

An Orientation on Gender Issues in Breastfeeding

by
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What hinders women from breastfeeding?

There are several social and economic factors which contribute to hindering women from breastfeeding. Low social and economic status of women is a major hindrance. Gender differences are especially significant for women since they usually mean inequality and discrimination which have adverse effect on women's health and social status. For the breastfeeding movement to be more successful it is necessary to urgently address the health problems that women face. Only when women enjoy a reasonably healthy status with adequate nutrition and well being are they in a better position to take care of their family's well-being. Breastfeeding will be easier to establish if women are relieved of multiple burdens with equal social relations. Maternity provisions can be better implemented in such an environment.

Let us examine these issues in detail so that we can better understand the conditions of women's lives. Such an understanding will help us to better plan our breastfeeding promotion work, taking into consideration the social and economic conditions of majority of the world's women. We also need to understand the gender concepts underlying women's low status. This understanding will also give a clearer insight in to the root causes of women's oppression and will help us work better with women's organisations on women's issues and breastfeeding promotion.

Social issues

Women in most countries have lower social status than men. This is owing to patriarchal values which put higher value on males. Cultural devaluation is also an important factor which serve to naturalise gender differences and inequalities. Women have to create their identity – their sense of themselves within the framework of these culturally constructed and sometimes conflicting definitions of womanhood ¹. For instance, women may be revered as mothers for instance, or as guardians of morality, while also being regarded as 'sickly', neurotic, polluted or just fundamentally less valuable than men. The dominant message is that women are not just different, but physically and socially inferior. Under these circumstances it is hardly surprising that many women find it difficult to develop the feelings of competence and self-worth associated with positive mental health ².

Women's low social status is reflected in various aspects of their lives such as education, nutrition and health status, multiple burdens, waged work, etc.

Education: Women in many countries have less access to education and many of them even face illiteracy and ignorance, for example, about 538 million women or 60% more women than men are illiterate and female enrollment even at primary level is 13 percent lower than male enrollment (3). As a result women are unable to take crucial decisions concerning their lives and their families.

There are several reasons for educating women, they include:

- Literacy among women is associated with the adoption of improved farming methods, data from 70 developing countries suggest that increasing girls' secondary schooling from 4 to 16% would increase women's participation in the labour force by over 12%. In Thailand, an additional year of women's schooling is associated with a 26% increase in their hourly wages.

- Studies from Nepal and India found literate women expected and received better treatment at clinics and hospitals. Research in Bangladesh found educated women communicate more with their husbands and have greater say in family decisions than uneducated women.
- The World Fertility Survey found that women with over seven years of schooling married around four years later than uneducated women. Data from 77 developing countries found later marriage was associated with enhanced access to resources. Information from 21 developing countries found later marriage was linked to women's greater say in economic independence.
- The increase in education of women is estimated to be responsible for 40-60% of the fertility decline in some countries. It has been estimated that giving 1,000 girls an extra year of education would avert up to 500 births.
- Data from 33 less-developed countries reveals that every additional year of a mother's schooling is associated with an additional 7-9% drop in child mortality. The children of educated women in Sri Lanka have fewer episodes of diarrhoea than those of uneducated women. Educated women are more likely to attend antenatal clinics, have their births supervised by a trained person, and take their babies to the clinic to be immunised⁴.

Health and nutrition: Women are often the nurturers and care givers of the family. Owing to the prevalent social conditioning, women try to ensure that the men (often considered the heads of families and main breadwinners), children and the elderly get enough to eat. Consequently women are often the last to eat, having little or sometimes nothing to eat, making them easy victims of anaemia and malnutrition. About 450 million women in developing countries are stunted as a result of protein-energy malnutrition during childhood. (World Bank: 1993) and 75 percent of pregnant women in South Asia and 51 percent in Sub-Saharan Africa are anaemic⁵.

The nutritional problem women face is of particular significance, for instance:

- Earlier cessation of breastfeeding and earlier onset of complementary feeding for infant girls, compared to boys, will make them more vulnerable to malnutrition.
- Delayed and inadequate treatment for illnesses, emotional neglect and lack of parental attention and care are reported to contribute more significantly to severe malnutrition in girls rather than deliberate food deprivation.
- Older girl siblings are entrusted with the responsibility of younger ones to the neglect of their own nutrition and education.
- For a girl child already attending school against cultural norms, malnutrition may contribute to poor school achievement and early school dropout from school.
- Adolescent marriage and early pregnancy aggravates the girls' poor nutritional status and anaemic condition.
- Male control over women's fertility contributes to too many pregnancies, too soon and too close. A consequence is continuous nutritional depletion of the women, low birth weight babies and high maternal mortality.
- Too much work, too little rest and not enough food, leads to caloric imbalance wherein calorie intake is not commensurated with calories expenditure. The result is again nutritional depletion, poor immunity and morbidity.
- Marginalisation of women in old age, leading to nutritional neglect is not adequately recognised⁶.

Maternal mortality and morbidity: A major factor underlying many avoidable maternal deaths is the combination of gender discrimination and poverty which begin to have an effect from birth. Higher female infant mortality in many states of India is a clear indicator of this (in Rajasthan, female infant mortality is 92 per 1000) than male mortality (88 per 1000). This together with

female illiteracy adds to the deterioration of women's health which takes its toll with frequent pregnancies and ensuing ill health and maternal deaths. Severe anaemia, malnutrition, overwork and lack of medical attention makes maternal mortality a gender issue in addition to it being health and poverty issues ⁷.

