contexts as described above, beauty comes first than education in

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<sup>25</sup>CNG is one kind vehicle (three wheeler) running on natural gas in Bangladesh

marriage market (ibid). Both Maloti and her mother believe that, spending money on breast surgery is an investment for securing a peaceful and happy marital life in future, sacrificing the education, which is another important resource.

Akhi explained her hard work to save the money,

*'Doctors asked for 500 Euros (50,000 taka) for the cost of my surgery. My husband was a low paid government staff. I knew he would not support me financially for this purpose. I did not ask him for money, rather I started earning and saving money by myself. I started home tutoring for children, started doing some handicrafts, used public buses instead of taxi or good transportations, and spending less in buying grocery and other belongings. It took me more than two and half years to save enough for the surgery. Every day I counted the amount and I continued working hard. I stopped buying things like dresses or other necessities of mine. It was hard, but I managed after so many hardships and struggles.'*

All these indicate the economic hardship which these respondents and their family had to face throughout the entire process of surgery. That indicates, these women had resource scarcity and spent all they have for surgery. As Kabeer (1999) draws a connection between poverty and empowerment, claiming that, insufficiency of resources to meet basic needs often limits the ability to exercise important choices, is much relevant to discuss the dynamics of empowerment of this category of women.

But, this is yet to see what these women get back after investing all their wealth. Beside the material resources (economy), these respondents negotiated frequently with family and society, sometimes, with unsupportive environment. Spending or exhausting all economic resources, living in debt and sacrificing education for surgery- all these actually do not lead them towards or fail to meet the pre- condition of empowerment, which is resource. For instance, after spending money for two surgeries, Rina's parents probably do not have anything left for dowry. But the main anxiety of this family was to reduce the amount of dowry. This family is already in crisis with loans, and, further might have to take more risks to meet the demands of the groom and groom's family. So as a matter of fact they have been burdened more in trying to lessen that. This industry commits to its consumers to change their life though their promotions and advertisements (chapter 5). After investing all their wealth, when the surgery did not actually make any change, these people became even poorer than before. At this point, cosmetic surgery

has not contributed to any positive outcome in their lives; rather it brought poverty, misery, uncertainty and vulnerability for these above cases.

The second element of empowerment is Agency. Agency starts from individual feelings to wide range of collective issues, appeared to be ineffective for these respondents. These respondents are mostly motivated or compelled by social factors, instead of exercising their personal sense of 'agency' or 'power within' them. To be more specific, while empowerment is deeply rooted in how people see themselves and their self-worth, these respondents failed to fit into it. Again, according to Mahmood (2005), agency can be exercised through active performance, even in discursive situation. These women actually performed, but were mostly influenced by social norms and dictated by males (husband, doctors). According to Kabeer (2005), empowerment does not only mean to actively exercise choice but also to challenge the power relation. The rural and peri-urban women neither exercise their own choice, but choice is actually imposed on them; nor do they challenge the power relations. So the enterprise of agency is lacking in their attempts and doesn't meet up the prerequisites of empowerment.

However, the third element is achievement; which is the outcome of the people's efforts. These women did not achieve anything that they actually wanted to (marriage, longer conjugal life, and social acceptance) through engaging themselves with this initiative of beautification by the time the research was conducted. Rather, they fell more into debt and suffered economic and social hardships because of the surgery. The question is what awaits them? Does cosmetic surgery really bring a good husband for Rina? Or does it ensure a healthy conjugal life for Maloti? Can Akhi really get the social appreciation that she expected from her treatment? This research revealed new issues that need to be unveiled. However, this will be interesting to know in future whether these women achieved their desired outcome from the surgery or not.

Finally, this chapter portrayed how the rural and peri-urban women struggle to choose the surgery and manage the whole process. Expectation of good marriage, happy conjugal life, a well-organized life motivated them to go for cosmetic surgery. The social expectations from every sphere of women's life influence them in making the decision of taking surgery and afford it anyhow. The already established patriarchal structure and the attributed and hegemonically formulated ideologies and perceptions are so powerful that they make the women believe that enhancing beauty is one of the ultimate ways to get a secured and happy life, although the reality

is quite different and it does not always ensure their empowerment. The next chapter intends to find the differences between rural and peri-urban women. It also aims to discuss the relationship among patriarchy, cosmetic surgery and empowerment.

## CHAPTER 7

### **Cosmetic Surgery: Exploring Gender and Regional Variances and Identifying Empowerment Dynamics**

This chapter aims to explore how the experience of urban patients is different from rural-peri urban women. Since the 1990s, the social and political transformations had significant impacts on the country's economy and socio cultural development (Khan, 2013). Globalization brings new economic opportunities as well as newer threat (ibid). The proliferation of beautification industry (including gym, parlour and cosmetic surgery industry) is also one of the consequences of the grasp of globalization and socio-economic transformations. The social changes including life style appear greatly in the capital city, particularly, it makes a distinction among rural, peri urban and urban people with the expansion of globalization, capitalism and consumerism. At the same time, while beautification has been considered important for women, men's recent involvement in this industry opens up a new area of discussion in relation to gender difference. The previous chapter discussed the rural and peri-urban women's struggle to manage cosmetic surgery. Instead of detailing the urban patients' experiences, this chapter intends to find out the major dichotomy among rural peri-urban and urban patients in regard to undertaking cosmetic surgery. In addition, this chapter will continue discussion how concepts of 'power', 'choice' and 'empowerment' work among these respondents, within cosmetic surgery industry in Bangladesh.

#### **7.1 Choice and Options: Rural- Peri Urban and Urban Dichotomy**

Based on the region the respondents come from (urban, peri-urban and rural), the respondents are categorized into two different groups: Urban patients and rural and peri-urban patients (See Chapter 4). The following table shows their income, expenditure and frequency of cosmetic surgery to find out the distinction.



**Table 3: Respondents category and expenditure on cosmetic surgery based on the region**

Category	Name of the Respondents	Yearly Income	Total expenditure for surgery	Percentage of expenditure for surgery	Frequency Of undergoing surgery	Number of unsuccessful surgery
Urban Female	Rekha (44)	60000 Euro	1,200 Euro	2%	6 sessions	0
	Maliha (24)	27,600 Euro	480 Euro	0.172%	12 sessions	0
	Ruby( 45)	1,02,000 Euro	2000 Euro	1.960%	25 treatments	1
Urban Male	Ashiq (28)	9,600 Euro	1200 Euro	12.5%	2	0
	Sumon (29)	60000 Euro	70,000 Euro	1.16%	1	0
	Sharif (34)	5000 Euro	400 Euro	8%	1	1
	Taufiq (26)	4440 Euro	1000 Euro	22%	1	0
Rural women	Akhi (33)	No income Apx600 Euro (earned from crops)	700 Euro	116.66%	5 times surgery/ 72 session target therapy	5
	Rina (19)	750 Euro	1000 Euro	133.3%	2 surgeries	1
	Maloti (21)	3600 Euro	1500 Euro	240%	1surgery	0

The above table shows some important distinctions between these two groups of respondents in terms of income and expenditure on cosmetic surgery. The annual income indicates that the urban patients earned more than rural and peri-urban women. As a result, they spent less compared to their income on cosmetic surgery. In contrast, rural and peri-urban women spent more than their annual income for their surgery. As discussed in the last chapter, economic crisis actually made their struggle harder and future uncertain after attaining cosmetic surgery. Sequentially, urban women are more frequent in undertaking cosmetic surgery than urban male and rural-peri urban women. It might be caused because of their economic freedom to try treatment, which is different for rural and peri urban women. Though rural peri-urban women, to some extent, undertook frequent surgery, it happened because of the failure of getting desired result. Alternatively, the frequency of undesirable results from surgery is more common for rural-peri urban women than urban patients. These patients shared their journey indicating that

most of them have been trying herbal medicine, homeopathic medicine, sometimes consulting a dermatologist before choosing cosmetic surgery. The failure with the first surgery was very shocking for them. Yet, they had no other choice but depending on surgeons and doctors and there is always a possibility of being influenced by them.

