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Topic 1: Poverty in a globalizing world at different stages of women's life cycle

"Poverty, globalization and being gender-sensitive: focusing on reproductive health"

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Introduction

While adopting the concept 'human poverty' as defined by the 1997 Human Development Report, an appraisal of current official literature clearly suggests that there continues to exist inherent ambiguities in both, the current understandings of, and the application of gender not just within a global context, but also, with reference to the process of globalisation. An outcome of such existing ambiguities has resulted in official and local disenchantment with important programmes, for example, Planned parenthood or Family planning and, indeed, the policies on AIDS. The difficulties have arisen not just on account of a lack of cultural sensitivity, but also because various disciplines have seriously failed to engage in a dialogue with each other; we are all operating within closed doors. There is, thus, a desperate urgency to look beyond the current paradigms, and, to encourage explicit intellectual pluralism, thus including insights from other disciplines: to incorporate the multidisciplinary understandings that gender, poverty and globalisation have before formulating different policies at a local, national or international level.

Further, there is still a taken-for-granted belief that gender is about women, to "add women and stir", implies having taken gender into account, that that it is both of practical or, theoretical research value to study women by segregating them from the men, i.e. to ghettoise women. Another common practice is the concept of sameness, or the notion of universal "woman" However, images, attributes, activities and behaviour of women and men, girls and boys is always culturally and historically specific. Gender sensitive research is more than studying about women, it is a study of what means to be female and, feminine, and in relation to what it means to be male and masculine, that is, knowledge about the interrelations between women and men, girls and boys, of gender, and of the role of gender in structuring human societies, their histories, ideologies, economic systems and political structures.

Our emphasis is a human rights based approach that is culturally sensitive, to establish "good governance, good leadership and the empowerment of people" so that gender inequalities are redressed: There is, thus, an urgent need to be specific and particular over being comparative and universal, at various levels within a culture or cultures. If we are to identify and remove successfully the processes that generate poverty in the life cycles of women and men, girls and boys, it is imperative to privilege how various groups of women and girls within diverse cultures conceive of their own interests and, how boys and men in these diverse cultures can co-operate with and contribute towards securing women's and girls interests and their well-being. I would like to argue that it has to be a collaborative exercise not just between women and girls but also with men and boys at every level.

Literature Review

In contemporary Anthropological theory and Ethnography, there is recognition for greater conceptual clarity in defining within every cultural context: What is sex? What is gender? What is sexuality? Anthropology is now acknowledging its colonial past, "master narratives" which imposed an 'intellectualism' and a legalism (e.g. the black letter law tradition in the subcontinent) which undermined and destroyed local cosmologies and local knowledge's. Thus, the powerful colonial legacy in ethnographic practice not only classified subject populations according to Anglo-Saxon idioms but also constructed the relationships between sexes as immutable and binary, in opposition to each other. Such paradigms are no longer acceptable as studies in many cultures such as the Endo in West Africa, or in Melanesia, and, the subcontinent have shown. Among the Endo, for example, the vocabulary and activities of women and men make firm allusions to the physical and conceptual positions of persons, events and objects through different scales of time symbolised during the ritual processes of birth, circumcision, marriage, procreation, senescence, death and immortality. Through 'negotiable dependence' between women and men, men are only able to control women so long as they are able to re-negotiate the material basis of their domination and, thus can recreate the symbolic value of its representation.[i] There is also, a growing recognition that local people are producers of local knowledge, and, the insistence that this knowledge has to be privileged and valorised outside the local domain by social scientists in the production of social science policy theories. If one looks at the vast corpus of ethnographic literature, the problem has not been of excluding women in empirical studies but how they were represented.

Current anthropological writings agree that there can be no firm universal concept of 'woman' or 'man' which can stand as an analytical category nor, a taken-for-granted assumption of the universal subordination of women, male domination or, indeed, the position of women: an individual is constructed and constructs herself or himself in relation to the cultural representations of what is male and female which is invested with a matrix of social meanings and, that can change over time and space. Thus, what the category 'woman' or 'man' means in a given context even within a culture, has to be investigated and not assumed.[1] Gender, is how women and men are socially constructed in different societies and cultures. Gender needs to be understood as a process rather than a category, of "doing gender" rather than the "being" of it. For example, how do women and men, girls and boys experience gender in the creation of the social and conceptual topography of their particular society through temporal and spatial relations?[2]

Further, it is necessary to make explicit the difference between sex and gender. Most are born female or male and, everyone is a sexed individual. By 'sex' biologists mean the specific genetic and hormonal make-up of individuals and their subsequent development of secondary physical characteristics, which place individuals in the category female (XX chromosome) or male (XY). Even within this biological category there is tremendous variation, atypical chromosomal patterns hermaphradism, transsexuals. Where formerly gender was perceived as the cultural elaboration of a sex that preceded it, now gender has became the discursive origin of sex.