Social conditioning and ingrained patriarchal values cause women to neglect their own health, accessing medical help only in extreme cases of ill health. Economic deprivation is the cause of priority given to men's healthcare. Moreover women avoid seeking medical care owing to lack of time and loss of wages as hospitals and primary health centers are located far and it may take many hours to wait in various queues to see the doctor, for medicines, x- ray etc. Women's health is further damaged by socio-cultural practices such as early marriage and pregnancies. About 40 percent of women in developing countries give birth before the age of 20 years and WHO estimates about 12.5 million pregnancies are complicated by diseases such as anaemia, malnutrition, hepatitis, malaria, tuberculosis and sickle cell disease. In southern Asia, prenatal care is available only to 35 per cent of women and maternal mortality is about 570 per 100,00 live births, while in sub-Saharan Africa although prenatal care is available to 61 per cent of women's maternal mortality is very high accounting for 700 maternal deaths per 100,00 live births ⁸.

Women's reproductive and sexual rights: The control of girls' and women's sexuality and reproduction is at the heart of unequal gender relations, and is central to the denial of equality and self-determination to women. According to Gita Sen and Srilatha Batliwala, "culturally embedded valuation of women's virginity and chastity, and socially enforced norms like heterosexuality, women's sexuality is not only controlled by men, but is often a symbol of the honour and status of a family, clan caste, ethnic group or race. This is why sexual violence against women is frequently used, in conflicts, as a weapon to dishonour the enemy. Thus, the subordination of women has often been achieved through the subjugation, exploitation, and control of their sexual and reproductive lives, with often disastrous consequences to their health and status". Some of the manifestations of this include:

- Being forced to accept unwanted and coercive sexual relations, including unwanted pregnancy and child-bearing;
- Physical, sexual and psychological abuse and violence in the home and family, including marital rape, battering, incarceration, and incest.
- Being the targets of coercive pro- and anti-natalist policies resulting coercive or unsafe contraceptive services and coercive or unsafe abortion.
- Being the targets of unnecessary medical interventions and bodily mutilation including female genital mutilation.
- Being blamed and victimised for reproductive outcomes (bearing daughters instead of sons, or for being infertile).
- Discrimination and violence on the basis of sexual orientation.
- Becoming infected by sexually transmitted diseases and HIV/AIDS due to lack of control over sexual relations; and
- Becoming the targets of systematic rape as a weapon of class, caste or other conflicts or war ⁹.

Women's multiple burdens: Women are burdened with multiple roles and work as wife, mother, daughter and general nurturer and care giver. In developing countries where extended families are widely prevalent, a typical family may consist of husband, wife with three to four children and the husband's family members including mother, father and unmarried siblings. The major responsibility falls on the woman of the house, usually the wife who will be required to cook, clean, do the laundry, care for the children and the elderly. The work is rather labourious in the

absence of modern amenities, involving long trek for and carrying heavy loads of firewood and water. Rural women have additional burden of caring for farm animals and being involved in farm work. Needless to say all this work is not recognised and often not appreciated as women are expected to do it all for the love of the family.

“Much of this work has traditionally been invisible. It has been seen as “natural” and therefore “good” for women, requiring neither investigation nor regulation. In developed countries the main focus has been on women’s mental health in the light of their over representation among those suffering from depression. In the poorest parts of the world, it is the physical strains of household against the backdrop of social upheaval, economic recession and ecological deterioration.”

“... it is among poor women in Third World countries that the rigours of domestic work are at their most severe. Many have little or no money to spend in the cash economy and welfare services are not available to fill the gap. As a result they have to weave their patchwork of survival through the direct production of their own and their family’s needs. Many are engaged in subsistence agriculture, growing and then processing the food they cannot afford to buy. Fuel is usually collected in the form of firewood rather than purchased from a gas or electricity supply company, and water is collected from a local source rather than flowing to the house through pipes. Thus the physical burdens of domestic labour can be very great.

“It is usually women who have to manage the consequences of poverty for the whole family. This often means performing physically heavy work, even during pregnancy and lactation. Recent statistics from the African and Asian regions indicate that on an average women work at least 12 hours longer each week than men (United Nations 1991). In many of the poorest countries, between 60 and 90 hours a week of hard labour are required to maintain minimal living standards in the face of economic recession. Again the pressures are especially severe for women in the millions of household where they are the sole parent.”¹⁰

Violence against women: Article 2, UN Declaration on the Elimination of Violence Against Women, 1993 states: “Violence against women, also known as ‘gender-based’ violence refers to many types of harmful behaviour directed at women and girls because of their sex. This includes physical, sexual, psychological abuse of women within the family and the community, either by their husbands, partners or other members of their family within the home. Violence against women encompass spousal battering, sexual abuse of children, dowry-related violence, rape – including marital rape—and traditional practices harmful to women such as genital mutilation and female infanticide and foeticide. It also includes non-spousal violence, sexual harassment and intimidation at work and in school, trafficking in women, forced prostitution, and violence perpetuated or condoned by the state, such as in war¹¹.”