For the urban patients (both male and female), cosmetic surgery was a choice to make them well accepted and appreciated in and by the society. For some patients, plastic surgery was a regular activity like Rubi did. Rubi lives in the city and have adequate family income from her husband. Rubi, a 45 years old women took different treatments for quite a long time, she said,

*'I am the oldest customer of this clinic; I underwent almost 25 treatments from them.'*

Dr. Abul, who has been working in this sector for long time also, agrees on that, *'over the last 10 years, one successful cosmetic surgery brings another 10 further surgeries'*. After successful completion of one surgery, patients wanted to continue treatments and modify other parts of the body. Ruby was highly satisfied with the quality and services, especially because she was getting it in a cheaper price than other countries. That motivated her to continue taking treatment in different organs. Her assertion and frequent undertaking of the service is interesting in prospect of its show of the obsession she has got with the idea of artificial beautification and women's willing submission towards it. The annual income shows that these people had the economic freedom to choose different treatments. Unlike rural and peri-urban women, these people do not actually struggle hard for managing the economy for the surgery. The source of economy for the urban women is their husband's income and for urban men, they earn by themselves.

Similar to the rural women, some urban patients (both male and female) also face undesirable results, yet, the reaction is completely different from rural female. Like Sharif, a 34 years male patient said,

*'I did not get the result that I desired. I got only 25% result. Actually it's really hard to take a surgery like hair implantation. It took long time and it is really very painful. After all this pain, it brought frustration, when it did not actually give the desired result, I have to think to take the surgery from abroad'*.

These male patients are willing to pay money even in clinics outside the country to get the quality treatment. Like urban male patient Sharif, Ruby (urban female) was disappointed and also felt to take treatment from abroad, once she found one treatment went wrong and gave undesirable result. Still, it would be interesting to find, how Ruby's expression and experience differed from rural and peri-urban women's; like Akhi and Rina. Rubi was more reluctant and behaved in quite a relaxed way with her undesired result with surgery, since she had some other alternatives. Thus the enterprise of beautification is also contaminated with the power-play of intra-class distinction within women themselves.

Contrarily, it was a very important decision for Akhi and Rina. Getting an unsuccessful result brought uncertainty in their life. So, for those having good financial condition (see Table 4), doing cosmetic surgery in Dhaka is just one option, while they have many other alternatives in their hands, i.e. going abroad to take the desired treatment.

After giving a closer look into women respondents, it was found that, patients coming from rural or peri-urban areas had acute shortage of fund (see table 4). They encountered more difficulties than urban patients, particularly, in terms of collecting adequate funding, as well as coping up with social stigmas and family accountability. Moreover, unlike rural and peri urban women, urban women availed less domestic work load during surgery, since they are capable of managing extra help for doing household chores (maid, cook or manager).

## **7.2 Experiencing Cosmetic Surgery: Gendered Perspective**

This study indicates that beside rural urban distinction, there are some gender differences with regard to factors and experiences of undergoing cosmetic surgery. As discussed in chapter 5, many patients desired to have surgery for getting social appreciation and this is more common for urban patients. Rubi explains the reason of choosing cosmetic surgery-

*'When people appreciate you, you feel better and can concentrate more on work. I feel it really well when some changes come after undergoing surgery. That's why I usually take some treatments on a regular basis to improve my look and appearance. I have been undertaking treatment since last 20 years. I feel that whatever your age is, if you look better, you will get better impression! It is an amazing feeling! If you are beautiful, the world is yours. People will show eagerness to talk to you. Better looks even build up your personality better. You may have*

*many qualities, but without beauty you may not get adequate attention from others. If you are beautiful people will value you, give you respect!"*

The urban women expect social acceptance after surgery. They wanted the new look because they wanted to be socially well accepted, appreciated and get attention. In contrast, male wanted to undertake surgery for their own sake. As discussed in chapter 7, men patients were usually inspired by personal desires, though these desires were formed and cultured within the social system. They were more independent to choose cosmetic surgery, whereas women, irrespective of regional boundaries, had much social-cultural motivations. While the male patients considered surgery a personal desire, urban women emphasized more on getting social attention, and the rural and urban periphery women seek guarantee of good life, good husband and family.

Both men and women, in this study, had an experience of getting unexpected result. Yet, it appeared that males are more unperturbed in this situation. Male patients are less accountable but more relaxed about the outcome of the surgery. Further, they encounter less family and social issues compared to both categories of women. Being economically independent, they were more confident and self-dependent. Observing the cosmetic surgery industry during my field work gave me the understanding that, male's involvement in this industry to enhance beautification is very recent phenomenon- Yet, it is noticeable that, the industry is almost dominated by males, working as doctors, surgeons and technicians and other high positions. In contrasts, women mostly work as service provider, with few exceptions. I did not really find any male patient coming from rural and peri-urban areas, while most of them were urban based. That indicates the notion that beauty is not as much as important for all categories of men as it is for all kinds of females. Urban male took the beauty enhancement, mostly as part of their luxury and life style, while for women; it is one kind of necessity for them.

Furthermore, cosmetic surgery is a private issue for all categories of respondents though the reasons are different for different groups. Rural and peri-urban women are often stigmatized to keep it secret, while urban women are selective to disclose the fact. But male respondents face the crisis with their masculine identities (see chapter 5). From the overall situation, it is clearly visible that male respondents had less pressure, were more independent and non-accountable in comparison to female patients.

### **7.3 Cosmetic Surgery: Regenerating Patriarchy**

This study specifies that, the social system and cultural norms which make them believe that they can at least serve their purpose of getting good life, i.e. good husband or happy conjugal life, if they became normal or beautiful. These rural and peri-urban women are not even aware of the contradictions underlying these lures of a content life and are fascinated by the fashion trend with body and beauty. Rather they think to meet at least the normal criteria, although the normal is not a fixed standard rather prone to changes with the passage of time. Most importantly, the motivation of choosing surgery comes usually from the family, society or husband, who criticized them and for their flaws again and again, which made them more concerned of their problems.