Violence against women has its roots in unequal societal structures and is further exacerbated by increasing social and economic inequalities. For example, the changing economic situation in the country resulted in women being subjected to intense deprivation and disabilities and has also contributed to an increase in crimes against women inflicted by society.

“Violence against women is a global problem. In countries like India, where boys are valued more than girls, the life cycle of violence starts with sex-selective foeticide and infanticide. During infancy, girls may be frequently discriminated against in terms of allocation of resources, such as food, health care and education. Approximately, 60 million women, mostly in Asia, are “missing” – killed through infanticide, selective abortion, deliberate under-nutrition or lack of access to health care (Panos 1998; UNFPA 2000). From girlhood to adulthood, women continue

to be at risk. According to WHO, one out of every five women is a victim of rape or attempted rape in her lifetime (WHO, 1997; Spindel et al 2000). Each year thousands of women and girls are trafficked and forced into prostitution. Evidence from nearly 50 population-based studies throughout the world shows that 10 to 50 per cent women have experienced domestic violence, have been hit or otherwise physically harmed by an intimate partner¹².

This makes it the most prevalent form of gender-based violence, followed by sexual violence. According to a WHO, 2000 report between 12 to 25 percent of women have experienced forced sex by an intimate partner or ex-partner at some time in their lives.

Violence against women has immense adverse effect on women's psychological and physical health. According to World Bank (1993), rape and domestic violence account for 5 percent of the healthy years of life lost to women aged between 15 and 44 in developing countries. World wide, gender-based violence accounts for more deaths and ill health than cancer, traffic injuries and malaria put together.

The social stigma and the burden of guilt on the rape victims deter women from making police complaints or seeking medical care. And women do not appear to be safe in their own homes. Most women have no choice but to bear domestic violence and wife battering as they are economically dependent on their husbands/partners and have no home of their own. The health consequences of violence range from non-fatal outcomes that have impact on physical and mental health, to fatal outcomes like suicide, homicide, maternal death and HIV/AIDS. Among the physical health consequences are injury (lacerations, fractures and internal organ injuries), unwanted pregnancy, gynecological problems, STDs including HIV, miscarriage, pelvic inflammatory disease, chronic pelvic pain, headaches, permanent disabilities, asthma, irritable bowel syndrome, and self injurious behaviour like smoking and unprotected sex. The mental outcomes are depression, fever, anxiety, low self-esteem, sexual dysfunction, eating disorders, obsessive compulsive disorder and post traumatic stress disorder¹³.

Economic issues

Women, especially in developing countries women are at further disadvantage owing to economic deprivation. Men when they work keep the larger part of their earnings for themselves, often wasting it on alcohol, gambling and extra-marital affairs. Women find it difficult to meet ends with the meagre amount given to them. With an extended family consisting of not less than seven members, many women are forced into economic activity outside their homes.

However it is important to point out that women have always been working - in their homes doing a variety of activities such as cleaning homes, washing clothes, cooking for an extended family, caring for the children and other family members. This heavy and labourious undertaken day after day, without a break, is not counted as it is not economically remunerative.

Rural women: Women in rural areas are also involved in subsistence farming and animal husbandry. Economic and trade liberalisation have resulted in removal of government subsidies, free irrigation and reduced credit, etc. caused the collapse of peasant incomes. Structural shifts to production of export crops due to the import-dependent nature of domestic economies and conversion of agricultural lands have had negative impact on peasant lives.

When women are marginalised from subsistence farming it affects the family's food security. As a result of a decrease in production of food crops and marketing of food crops, women had less easy access to food. Less food would be bought for family consumption and this had a direct

negative impact on women. Women also have the additional burden to supplement the family income and tightly budget giving less priority to her food intake and healthcare needs.

Women in agricultural and rural labour face discrimination in lower salary than men for the same work. Further rural women are rarely protected with maternity legislation.

Women in urban labour: Urban women working in the formal sector have a certain amount of maternity protection where such legislation exists. There is a certain degree of discrimination with lower wages for women, fewer chances of training, education and promotion. Employers are loathe to invest on women because of women's domestic responsibilities and therefore women lose out on training to upgrade skills, transfers and promotions. Women's domestic concerns and responsibilities keep them participating in trade union activity as a result of which women's interests are not adequately represented in workers' forum.

According to a United Nations 1991 report, typically women workers receive about 30-40% less pay than men if employed and no pay at all for most domestic work. They hold only 10-20% of managerial and administrative jobs and are very poorly represented in the ranks of power, policy and decision-making¹⁴.

Women workers, especially in developing countries are at particular disadvantage. They are the last to be hired and first to be fired in times of recession. Particularly vulnerable are unskilled, semi-skilled and migrant women workers in developing countries whose jobs are easily replaced. A majority of women in the industrial sector face sexual exploitation and labour abuse. Legal protection and maternity benefits are lacking in many factories. Many employers, especially in South Asia, try to avoid employing permanent women workers and do not offer contracts that promote safe, secure work environments. Even where legislations exist, minimum wages, maternity and occupational safety are simply not implemented.