Marriage, remarriage, dowry, divorce all these are controlled by male, and the patriarchal system we live in, motivated and bore adverse consequences on these women. Chapter 5 shows the social factors of choosing cosmetic surgery what actually portrays the patriarchal domination over women. In chapter 6, the study shows the miserable situation of women and the struggle they went through to collect the money and arrange the treatment. In this way, all the socio-religious-cultural and economic challenges that women faced in undergoing cosmetic surgery were mainly to fulfil the male desire or reproduce patriarchal norms. These examples show that the industry has influenced women in such a way that women from every corner of the country come to the city to go through surgery. This is interesting to see, how this industry capitalizes patriarchal norms and traditional social customs to motivate women to choose surgery. This study indicates that, beauty works as a powerful weapon to fit into these traditional roles and practicing these rules, where cosmetic surgery helped or promised to help women to make/get what they desire. These women, who struggled even to manage their basic needs properly or managed it by depending on their male counterparts, spent all their own money and family savings to undertake the surgery. They even sacrificed education and spent the school fees over the surgery, because they preferred beauty to education, believing that it would give them a better life. It unveils how strongly patriarchal social norms force women to meet the set expectations of the society to get a better life. Even after cosmetic surgery was taken, women had to continue their stereotypical gender role (home management, cooking, caring). Most importantly, the changes women expect after having surgery (good marriage, good family, social acceptance) is also reinforcing the stereotypical social role of women without bringing any change

in their individual identity. In most of the cases women remain passive to express themselves and their desires. Study shows how women are victim of family breakup and divorce because of not having ideal/normal body (i. e. small breasts) or inability to meet sexual desire of husband during post-operative period. According to Davis (1995) and Gimlin (2002), women go for cosmetic surgery to get a normal body also and not necessarily only to enhance their beauty. For these above cases from rural and peri-urban women, they feel that, they have an incomplete body within themselves. That's why they expect to get a normal or ordinary body without ever questioning that who is defining what normal is.

Though it apparently appeared the urban women were in a better position than rural and peri-urban women, yet they are not also free from the conformity to patriarchal norms. Their financial dependency on husbands, accountability and expectation of getting better social appreciation, fascination on beauty- actually perfectly fit them into patriarchal boundaries and urban women can't actually go beyond the structure.

However, men act differently with the same factor. Men and women have different implications with their body image, satisfaction and building self-esteem. This study found that male complained less than female about the outcome of the treatment. Furham and Greaves (1994) who measured self-esteem and body satisfaction between men and women, also found that, body image is crucial for women's self-esteem than male's, because women's physical appearance are given more importance in West (in Grogan, 1999). This is not different in Bangladesh, as showed up by the result of this study. The reason working behind it may be women's beauty is much more important than male's beauty in patriarchal social system. Hossain (2008, p. 205) explained the context of Bangladesh, *'In Bangladesh, women today are more conscious about how they look, what they wear, what they eat, and how much they weigh, than they were even ten years back. Women have been fed this message very, very clearly over the past decade that, however successful or educated one might be, one's looks and sex appeal comes first. No woman in today's world is allowed to carry body fat and appear unattractive; she has to be pretty and sexy in order to win the race'* (in Chowdhury, 2010)

Similarly, analysing urban female respondents, I agree what Morgan (1991) articulates. She argues that although women may feel that they are making a free and informed choice, they are not really free to make an independent choice. Morgan blamed patriarchal cultural pressures on

them which make them to conform to the traditional way (male dominated ideologies) of how they should look like instead of challenging it or creating a new identity by themselves. This culture and industry pressurize women directly or indirectly into agreeing to surgery in order to make them sexually desirable to men (Tylor, 2012). It is not even an exception in the context of Bangladesh. Thus, women cosmetic patients, in this study actually reproduced patriarchal norms, performed set gender roles, relationship and responsibility and never challenged the existing patriarchal structure.

#### **7.4 Choosing Cosmetic Surgery: Is it Empowerment?**

Kabeer's empowerment framework helps to analyse the issue of empowerment within cosmetic surgery industry in Bangladesh. As discussed in chapter 7, both social and personal reasons work behind the decision of taking cosmetic surgeries. Whatever the reasons behind women choosing cosmetic surgery are, the issue of 'Choice' has a deep connection with the definition of power or empowerment. Firstly, according to Kabeer (1999), 'one way of thinking about power is in terms of the ability to make choices: to be disempowered, therefore, implies to be denied of making choices' (p. 436). In line with this it may be argued that since women make the choice to undergo cosmetic surgery, they must have the power. Besides, empowerment is 'a process to change' (Ibid, 1999, p. 437), obviously, these women undergo changes in their body and initiated to change their life through it.

Yet, I believe, it is important to discuss the concept of 'choice' used by Khader (2011) in this regard. It is very important to judge what Khader (2011) questioned on, even though it is said that empowerment is capacity to make deliberate choice, if those deliberate choices act inconsistently to flourish individual, can it still be defined as empowerment? It is found in my study that- rural and peri-urban women had a big hope with their treatment, but often failed to get expected result. These women sacrificed their resources (material and intellectual, i.e money, education), brought further crisis, which made their life uncertain. Thus, it apparently visible that the choice of undertaking cosmetic surgery did not immediately flourish them. Khader claims that, those deliberate choices that are inconsistent with flourishing individual are not empowerment; therefore, Rina and Akhi failed to be empowered. For Maloti, and other urban patients, that fact can be revealed in future, since it was too early to know about the consequences during the time of the research.

One important aspect of this research was to find out the major factors for the respondents to undertake cosmetic surgery were socio-cultural factors, rather than their personal preferences. The question is how did they make these choices? First, these rural and peri urban women have very limited number of alternatives to choose for achieving their goals (See chapter 5). Both Kabeer (1999) and Khader (2011) emphasized on having sufficient alternatives when choices are made. Though being beautiful is considered as an important feature of physical appearance which ensures good life, there were very few options to achieve that for rural and peri-urban women (women tried all other options). Thus, the choice they take is not the 'choice' that leads to empowerment. Though the urban patients meet this condition better than rural and peri-urban women having the opportunity and ability of taking treatment from abroad, this is yet to see how these women can fulfil the rest of the condition of empowerment.

#### **7.4.1 Patriarchy, IAP and Cosmetic Surgery**

Khader (2011) emphasizes on removing inappropriately adaptive preference (IAP) for ensuring empowerment (chapter 3). However, Khader uses the term IAP to mean those choices that are both harmful and adapted in bad social conditions. As discussed in previous section, cosmetic surgery industry in Bangladesh exists in a patriarchal social system and women actually work within that. Khader claims that 'the story of women feeling forced to change their behaviours offers one example of IAP change that is not empowering' (p, 177). Since most of the women are motivated and pressurized by social factors, changing behaviour with making the choice of undertaking cosmetic surgery is not empowerment for them.

To explain the reasons behind disempowerment, Khader (2011) identified 'people who are disempowered encounter barrier to acting in their own interest' (p. 179). She identifies two important barriers to be disempowered; one is internal barriers, which mean the negative concepts of self-entitlement, and external ones, which mean the lack of opportunity (p. 179). For those women coming from rural and peri-urban, they actually lack both. In a patriarchal society like Bangladesh, the male dominated social system and its constant pressure on women to be beautiful, limits their possibilities to be 'self-entitled', rather forces women to meet certain prescribed criteria of beauty and body (social body). Besides, as discussed earlier, there exists limited opportunities to solve their problems and in most cases women tried different options of enhancing beautification (like parlour, gym, herbal treatment, dermatologists, etc.). In addition,



as mentioned earlier, beauty is one of the most important tools to achieve their goals of good life among very few options. Davis (1995) points, cosmetic surgery may be an informed choice, but it seems always to be made in the context of culturally limited options.

Quite similarly, the urban women seemed to be 'self-entitled' as they had more options to solve their problems (going abroad). Though these women claimed them as 'self-entitled', but according to Kabeer (1999) they act as 'effective agents'. By 'Effective agent', Kabeer means that individuals have to perform their role within the traditional structure. Obviously, they are not able to practice 'transformative agency', where individual challenges the existing patriarchal structures and brings something new. As they did not challenge the patriarchal structure in any ways, but perform within the existing system, logically, they cannot be regarded as 'empowered'.

#### **7.4.2 Is Dependency Empowerment?**

Previous chapter showed that rural and peri-urban women did not achieve the three precondition of empowerment: resource, agency and achievement, suggested by Kabeer (1999). From the above discussion, reinforces that idea and gives testimony on its account that women from rural and peri-urban area were not empowered. The urban women, at least had some resource from themselves or from their family (mostly from husband). Contrarily, urban women (like Maliha and Ruby) who managed the money from their husbands, had different experiences. As Maliha, 24 years old urban female said,

*'My husband stayed in USA. He sponsored all the expense of my treatment. When I told him I wanted to take the bio therapy, he sent me the money. I don't think it makes me dependent on him, rather it means that he cares for me and my wish. This is my husband's responsibility to meet his wife's wishes, that's why he is my husband.'*

Maliha thought that it was her husband's responsibility to provide the expense of her treatment. However, marriage system, according to family law in Bangladesh, gives certain rights and privileges to women. Dower is essential part of Muslim marriage paid by groom (Chowdhury, 2010). In addition, a wife is entitled to maintenance whether she is economically solvent or not. Maintenance is the lawful right of the wife to be provided by husband that includes expenses for food, clothing, accommodation, and other necessities of life in Bangladesh (Ibid). This law

derives from the command of the Holy Quran, the Prophet's tradition and consensus of the jurists (Ibid).

Considering these perspectives, respondents believe that it is their right to use the money from husband whenever they need. With this believe, Ruby, 45 years old urban female added an important comment,

*'I don't really think that taking expenses from husband makes me dependent on him. But it's true that he is spending some extra money for me. For this reason, I had to convince him in many ways. I influenced him saying that if I look better, you will feel better in society. Still sometimes, I feel inferior, for my stance. Again I convince myself thinking that I live in Bangladesh where the husband is responsible for bearing all expenses of wife. I am also contributing for my family and am not paid for that. I never asked money for my contribution in my family. Then what's wrong with taking money from my husband for enhancing my own beauty?'*

However, expenditure for cosmetic surgeries was expensive and termed as 'extra expenses' to the husbands. For these reasons, women had to convince and influence their husbands to take the money from them. Sometimes, convincing husbands made women weaker, accountable and submissive. This caused an indirect dependency on their partner and also arises with question over the idea of subjectivity in part of a woman. Thus, it appeared that women from both categories were mostly dependent on someone to bear the cost of their treatments or manage the treatment, which is not actually empowering them.

#### **7.4.3. Cosmetic Surgery: Building Self-Esteem?**

Going beyond the negative aspects of using cosmetic surgery, literature showed that beauty can give better feelings and can build up confidence (Black & Sharma, 2011; Gimln, 2002, Delinsky, 2005). Especially when one gets appreciation from people around, it gives a feeling of being important which may boost up their confidence. Maliha who took liposuction to remove the fat, explained,

*'I found in myself a new woman after the treatment. I have been losing weight day by day. I was excited to measure my weight every week. I was excited when I observed weight loss and it appeared in front of the mirror. I loved it and got more confidence.'*

In many cases women avoid social gathering if they feel that they do not meet certain standard of beauty. It brings frustration and as a result they lose confidence over themselves and gradually grow up with lower self-esteem or inferiority complex even. Doctors also emphasize on getting the confidence back after taking surgery. Dr. Nazma, a surgeon, explained,

*'Successful treatment can make the confidence level up for the patients. Most importantly, when they get social appreciation and find them more acceptable to others, they want to be more beautiful, want to present them in a smarter way. They love to dress well, make over and attend social gathering, talk, laugh because they actually feel comfortable with it. They get an inner power that mainly comes from the feeling of being beautiful.'*

It is a long process to build up the power and strength inside women. Social appreciation and praise played important role to build up their self-esteem up. As Khader (2011) explained, IAP is 'selectively affecting people's concept of self-entitlement' (p. 178) and body modification might help them in some aspects. Contrarily, these women were dependent on husband for financing the cost of cosmetic surgery, which is not empowering them. Still they might get some benefits after taking the surgery. Two important quotes from Khader (2011) can be noted, she argues, 'IAP transformation may benefit people without necessarily empowering them' (p. 177) and also 'People may pursue their well-being in some domains of life but not in others' (p. 178). Thus, women's better feelings after successful treatment can benefit them in some domains, but not necessarily empower them.

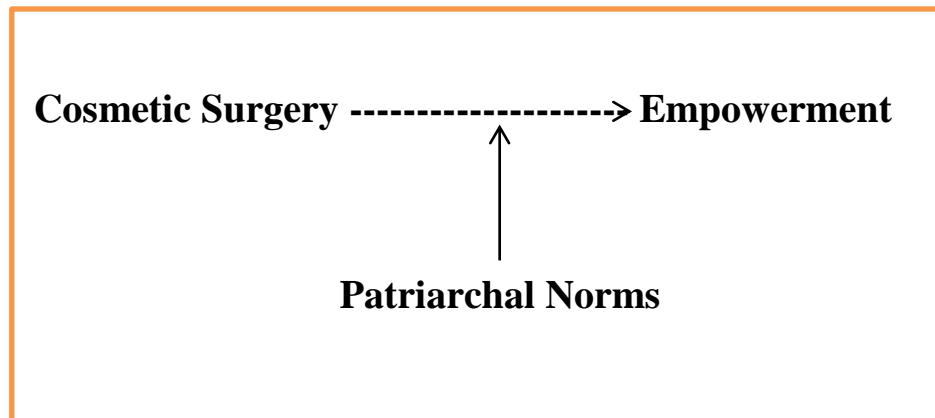
On the contrary, discussion from Chapter 5 indicates that in most of the cases women choose cosmetic surgery for social reasons in order to help them to become an attractive bride, eligible wife and successful woman. Women might do it for their own sake or getting their own benefits, does not always mean that these choices would make them empowered. So, when the urban women shared about their better feelings after cosmetic surgery, it can benefit them, without making them empowered. Khader's (2011) states, 'bad condition can transform behaviours inconsistent with basic flourishing into means for achieving other functioning constitutive of flourishing' (p. 187). That means, choice made in bad condition might open opportunity for further flourishing. Yet, this is another issue to be discovered in future, whether this surgery conducted in bad condition really function for future flourishing or not.

Moreover, when the treatment goes wrong, or does not give the desired result, women obviously lose their self-esteem. I want to note what Kathy Davis (1995) articulated in her book, *'Cosmetic surgery is not about beauty, but about identity. For a woman who feels trapped in a body which does not fit her sense of who she is, cosmetic surgery becomes away to renegotiate identity through her body'* (p. 163). In this study, most respondents, particularly for the rural and peri-urban women, failed to build up new identity because of the above mentioned reasons. Urban women intended to build up their identity, but this identity is closely associated with the identity of their husband because of their dependency on them.