Women, especially those in reproductive age, are often the last to be considered for employment, and in times of economic crisis, women workers are the first to be retrenched. As a result many women are pushed in to the informal sector where they to survive on subsistence income and without the benefit of social welfare or protective legislation. Women in the informal sector include the self-employed, contract and seasonal workers who are less likely to be protected by maternity legislation. Those in home-based jobs struggle to cope with domestic work, childcare as well as their jobs. Work for women in informal sector are unregulated, with long hours and sometimes limited toilet breaks. With relatively lower wages, and appalling work conditions, often unsafe and unhealthy, women do not or are unable to protest for fear of losing their jobs.

In addition to toiling in non-remunerative work in their homes, women's work in waged labour is only seen as supplementary income and most women do not have any control over how their earnings are spent.

Gender-sensitive development policies and programmes: Concern for women's health should be extended beyond maternal health and reproductive health. Communicable and lifestyle diseases affect women and men differently. The health service delivery system must be made easily accessible to and sensitive to women's needs. Concern for girl children should result in plans for health, nutrition, life free from violence and early marriage

Water supply, sanitation, nutrition, clean environment, shelter and education are powerful determinants of the health status of women. They cannot just be termed as "complementary initiatives under the developmental umbrella" or "non-health determinants" and kept outside the

scope of discussions on planning and policies on women's health. India spends an unconscionably low amount on public funds on nutrition (0.5% of GNP) and some segments of the population are said to have the highest rates of malnutrition in the world. Strategies must be developed for integrated planning and resource allocation must increase¹⁵.

Women-centred health approach

It can thus be seen that women face a multitude of problems which impact on their health. The Regional Office for South-East Asia of the World Health Organization, in its recent report¹⁶ calls for a lifespan approach to women's health - from conception - to old age. According to the WHO Report, "a lifespan approach to women's health takes into account both the specific as well as cumulative effects of poor health and nutrition. There is increasing evidence that health problems that begin in childhood and adolescence affect the health status of women during their reproductive years and beyond, as well as the health of their new borns. Discrimination against the girl child as seen in some countries of the Region can also significantly retard her growth and development."

The report points out that women's health problems need to be seen in the context of other factors that adversely affect their health. For example, a women's health is inextricably linked to her social and economic status; if she enjoys the respect of the community she lives in, if she has education, if she is economically independent, she will no doubt have higher self worth and be able to exercise her rights and make decisions based on informed choice. Her higher social value will have a marked positive impact on her health with improved nutrition, fewer pregnancies and timely access to health services and better health care. Hence a broader framework is necessary to understand and address women health problems, one that has a lifespan approach and a gender approach to health (see box).

Gender Approach to Health

"Gender is used to describe those characteristics of men and women which are socially constructed and therefore can change, in contrast to those that are biologically determined and therefore can not change. Gender is thus a dynamic concept which looks at the social divisions and the interrelations between men and women.

A "gender approach to health" is based on an analysis of how differences and disparities between women and men determine their differential exposure to risk, their access to technology and health care, their rights and responsibilities, and their control over their own lives.

Source: *Regional Health Report 1998: Focus on Women*. New Delhi: World Health Organization, Regional Office for South-East Asia, 1998

Breastfeeding advocacy

Therefore, a programme of action that seeks to promote breastfeeding and protect the rights of both women and children should ensure that they enjoy good health, and that women are able to live and work in conditions of gender equity and equal human rights. Such conditions would allow women's decision-making on important matters such as their own lives and health. This includes easy access to health care services, reproductive health, sexuality, choices in family planning services, access to community resources, food distribution, and adequate, non-discriminatory nutrition for women. In order for women to provide the best possible food and care for their children, they need to be in control of their lives and bodily integrity. In addition, their health needs have to be protected and respected. Violence against women, for example, is a

significant health issue for women. Most importantly, women's health includes control over both their productive and reproductive roles. If breastfeeding is to be valued as productive work, not a woman's duty, then conditions for its successful integration with other activities must be arranged. These support arrangements include legislation to provide maternity leave and nursing breaks, affordable childcare, and other strategies to enable working women to continue breastfeeding and thus fulfill women's right to breastfeed.