### Women's Expectation



### Reality



**Figure 4: Gap between expectation and reality with cosmetic surgery**

## 7.5 Cosmetic Surgery in Bangladesh: Individual, Societal and Global Dynamics

The discussion from the three stands of feminist debates mentioned by Tylor (2012) can be seen within the context of Bangladesh. Since the research is not analysing long term consequences of undergoing surgery, it rarely finds any immediate individual benefits to the women with regard

to building self-identity though undergoing cosmetic surgery. The second debates works more effectively with strong traditional patriarchal values. I found women's active participation in the process of beautification in some cases, which apparently appeared as agency as Mahmood (2005) explained (in Frank, 2006). Still they perform within the limited cultural options and act to meet the social expectation. In global consumerist level, both the media and community expect and influence women to meet the social expectation with their body and beauty. There is a big profit based motive work behind this industry that actually target women and uses them merely as a source of gaining benefits and thus degrades their position in the social arena though very few women are even aware of this lethal exploitation of their identity and womanhood. The idea of 'social body' by Scheper-Hughes & Lock (1987) is built up through community and media perceptions, and women run after to achieve them. Furthermore, the role of medical personnel towards rural women is also questionable. Women are dictated by them and in some cases inspired to take numbers of surgeries. This made women active to manage more money for further surgery as prescribed by doctor. Yet, these women remained passive and submissive in the whole process. As Khader (2011) says, 'change behaviour without changing (their) self-consciousness' (p. 177) does not necessarily empower them; they failed to meet the criteria of empowerment. Most importantly, it works as a form of capitalist economic system, where the dominant group is gaining much profit using women's body.

Another interesting fact is to understand here, empowerment among cosmetic surgery patients within this industry in Bangladesh cannot be judged only from individual level i.e. by building self-concept or changing self-consciousness, removing IAP as suggested by both Khader and Kabeer in different times. Rather, the expansion of cosmetic surgery industry in Bangladesh through neo-liberal market economy brings multi layered and multi-diversified dimensions, where different components (for instance, media, global and local market, supply and demand factors etc.) interact each other. Chapter 5 shows, how social motivations and personal desires to choose cosmetic surgery are sometimes boosted up by mass media influence, despite of some negative perceptions about cosmetic surgery sustained in the society. Alternatively, it also appeared that how the rural and peri-urban women decided to choose surgery to meet up their necessity of getting better life. In that case, though for some patients apparently appeared as making individual choice (males and some urban women), this is yet to see, which component from those different layers influence them to decide for surgery. More importantly, there is no

particular way to judge whether the decision is taken from individual self-concept. Rather, the self-concept might be formed with the influence of these components exist in different layers that constantly communicate in the whole industry.

Sequentially, cosmetic surgery for beautification is appeared as a Western concept and it spreads in the East with the widespread media promotion influenced by the West. However, Davis (1995) has seen cosmetic surgery as one of the most negative aspects of the Western beauty culture, although some cultural adjustments are visible in different cultural contexts. In that case, even if some women (mostly urban patients) achieve their goal of having good life by enhancing beauty and get empowered, they were mostly active within the Western cultural settings, a form of global consumerism level (mentioned by Tylor, (2012) as third feminist stance with cosmetic surgery). Thus, in broader aspect, whole cosmetic surgery industry in Bangladesh itself is appeared as passive, dependent and controlled by Western marketing strategy with some adjustments with native and South Asian values and culture. But obviously industry builds up with profit motives that actually capitalize women's body and actively works in commoditization of women's for its own benefits. Though this research does not aim to cover these factors, these are the topics in which there are scopes of doing further research.

The study tries to bring the issues of rural, peri-urban and urban dichotomy and empowerment discourse in regard of choosing cosmetic surgery in the perspective Bangladesh. The findings clearly specify that the women did not achieve the condition of empowerment, suggested by Kabeer and Khader. However, it shows the interconnection between patriarchy, choice and empowerment and how it works among the respondents. The overall discussion makes new scope of research that currently remains uncovered.

## CHAPTER 8

# Conclusion

The market for cosmetic surgery has noticeably expanded widely, globally and noticeably in the last ten years (Taylor, 2012a). There is also a growing interest in expanding cosmetic surgery as profit oriented industry in the West that has appeared in the East also. Its increasing popularity throughout the world makes it an interesting topic for feminists to regenerate existing debates on women's body and beautification and merge with their own interpretations and views. However, Bangladesh, being a developing country, is not an exception from this global trend of rapid popularity of cosmetic surgery. Bangladesh is a country where most of the people cannot afford basic treatments because of their extreme poverty (Andaleeb, 2000). In such a situation, surprisingly, keeping pace with other developed countries, a significant number of women are taking up cosmetic surgeries. This is not only limited within the urban women, rather, it has expanded among the rural women. In such a situation, this research has attempted to explore the interactive dimensions between patriarchy, cosmetic surgery and empowerment. Thus, this research unveils the factors and perceptions related to cosmetic surgery. It also reveals the socio-economic challenges/struggles of choosing cosmetic surgery for rural and urban periphery women. Finally, it explores the rural (including peri-urban) and urban dichotomy from gender perspective and how choosing cosmetic surgery works in relation to power, choice and empowerment within this industry. Relevant documents related to beautification and cosmetic surgeries were reviewed and qualitative data was collected from rural, peri urban, and urban patients coming for cosmetic surgery, cosmetic surgeons, and community people and different sources of media through in-depth interview, focus group discussion, case study and observation. It considers some major theories like Schepher-Huge & Lock (1987)'s Three Bodies Approach, Kabeer's Theory of Empowerment with Khader's criticism, concepts like 'Body Image' and 'otherness' to analyse the data. The qualitative data was analysed focusing on some major themes, like: factors behind choosing cosmetic surgery, perceptions and challenges of using cosmetic surgery, socio-cultural struggle of rural and peri-urban women to arrange surgery, the

rural, peri-urban and urban dichotomy (male and female) in experiencing cosmetic surgery, sexuality, gender division of labor, patriarchy, choice and empowerment discourse within cosmetic surgery industry etc.

In this chapter, I present the major findings of my study and relate these to the theories discussed earlier. The chapter also discusses which theory or theories have been useful in analysing my research issue. The finding will be presented in regard of perceived perceptions towards cosmetic surgery in Bangladesh; the factors behind patients' choice of cosmetic surgery and struggles of rural and peri-urban women to manage surgery, rural, peri-urban and urban dichotomy (male and female) with respect to the experience of undergoing surgery and the question of patriarchy, choice and empowerment in this regard.

### **8.1 Cosmetic Surgery: A Social Motivation**

The study shows that beauty is perceived as an important quality in women's life in our social and cultural context. The choice of surgery by different age groups of women evidences that; women's beauty enhancement is an on-going process that starts from very childhood and is at work till almost end of their life. Cosmetic surgery is one of the methods of enhancing beauty or normalizing body. This study finds that there are many social factors and personal desires working behind the choice of having cosmetic surgery, where social factors work more than personal factors. Particularly, rural and peri-urban women want to choose cosmetic surgery in order to have good marriage, reduce the amount of dowry or having good conjugal life. Social appreciation after surgery is almost a common expectation from both male and female patients. While the factor of opting surgery is mostly social motivation for women, for men, it is more personal desires. Men don not have to face the social pressure of being attractive that women face to get married and have a sustainable conjugal life.