References

1. Martin, E. 1987. **The Woman in the Body: a cultural analysis of reproduction**. Milton Keynes: Open University Press.
2. Doyal, L. 1995. "In Sickness and in Health" in **What Makes Women Sick: gender and the political economy of health**. Malaysia: Macmillan.
3. UNDP Human Development Report 1997. New York: United Nations.
4. *People and the Planet*, Vol. 2, NO.1, 1993 cited in **Asia-Pacific Post-Beijing Implementation Monitor**, Kuala Lumpur: Asian and Pacific Development Centre, 1998. pp.142
5. **The World's Women 1995: Trends and Statistics**. New York, United Nations.
6. Kanani, Shubhada. 2001. "How Gender Sensitive is the National Nutritional Policy of India?: a view of the policy through the gender lens". Department of Foods and Nutrition, M.S. University of Vadodara (India).
7. Pendse, Vinaya. 2001. "Maternal Deaths in an Indian Hospital: a decade of (no) change?", *Reproductive Health Matters*, Special Supplement on Safe Motherhood Initiatives: Critical Issues.
8. **The World's Women 1995: Trends and Statistics**, New York, United Nations.
9. Sen, Gita and Srilatha Batliwala 2000. "Empowering Women for Reproductive Rights" in Presser, Harriet and Sen, Gita (eds.) **Demographic Behaviour and Women's Empowerment**. IUSSP Series.
10. Doyal, L. 1995. "Hazards of Hearth and Home" in **What Makes Women Sick: gender and the political economy of health**. Malaysia: Macmillan.
11. *Population Reports*, 1999.
12. *Population Reports* 1999.
13. Source: Khanna, R. and Venkatachalam, Y. "Violence Against Women: a health issue" in Khanna, R., Shiva, M. and Gopalan S. **Towards a Comprehensive Women's Programmes and Policy**. Vadodhara (India): SAHAJ, 2002
14. Doyal, L. 1995. "In Sickness and in Health" in **What Makes Women Sick: gender and the political economy of health**. Malaysia, Macmillan.
15. Das, Abhijit. 2001. **Engendering the Tenth Plan: regional consultation on population, gender health and reproductive rights**. A background note prepared for the regional consultation on population, gender, health and reproductive rights and the 10th five year plan organised by the Ministry of Health and the Family Welfare, Govt. of India and UNFPA, Nov 29-30, 2001, Chandigarh.
16. **Regional Health Report 1998: focus on women**. New Delhi: World Health Organization, Regional Office for South-East Asia, 1998

Towards a Gender Perspective

A gender perspective will provide a clearer understanding of gender inequities in society. Such an understanding will help breastfeeding activists to identify issues needing urgent attention such as, improvement of women's status, in women's health conditions, etc. An understanding of gender issues will also help us work better with women's organisations to seek appropriate solutions for the promotion of breastfeeding.

The following text is extracted from *Understanding Gender* by Kamla Bhasin. New Delhi: Kali for Women, 2000.

What is Gender?

The word 'gender' is now being used sociologically or as a conceptual category. It refers to the socio-cultural definition of man and woman, the way societies distinguish men and women and assign them social roles. It is used as an analytical tool to understand social realities with regard to women and men.

It is necessary to distinguish between sex and gender in order to deal with the general tendency to attribute women's subordination to their anatomy. It was widely believed that the different characteristics, roles and status accorded to women and men in society are determined by biology (i.e. sex), that they are natural and therefore not changeable. When we accept that it is natural that women and women's bodies are responsible for their subordinate status in society, then there is obviously no need to address the gender inequalities and injustice which exist in society.

The concept of gender enables us to state that sex is one thing, but gender is quite another. Everyone is born male or female and our sex is determined by our genitalia. But every culture has its way of valuing girls and boys and assigning them different roles, responses and attributes. All the social and cultural "packaging" that is done for girls and boys from birth onwards is "gendering". Each society slowly transforms a male or female into a man or a woman, into masculine and feminine, with different qualities, behaviour patterns, roles, responsibilities, rights and expectations. Unlike sex, which is biological, the gender identities of women and men are psychologically and socially (which means historically and culturally) determined.

Ann Oakley, who was among the first few feminists to use this concept, says: "*Gender* is a matter of culture, it refers to the social classification of men and women into 'masculine' and 'feminine'. That people are male or female can usually be judged by referring to biological evidence. That they are masculine or feminine can not be judged in the same way; the criteria are cultural, differing with time and place. The constancy of sex must be admitted, but so also must the variability of gender."(Oakley, Ann. 1985. *Sex, Gender and Society*. England: Gower Publishing . p.16) She points out that gender has no biological origin, that the connections between sex and gender are not really 'natural' at all.

The following are the main differences between the two terms:

Sex

Sex is natural

Gender

Gender is socio-cultural and it is man-made.

Sex is biological. It refers to visible differences in genitalia and related differences in procreative function.

Gender refers to masculine and feminine qualities, behaviour patterns, roles and responsibilities, etc.

Sex is constant, it remains the same Everywhere.

Gender is variable, it changes from time to time, culture to culture, even family to family.

Sex is natural.

Gender can be changed.

Sex cannot be changed

Gender is socio-cultural and it refers to masculine and feminine qualities, behaviour patterns, roles and responsibilities, etc.

One of myths around gender and sex is that they closely related and that the roles and behaviour assigned to women and men are based on their sexual differences.

The fact is that they are related only to a certain extent. Women owing to their biology, bear and breastfeed children, menstruate (however not all women bear children). Other than this there is nothing they do that men cannot do or that men can do that women can not. Bearing children does not mean that only women can or should look after them. Men can as well do the caring. So just having male or female bodies does not necessarily have to determine our characteristics, roles, or destinies.

But in reality it is quite difficult to establish what is natural and what is socially begin the process of gendering. That gender is a cultural and social attribute rather than a natural one can be seen in these two social groups: a middle class girl in a Asian family is confined to the home or school and made to help her mother in household duties, while an indigenous girl may roam freely in the jungles, taking the animals grazing, or climbing trees for fruits, etc. They are both girls but they develop very different capabilities, aspirations and dreams, inspite of the fact that their bodies are the same. Gender keeps changing over time, in different places and among different social groups. For example, in many families, girls were traditionally not sent to school or allowed to go out of the house after were 10 or 12 years old and were often married at puberty. But now things have changed, so too the education roles and responsibilities of men have changed somewhat. Thus gender is variable, being different in different families, communities or at different times in the same family. Even our bodies can be shaped or changed by us, society or culture. We can change the size, strength of our bodies through training, use, disuse, misuse or abuse, e.g. male or female wrestlers, body builders, athletes, dancers, etc. Similarly women's bodies are such that they can procreate, but we can now choose whether to have children, how many to have and at what intervals to have them. Reproduction is not inevitable in the same for women as it is for female animals.