People, from different corners of the country come to know about cosmetic surgery through wide spreading media promotions via billboards, TVC, TV programs, internet and other sources. These promotions come with the guarantee of changing their life with success and prosperity. Despite mass promotion, limited information raise questions on probable implications, i.e. side effects of cosmetic surgery on women's body. In my study, the people had different perceptions about cosmetic surgery in respect to religious stigmas about *Purdah* and artificial beauty. More interestingly, men's recent participation and choosing beauty enhancement surgery created a new



crisis in their masculine characteristics. This is because beautification is regarded as feminine task and men are not expected or accepted doing it. Despite of negative impression about cosmetic surgery, the social factors work strongly to choose cosmetic surgery, with some influence from media.

The findings intend to interlink the respondents' perception of individual body and social body, noted by Schpher-Huge & Locks (1987) in 'Three body Approach'. The sense of inability to meet the normalized conceptions of standard 'social body' or 'Body Image' motivates them to choose cosmetic surgery. Besides, since most respondents made the choice within very limited options, it does not also fulfil the criteria of empowerment.

## **8.2 Managing Cosmetic Surgery: Socio-Economic Struggle**

Despite some recent economic progress, Bangladesh is a country that still struggles with poverty (Delisle, 2008; Kabeer and Mahmud, 2004) Moreover, it is mostly dominated by patriarchal norms and sustained with gender inequality (Chowdhury, 2009). Still women are low paid, and are mostly economically dependent on others (mostly husband) and husband controls their income in most of the cases (Ibid). Despite that, because of the social pressure that is mentioned above, rural and peri-urban women choose cosmetic surgery in order to meet the societal expectations. Apart from few success stories, the study result shows that, there were some women who continued undergoing cosmetic surgery through different difficulties and complications from the beginning to the end of the process of treatment. A number of women spent all their lifetime savings or took loan to manage the money to afford the expenses of surgery. Besides the economic crisis, women experienced male dominance, sexual and body objectification (by husband, surgeons and society as a whole), extreme dependency from the beginning to end of the surgery. The findings indicate, beauty is inextricably correlated with marriage and having a secure and happy conjugal life. Male dominance and patriarchal superiority is obvious in operating social institutions like marriage and family (Chowdhury, 2010). Study shows from different cases that, beauty is such an important quality for women in Bangladesh that women have to ensure the social expectation ('the social body') before and after marriage. Moreover, she has to follow the choice of husband even after marriage. Failing to meet the desired body expected by the husbands, women experienced family breakups and divorces even. On the other hand, women experience family break ups for having frequent

surgeries when it goes against husband's decision as well. Moreover, since these women can't really afford any extra help (servant, maid), women struggle to attend a balance between their regular workload (housework, study, child care, hospitality) and care of post-operative period. Furthermore, these women also face the failure of their treatment in different time. Women have to face further difficulties if the attempted surgeries fail to meet the expected results, to rearrange the treatment; like accumulating money, coming to the city, contacting the doctor and undergoing surgery. Furthermore, another interesting finding is that how the doctors also used these women's body to experiment with new techniques and innovations in the sector. This is because; these women remained passive out of their ignorance of the process and lack of knowledge in terms of the risks and side-effects hiding behind the curtain of the illusionary promotions and advertisements by the hospitals or institutions concerned. They chose to depend mostly on the decisions and recommendations of the surgeons, after coming from such remote areas and the background of economic crisis. Even if the surgery does meet success, it does not really give any guarantee of the successful and content life that they expected immediately after surgery. Nobody knows if the surgery they choose to undergo would even able ensure a good and satisfactory life (marriage, conjugal life) in future or not, that these women actually expected. The whole process of choosing surgery actually regenerates the patriarchal norms where women act like a puppet of in the hand of the long practiced patriarchy of our society and its set perceptions of physique, gender roles and sexuality. Due to the existing poverty situation and the huge expenditures over the previous surgeries, these women are mostly leaded towards an unpredictable future and realm of uncertainties. Though these women lived their lives with very high aspirations and bigger dreams for their future, but didn't actually know how to achieve it. To them the choice of cosmetic surgery was supposed to be a mode of emancipation from their physical limitations (as set by the patriarchal society) and a flight towards beauty and obsession.

However, this group of women rarely could meet the three important elements of empowerment, suggested by Kabeer (1999). They have 'resource' scarcity, because of existing economic crisis in their life and also due to the lack of economic independence; complemented by the perceptions of their gender roles in the society. In addition, they cannot be taken as meeting the criteria of agency properly. This is because; they seem to be obligated to choose cosmetic surgery, as they were mostly influenced by and convinced of the effectiveness of such surgeries,

while conforming to the patriarchal norms and perceptions of beauty. Though achievement is far way to be explained within limited scope of research, these women did not seem to achieve anything immediately after surgery. Within Kabeer's empowerment framework, these patients failed to achieve empowerment, rather prolonged to a state of complete uncertainties regarding their future, where they don't even know how life would turn out to be; if that would be an utopia abiding by their expectations or an ultimate dystopia constituted of utter frustrations and uncertainty; both in terms of economic condition and conjugal or familial life.

### **8.3 Cosmetic Surgery: Rural Urban Differences, Choice and Empowerment**

Departing from the experience of rural and urban periphery women, urban patients did not really have to face similar economic struggle that the previous groups of women faced. Particularly, managing money for surgery was not so tough for them since normally they could take money from their male counterparts (husband) and also in many cases they have got their own jobs to support their financial needs and luxury of this sort. They are usually solvent and have got their own voices to speak out of their necessities. These women even did not mention anything about much domestic workloads during the process of cosmetic surgery. Yet, these women were not also free from the dependency somehow, because they were financed by the male counterparts mostly and most of the time they had to convince them to get the money. Whatever the way they used, this study shows that, it made women more dependent and accountable to their male counterparts. In contrasts, male patients did not have to care a lot about the social stigmas that women commonly experience throughout their entire life. Even the notion of beauty is not much important for male as it is for women, in the social setting of Bangladesh. Because of their ability to afford the cost of the surgery by their own, these men act more independently than women. They were not accountable, dependent to anyone regarding the decision they took, the surgery they chose and the money they spent.

However, analysing the findings by using the theories gives a new understanding of the existing dynamics of empowerment in cosmetic surgery industry in Bangladesh. The 'Three Bodies Approach' was really helpful to shape the understanding with different bodies, while 'Body Image' helped to know the perceptions of respondents about their own body. 'Otherness' comes as factor and consequence of cosmetic surgery that was sustained in the whole process of the treatment.

The most important part of this study is to understand the dimensions of choice and empowerment within cosmetic surgery industry in Bangladesh. Kabeer's components of empowerment were useful to analyse the rural and peri-urban women's negotiation with different components of empowerment. Alternatively, it appeared that, women patients, irrespective of regional boundaries, made the choice on their own of undergoing cosmetic surgery. These patients had to face many challenges, like resource scarcity, negotiation with family and society, accountability and distance. Analyzing data on the basis of Kabeer's suggested components (resources, agency and achievement) indicate that, these women failed to meet the criteria of empowerment. However, there is still a possibility to see it from a different lens. After all the hardships and struggles, that these women made and decided and come to clinics to undertake the surgery, we cannot ignore the fact that women must have some power to negotiate with the stigmas and cope up with the process. As mentioned earlier, Mahmood (2005) emphasizes on women's active performance to exercise agency (in Frank, 2006). Considering this fact, overcoming the negative perceptions and religious dilemmas related to cosmetic surgery, women's active initiative, bargaining with society and coming forth for undergoing surgery must give some positive signs of exercising agency. Though Khader (2011) emphasizes more on removing IAP and building self-worth and ensure basic flourishing to meet empowerment, there must be some space between empowerment and disempowerment, which perhaps is ignored. Particularly, for these women, this is yet to see, whether these women resist with their decision and continue exercising agency or become more victimized in long future.

Western influences on expanding the industry by motivating women for surgery can possibly be seen from another dimension too. Mohanty (1988), discussing different literatures and theories, disagrees with the way how the West has always seen the East. According to her, West has always seen the third world women as victim, passive and dependent, sometimes without analysing the context where they actually sustain. However, this is very interesting to find, how the patriarchal norms in the context of Bangladesh encourage women for undergoing cosmetic surgery, particularly for rural and peri-urban women, while for urban women, it mostly work within the Western media settings. However, according to Mohanty, this is always important to contextualize the phenomena before claiming an argument, therefore, further detailing is needed.

#### **8.4 Further Research Scopes**

The findings showed us the perceptions towards cosmetic surgery, including the factors working behind the decision to undergo such surgery. It attempted to understand the obstacles that the rural and peri-urban women have to face to manage surgery, which is different from urban women and male respondents. The question of empowerment through opting for cosmetic surgery for beauty enhancement brings a new debate with the critical analysis points of choice and empowerment from the Eastern perspectives. I believe that, this research leaves new scopes of further researches on the basis of its speculations over gender roles, social constructions of the concept of beauty and inherent contradiction within the idea of empowerment through beautification and eventual conformity to the patriarchy as a matter of fact. This study partly indicates, most of the women consumers of the cosmetic surgery service are not aware of the fact that; this very association of beauty with empowerment and the idea that “Beauty Reigns” and so they can be empowered through beautification- itself is lethal to their idea of emancipation from the chains of patriarchy. It would be very interesting if future research can be conducted combining the problems of empowerment of cosmetic surgery patients over a longer period. Particularly it makes some new scopes of research that questions on whether these women can really achieve their goal of getting good husband, happy family, social acceptance in future or not. It would be also interesting to know, how the cosmetic surgeries make changes in their life and leaves impacts on further gender role and relationships. Furthermore, men’s undertaking of cosmetic surgery challenges the traditional masculinity and patriarchal society, which obviously opens a dimension of research in this area. There are many questions arises with the challenges that males face to undergo surgery, which need to be answered in a details. It would be further interesting to see the emergence and expansion of cosmetic surgery industry in a developing country like Bangladesh, whether it comes as a result of imperialism, capitalism and market economy or not and how it expands and gradually turns into an industry in Bangladesh. As mentioned earlier, the Western influence on expansion of market industry capitalism and market consumerism is also debatable, because it always needs to be contextualized to uncover the real scenario.

However, my observation from the field is that, there are women working as instructors, doctors, surgeons or service provider in beautification industry; including parlour, aroma centre, diet industry, cosmetic surgery industry, etc. This industry creates opportunity to work for many

women, who learn the techniques and earn their livelihood from this industry. This is also need to be revealed, how these working women exercise empowerment in the same industry. What about the celebrities and media workers, who are by the nature of their profession require to be beautiful and attractive and feel the need to undergo surgery? How the choice, power and empowerment interact for their case within that contextual settings. I intend to consider my next research over these issues and unveil these factors working beneath the surface level representations of ideas, concepts and their operations.

This chapter tried to summarise the findings and tried to explain how the findings are analysed based on the theories. It also tried to identify the theoretical limitations and empirical gaps in this study, which might have been analysed from different direction. Finally, it briefly discusses the further research scopes within the same area.

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## APPENDIX 1

### Interview Guideline

#### Interview Guideline for Female Cosmetic Patients

- A. Introductory Part:
1. Starting with some informal conversation
  2. Briefing about myself, my aim of the research and informant consent.
  3. Take general information about the informants: Age, location, profession, education, income, relationship status, family members.
- B. Question regarding uses of cosmetic surgery
4. What cosmetic surgery you have done?
  5. How many surgeries you have taken?
  6. Why have you taken surgeries? Is it from your own choice? Do you have any influence/ social pressure?
  7. How long it has been taken to be done?
  8. When you have done it?
  9. How much does it cost
  10. Have you told anybody about the surgery?
    - If yes, whom?
    - If no, why not?
- C. Question regarding the background of taking cosmetic surgery
9. Which factor(s) influenced you take cosmetic surgery?
    - (a) Role of media: Advertisement (TVC, Press, Billboard), TV program, celebrity life style
    - (b) Inspired by friends, colleagues, relatives
      - Social pressure: Husband, Parents, Boyfriend, Career building etc.
- D. Question regarding impacts of cosmetic surgery
10. Intra personal:
    - 10.1 Physical:
      - (a) Do you feel any physical complications after taking surgery?
      - (b) Is there any side effect appeared after surgery?
    - 10.2. Sexuality and Reproduction:

- (a) Is there any complications in sexual behavior?
- (b) Is there any impacts on reproduction?

- Complications in pregnancy,
- Breast feeding

11. Body Image:

- (a) Are you satisfied with your newly changed body shape?

If yes

- (b) How are you feeling your newly changed body shape?
- (c) How are these benefiting you?
  - Confidence, self-esteem empowerment?
  - Social appreciation
  - Career building, progress
  - Conjugal life (appreciation and satisfaction of partners)
  - Family position

- (d) Do you want any further surgery?

If not

- (e) Does it impact on your wellbeing?
  - Depression, anxiety
- (f) Does it create any family/ social pressure?
  - Criticism,
- (g) Are you proceeding for further surgery?

12. Economic

- (a) How do you arrange the money for surgery?
  - Parents, husband, self, property, loan etc

- (b) Does it create any economic instability/vulnerability?

- (c) Does it make any dependency?

- (d) Does it make any economic benefit?

13. Socio Cultural:

- (a) Does it give extra prestige in society/ community?

- (b) Is it humiliating for you?

(c) How are you treated by your surroundings for this newly shaped body?

14. Overall comment on experience of cosmetic surgery?

15. Does it make any change of your life?

- (a) Status,
- (b) Family position,
- (c) Gender role,
- (d) Gender relationship
- (e) Social position

### **Interview Guideline for the Male Partners**

A. Introductory part:

1. Starting with some informal conversation
2. Briefing about myself, my aim of the research and informant consent.
3. Take general information about the informants: Age, location, profession, education, income, relationship status, family members.