Women's subordinate status

Thus the different status women and men enjoy in society is indeed socially and culturally determined, it is man-made, nature has very little to do with it. It is gender not sex which has determined that (almost) everywhere, women as a group are considered inferior to men. Women enjoy fewer rights, control fewer resources, work longer hours than men but their work is either undervalued or underpaid. They face systemic violence at the hands of men and society; and have little decision-making power in social, economic and political institutions.

According to Claudia von Werlhof, "No social order in history has extended, distorted and used the natural difference between the sexes as brutally and systematically as ours. This order first

transformed natural sex into a social artificial gender, made 'men' out of men, and 'women' out of women – in fact, turned 'men' into the 'human race' and women into simply a sex as such ... And finally having created these differences, it declares them to be 'natural' again, in order to render them economically exploitable." (von Werlhof, Claudia. 1988. "The Proletarian is Dead: Long Live the Housewife", in Maria Mies, et al, *Women: the Last Colony*. New Delhi: Kali for Women. p.104.)

Despite women being biologically stronger than men, women in many countries especially in Asia have been overshadowed by the social and cultural inferiority imposed on them and today, in almost every area women lag behind men.

If biology alone determined our roles, then every woman in the world should be cooking, washing and sewing but this clearly not the case because most professional cooks, launderers and tailors are men.

Neither sex nor nature is responsible for the unjustifiable inequalities that exist between women and men. Like the inequalities between castes, classes and races, these too are man-made, they are historical constructs and therefore they can be questioned, challenged and changed. A woman may well have children but that should be no reason for her inferiority and subordination, nor should it determine her education, training or job opportunities. Why should having different bodies and different functions lead to inequality? You do not have to be the same to be equal, to have equal rights and opportunities.

What is Patriarchy?

It is important to understand patriarchy in order to understand present-day relations between women and men. Gender relations are skewed because of the existence of patriarchy. Patriarchy means male domination; the word patriarchy literally means the rule of the father or the 'patriarch' and was used originally to describe the specific type of "male-dominated family" - the large household of the patriarch, which included women, younger men, children, slaves and domestic servants, all under the rule of this dominant male. Now it is used more generally to refer to male domination, to the power relationships by which men dominate women, and to characterise a system whereby women are kept subordinate in a number of ways.

The subordination that women experience daily, regardless of the class they belong to, takes various forms – discrimination, disregard, insult, control, exploitation, oppression, violence - within the family, at the place of work, and in society.

Patriarchy is not the same everywhere. Its nature can be and is different classes in the same society; in different societies and in different periods in history. For example the experiences of patriarchy was not the same in our grandmother's time as it is today; it is different for indigenous women and upper caste Hindu women; for the women in USA and women in India. Each social system or historical period throws up its own variations on how patriarchy functions and how social and cultural practices differ. The broad principles, however, remain the same, i.e. men control most economic resources and all social, economic and political institutions.

Patriarchy is both a social structure and an ideology or a belief system according to which men are superior. Religions have played an important role in creating and perpetuating patriarchal ideology. They have spread notions of male superiority through stories like Eve was created from Adam's rib, or man is created in the image of God, etc. Media and educational institutions spread patriarchal ideology by showing men to be stronger in decision-making positions, and women as

voracious consumers, dependent and jealous. Ideology plays an important role in perpetuating social systems and controlling people's minds. For example, by reducing women to bodies and objectifying them, media encourage violence against women. Ideology provides the justification for social behaviour and socio-economic structures.

Normally the following areas of women's lives and societies can be said to be under patriarchal control:

- Women's productive or labour power
- Women's reproduction
- Women's sexuality
- Women's mobility
- Property and other economic resources
- Social, cultural and political institutions.

(Bhasin, Kamala. 1993. What is Patriarchy? New Delhi: Kali for Women)

An analysis of the main institutions in society – the family, religion, law, political, educational and economic institutions, media, knowledge systems – demonstrates quite clearly that they are all patriarchal in nature, and are the pillars of a patriarchal structure. This well-knit and deep-rooted system makes patriarchy seem invincible; it also makes it seem natural.

Under patriarchy different kinds of violence may be used to control and subjugate women and such violence may even be considered legitimate. In fact, feminists believe that violence against women is not just pervasive, it is systemic in patriarchies.

All this does not imply that women are totally powerless or without rights, influence and resources under patriarchy. In fact no unequal system can continue without the participation of the oppressed, some have even derived benefits from it. This is true of patriarchies as well. Women have risen to power, have occasionally been in control, have wrested benefits in greater or smaller measure. But all this does not change the fact that the system is male-dominated – women are merely accommodated in it in a variety of ways. To give a parallel example, in a capitalist economy, workers play a very important role, they may even participate in management to some extent, but this does not mean they are ever in control. Women are also known to support and perpetuate patriarchy. The reasons for this are several and complex. However one thing is clear that most of us have internalised its values and are not always free of patriarchal ideology. We need to look at the overall system and analyse the reasons for this complicity: that women often treat their sons better, deprive their daughters of education, mistreat their daughters-in-law. All this needs to be understood in the context of the respective power and position that men and women have in the family and in society.