B. Before Surgery:

1. Are you concerned before your wife/ partner takes the decision of taking cosmetic surgery?
2. Have you inspired your wife/ partner? If yes/no, then what's the reason behind?
3. Has she asked advice or permission from you?
4. Do you support it?
  - (a) if yes, then why?
  - (b) if no, then why?
5. (a) Do you contribute economically to do the surgery?
  - (b) if yes, then how do you manage money?
6. Do you have any concerns regarding health issues/ side effects of cosmetic surgery?
7. How do you expect your partner to look like after taking cosmetic surgery? Is there any influence from media?
8. Which medium is working behind to know about the cosmetic surgeries?
  - (a) Role of media: Advertisement (TVC, Press, Billboard), TV program, celebrity life style
  - (b) from friends, colleagues, relatives

C. After Surgery:

8. (a) Do you find any change after surgery of your partner?  
(b) Are the changes satisfactory?
9. Does the surgery impact on your conjugal/ sexual relationship?
10. Does it make any change of your life?
  - (a) Status,
  - (b) Family position,
  - (c) Gender role,
  - (d) Gender relationship
  - (e) Social position
11. Does it impact economically (economic instability)?
12. Do you support if your partner wants to take further surgery?
13. Your overall comment on cosmetic surgery.

**Interview Guideline for the Experts**

1. Can you briefly explain the factors behind taking cosmetic surgery in general?
2. Does the surgery manage to meet the consumer's expectation?
3. Does any man do such surgeries? Please compare!
4. Do you think these surgeries may contain any side effects?
5. Do they come with any feedback their
  - (a) sexuality
  - (b) reproduction
  - (c) health
  - (d) Psychology?
6. How they avail economic issues before and after surgeries?
7. How you are promoting your services? Do you use any media?
8. How will you evaluate the influence of media on your consumers?
9. Over all comments on consumers of cosmetic surgeries.

### **Interview Guideline for the Community People**

#### **B. Introductory part:**

1. Starting with some informal conversation
2. Briefing about myself, my aim of the research and informant consent.
3. Take general information about the informants: Age, location, profession, education, income, relationship status, family members.

#### **B. About Surgery:**

1. Are you concerned about cosmetic surgery?
2. Where did you learn about cosmetic surgery?
3. What do you think about using cosmetic surgery
  - Positive
  - Negative
4. Do you like to choose cosmetic surgery? Why? Why not?
5. Do you know anybody who took cosmetic surgery? What is their reaction?  
How is your impression?
6. What is your view regarding male beautification and using cosmetic surgery to enhance beauty?
7. What is your view regarding male beautification and using cosmetic surgery to enhance beauty?
8. Which medium is working behind to know about the cosmetic surgeries?
  - (a) Role of media: Advertisement (TVC, Press, Billboard), TV program, celebrity life style
  - (b) from friends, colleagues, relatives

## **APPENDIX 2**

### **Informed Consent Form**

My name is Jinat Hossain and I am a student at University of Bergen, Norway. I am inviting you to participate in a research study. Involvement in the study is voluntary, so you may choose to participate or not. A description of study is written below:

I am interested in learning about empowerment dynamics in cosmetic surgery industry in Bangladesh. You will be asked to share your experience regarding the topic. You are expected to give your valuable time to talk over this issue but I assure you it would be happened on your convenient time. If you no longer wish to continue, you have the right to withdraw from the study, without any penalty, at any time.

All information will be kept anonymous and confidential.

Even though all aspect of the experiment may not be explained to you beforehand (e.g., the entire purpose of the experiment), during the debriefing session you will be given information about the experiment and have the opportunity to ask question.

All of my questions have been answered, and I wish to participate in this research study.

-----

Signature of participant

Date

Name of the participant:



### APPENDIX 3

#### FGD informant's Details

**Table 4: Information of FGD participants**

Code	Gender	Age	Education	Place of Living
FGD A1	Male	30	Masters	Dhaka
FGD A2	Male	32	Masters	Dhaka
FGD A3	Male	40	Masters	Dhaka
FGD A4	Male	24	SSC	Dhaka
FGD A5	Female	22	HSC	Dhaka

## APPENDIX 4

### Media Promotions of Cosmetic Surgery Services in Bangladesh



Figure 5: Examples of Media Promotions of Cosmetic Surgery Services in Bangladesh

## APPENDIX 5

### Research Areas

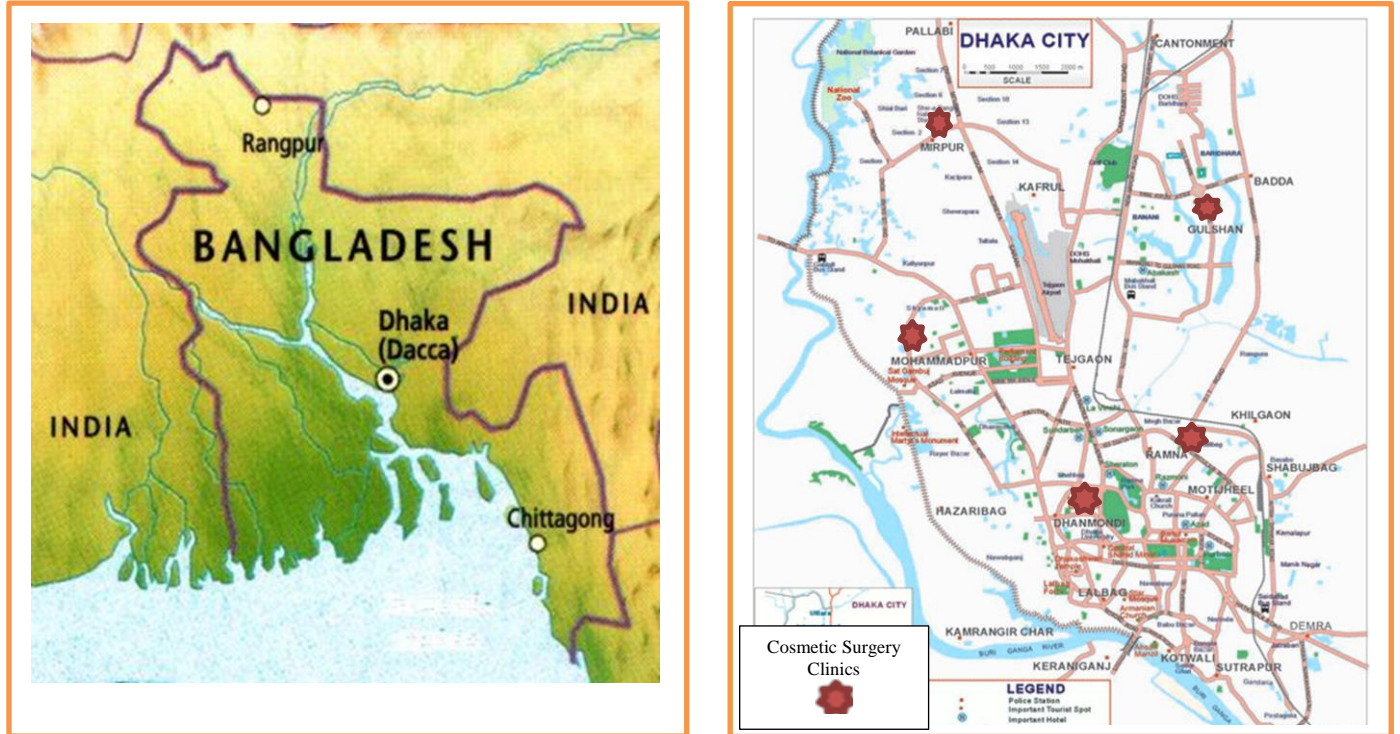


Figure 6: Study Area- Identifying Dhaka and Cosmetic Clinic Centres