The appropriate way to describe male control over women is paternalistic dominance. There is dominance but it is paternalistic because women are provided shelter, food and security *vis-à-vis* outsiders. Paternalistic dominance has oppressive aspects, but it also involves a set of mutual obligations and is frequently not perceived as oppressive. This is what makes it difficult to recognise and fight.

According to Georgina Ashworth, "Although national liberation movements ended the political control by colonial powers and introduced the principle of separation of legislative from judicial and punitive powers, women were not liberated from the rule of husbands, or fathers, in the household. Within the home, men still retain consolidated and arbitrary powers

to determine the rules, judge the performance, and punish their wives and children. Thus men have the capacity to:

- Demand sexual relations at any time;
- Prevent their wives from practicing contraception;
- Determine how wives and daughters could and should spend their time in domestic work, in education, leisure or cultural activities, and determine the terms on which they can enter the public space for employment;
- Exert punitive or corrective violence against women when they judge the rules infringed, and not be subject to legal retribution for this;
- Use and dispose of wives' earned or inherited property; and
- Buy and sell wives/daughters, dispose of them to meet debts or to compensate for insult by other males.

Many of these presumptions and behaviours are translated into relations with women in the outside community, the workplace and political spaces.”

(Ashworth, Georgina. 1996. “Gendered Governance: an Agenda for Change”. Gender in Development Monograph Series. New York: UNDP.)

Gender Relations

Relations based on gender are called gender relations. “The term gender relations refers to the relations of power between women and men which are revealed in a range of practices, ideas, representations, including the division of labour, roles, and resources between women and men, and the ascribing to them of different abilities, attitudes, desires, personality traits, behavioural patterns and so on. Gender relations are both constituted by and help constitute these practices and ideologies in interaction with other structures of social hierarchy such as class, caste, and race. They may be seen as largely socially constructed (rather than biologically determined), and as variable over time and place.” (Agarwal, Bina. 1996. **A Field of One's Own. Gender and Land Rights in South Asia**. New Delhi: Cambridge University Press. p.51)

Like gender, gender relations are not the same in every society, nor historically static. They are dynamic, and change over time. However, one can generalise and say that in most societies gender relations are not equitable.

This understanding challenges the assumption that, within households, relations between women and men are harmonious and without conflict. In fact, there is both co-operation and conflict, harmony and disharmony. In other words, there is politics in gender relations. Here the term “politics” refers to the fact of power play in any relationship. Because people are assigned differing amounts of power, authority and control (over other people, resources, decision-making), subtle or blatant power games or politics taking place between genders within the family, at the work-place and in society at large just as they do between castes, classes and races.

Theoretically gender hierarchy can mean the domination of either gender, but in practice it almost always mean a hierarchy in which men dominate and women are dominated. A common aspect of gender relations across cultures and throughout recent history is the subordination of women to men. Gender relations therefore are relations of dominance and subordination with elements of co-operation, force and violence sustaining them. This is so because most societies are patriarchal or male-dominated. One can also say, that in most societies, gender relations are patriarchal in

nature, they follow the rules of patriarchy – an ideology and social system whereby men are considered superior to women, are dominant and control most resources and social institution.

Gender Division of Labour

Gender division of labour or sexual division of labour refers to the allocation of different roles, responsibilities, and tasks to women and men based on societal ideas of what men and women should do and are capable of doing. Different tasks and responsibilities are assigned to girls and boys, women and men according to their sex/gender roles, and not necessarily according to their individual preferences or capabilities. All work/activities can be divided into three categories – productive, reproductive and community work/activities. Let us examine each of these for a “gender division of labour”.

Production refers to that activity which produces goods and services for consumption and trade. All work done in factories, offices and farms, falls into this category, and it is only these activities that are counted as economic and included in the Gross National Product of countries. Although both women and men are involved in productive activities the gender division of labour prevails. Men do jobs which are more skilled and better paid. Often women’s productive activities are an extension of the work they do at home. In the agricultural sector, women’s productive work is not reflected in economic accounting because it is considered an extension of their household work. Women’s productive activities are given less importance and less value. Women are the last to be hired and first to be fired in times of economic recession because of the patriarchal notion that men are the main breadwinners and are the heads of the households. Therefore, male employment is given greater emphasis and priority.

Reproduction is of two kinds – biological and social. Biological reproduction refers to giving birth to new human beings, an activity which only women can perform. Social reproduction refers to all the caring and nurturing activities necessary to ensure human survival and maintenance. Reproductive activities, thus, are those activities which reproduce human labour. Caring of children, cooking, feeding, washing, cleaning, nursing and other household activities fall into this category. Although they are necessary for human survival they are neither considered work, nor an economic activity and hence are invisible, unrecognised and unpaid. Reproductive work is carried out mainly by women and girls the world.

Community work refers to all those activities necessary to run and organise community life. Governance, the organisation of and participation in social and cultural festivals, social services and facilities like roads, schools healthcare, etc. are all community activities. Both men and women participate in these but, again according to prescribed norms which define “male” activities and “female” activities.

Gender division of labour, therefore, operates not only in reproductive activities within the household but in productive and community activities as well, most of which take place outside the household. The gender division of labour is now considered a key concept to understand how gender inequalities or asymmetries are kept in place and reconstituted.

In time this division leads to a gender division of skills. Men and women, boys and girls learn and master only those skills considered appropriate to their gender roles. Thus, different skills and aptitudes are created in women and men, girls and boys, and are then ascribed solely to one or the other.

Gender division of labour also leads to hierarchies and inequalities because men and women's labour is not valued or rewarded equally. Even now, equal pay for equal work is not the norm in most countries; housework is unpaid; and women are the first to be fired when recession hits the workplace.

The allocation of certain tasks to men and women in productive processes (specially in household production) also leads to issues of command and control over resources and the products of labour. Thus, because of a gender division of labour, men assume control over land; technology, credit; cash from the sale of products and so on. Normally women produce for subsistence and men for exchange or cash.

Gender division of labour is not the same everywhere. It is specific to culture, location and time. To challenge the gender division of labour in society means challenging what being a "man" or a "woman" in a society entails.

Women's productive and reproductive work is generally not assigned much economic value. According to the UNDP Human Development Report of 1995 the invisible and unpaid work contributed by women, annually, is worth US\$ 11 trillion.

"...The wife must serve, and above all, obey the husband; he can demand this in a court of law. In short, the housewife is an unpaid worker, at the disposal of her husband, round the clock, all her life; even more, her whole person is at his disposal, including her sexuality and child-bearing capacity, her psyche and feelings. She is at the same time slave and serf who is compelled to do all the work that her husband and children need, including demonstration love even when she does not feel any. Here one works out of love and love becomes work. The situation may not always be intolerable, but it is impossible to predict that it will not become so." (von Werlhof, Claudia. 1988. "The Proletarian is Dead: Long Live the Housewife", in Maria Mies, et al, **Women: the Last Colony**. New Delhi: Kali for Women. p.104.)

"Everything women do must bear fruit and be gratis, like the air we breathe. This applies not only to producing and rearing children, but also to the sundry housework and wage labour, the emotional care bestowed on colleagues, the friendliness, submissiveness, being always-at-others-disposal, healing-all-wounds, being sexually-usable, the putting-everything-in-order, the sense of responsibility and self sacrifice, frugality and unpretentiousness, the renunciation in favour of others, the putting-up-with and helping-out-in-all matters, withdrawing-oneself and being-invisible and always-there, the passive being-available and the active 'pulling-the-cart-out-of-the mud', the endurance and the discipline of a soldier. All this makes up the feminine work capacity." (von Werlhof, Claudia. 1988. "The Proletarian is Dead: Long Live the Housewife", in Maria Mies, et al, **Women: the Last Colony**. New Delhi: Kali for Women. p.104.)

MYTH: Most people consider this gender division of labour natural. Because women give birth to children and breastfeed them, aren't they (women) better equipped for caring and nurturing activities?

FACT: Women are indeed equipped with a uterus and a pair of breasts but they have no extra equipment for caring, cleaning or looking after; therefore it is not "natural" for them to be looking after everyone. And let us not forget that men manage to sweep and clean and wash and cook when these activities are paid for, so the reasons for doing or not doing reproductive work cannot be biological or natural.

But because people want to believe that present gender relations and the gender division of labour are “natural”, based on women’s biology; they find it difficult to think beyond bodies. It’s also very convenient to reduce everything to nature because then you don’t need to question or challenge patriarchal privilege. You wash your hands off all responsibility. Men do not want to accept that gender is socially constructed, that gender relations and gender division of labour are not natural. They had a beginning and therefore they can have an end. The challenge of feminism and the political work of the women’s movement is to work towards an end to inequality based on biological difference.

MYTH: The gender division of labour is the result of social conditioning because women are confined to the household and men deal with the outside world.

FACT: Women are expected to remain in the private domain while men function in the public domain, while also controlling the private. Before the industrial revolution, however, this separation between the two was not so marked. Most production took place within the household and all members participated in it. Everyone was a “breadwinner”. The household was the site of both reproduction and production. There was co-operation and complementarity between men and women. Women’s skills, knowledge, and their ability to reproduce the next generation were highly valued because they were indispensable for survival. In many ways this old order was gynocentric (woman-centred). Because of the important role women played in the household economy in colonial America the word “husband-woman” (the woman who managed, looked after, controlled or husbanded the affairs of the household) was commonly used.

The advent of market economy and industrialisation dramatically upset the unity between private and public, the harmony between nature and human beings. Production was no longer a matter of subsistence alone – it was also intended for the market and for profit. Gradually production moved out of the household and into factories, commercial farms, and so on, and the market rather than nature became the controlling force in the lives of ordinary people. The “economic man” moved out of the household and the “domestic woman” remained in it. Boys went to schools and universities to acquire knowledge and skills for operating in the outside world, while girls remained at home, acquiring skills for the “domestic” world.