Anthropologists define sex within those considerations. Biological differences do not provide a universal basis for social definitions. Women and men are a product of social relations and if we change the social relations we change the categories woman and man'. Sex is the cultural construction of sexed bodies, while gender is about the sexual division of labour, cosmological beliefs and symbolic valuations. In the life cycle of creating girls and boys, women and men, biology and culture interact to produce differences in terms of their life experiences. It is precisely because this interaction between biology and culture is so multifaceted that drawing an absolute distinction between sex and gender in practice is often difficult. While the boundary between sex and gender remains tenuous in contemporary feminist debates, neither sex nor gender can be collapsed into each other.

Certainly these explanations above do not seek to deny the powerful symbolism and suffering generated by the subordinate position that being 'born female' in the Indian subcontinent entails. What is essential to recognise that from infancy, early childhood, puberty, motherhood and menopause, the female status is subject to different experiential readings and can be accompanied by greater control of power, following motherhood, the social value of which cannot be underestimated. Also, access to privileges is largely defined by birth, who one is born to and who one marries. There exists the potential of multiple and contradictory subjectivities in studying gender and gender relations.[3]

Notes from the Field

During my field-work in north India in the 1990s, and more recently, in TamilNadu, the most pressing problem faced by many women and men in rural India is how to feed their families and, how to stay alive and be able to greet the next day. The threat of death by malnutrition and disease is seen as the greatest afflictions that deny them the right to Life. Such a wretchedness of existence, and the uncertainty of staying alive encourage them to have more babies as it is never a surety that the those already born would survive and, by having more children, they told me, would mean more hands to work and earn money. Population problems can be removed only by ensuring prosperity. The kisan families I befriended are mostly landless and lower-caste and believed that, to them the dialectics of social justice and personal dignity could only be defined with reference to land rights and inalienable ownership of land. They worked by respecting the connections between the environment, cosmological beliefs; the body; ritual relationships to the land. From

this field-work, it was possible to get insights into how knowledge about women and men is constructed with regard to sexuality, personhood, kinship, customs, religion and the household; property rights and the law; land tenure reforms, land re-distribution, and, how indigenous cosmological readings, notions of time and space defined the environment and landscape. Cosmology is not an abstract set of relations but has been defined as a social arena where efforts and strategies are expended and employed in relation to specific cultural and other resources in an endeavour to gain access to them. The potential for social transformation is bound up with the imperative of social continuity.

In general, in ancient cultural traditions, it is deemed that the human microcosm and all forms of nature are governed by the celestial world, In the rural Indian subcontinent, it is widely believed that illness (and well-being), require recourse to both medical knowledge and rituals, to facilitate the metaphorical/metaphysical transfer of the qualities of the spirits into the qualities desired in the patient. For example, the human condition is conceptually validated through preoccupation with the humoural quality of the blood for measuring well-being of an individual. These are a few context variables derived from lived social practices. Women are seen as the source of infection -body and state of the blood being the key to physical well-being. There is a political mythology that governs all bodily experiences; the male is centrifugal while the female must remain centripetal. The female body is seen as the wet, soiled like- the-earth opening a dark home, while the male body is enclosed and directed towards the outside. Also, men seek re-affirmation of their potency in repetition rather than the prolongation of the sexual act. Sexual potency is also inseparable from social potency when imposed through a certain definition of maleness and by derivation, femaleness. In urban areas, among the more affluent, male domination tends to restrict female sexual behaviour. Its not that women are forbidden to talk about sex but that discourse is dominated by male values of virility and they also judge themselves by male approval and impose those judgements on other women.

Indigenous conceptual systems perceive childbirth or fertility in terms of many other systems of aetiology of illness, pluralistic local beliefs and superstitions. Folk physiology or lay definitions of the body's form and function refer to perceptions of the reproductive system based on cosmological views, body images and local ideas about health. Such definitions of the body's form and function give particular attention to the body's margins and its orifices—the breaks in its defences—where the natural and social environments impinge. These views are often very specific about how the body is structured, how it functions and they may have a direct impact on the cultural construction of reproductive behaviour.[4] For example, folk images of puberty as "ovaries being open", the configuration and elasticity of the vagina and perineum, or ideas about the pelvic bones separating, or the lower spine "swinging like a tree in the wind" for the baby to pass can help to explain culturally patterned ideas of fears and confidence.

Human reproduction[ii] is a momentous rite of passage critical to the social construction of femininity and masculinity in south Asia: women are regarded mystically, "as one with the earth, the child bearing variant on the human scale of telluric fecundity". However, while reproduction confers on women, a message of fecundity and social power as producers and reproducers, they have little say in exercising sexual and procreative rights over their own bodies. They are, also, subjected to rigorous norms, which require subordination and control of their sexuality and behaviour. Onus is on women to maintain moral standards and sex during menstruation is seen as the cause of death in childbirth. There is also a cultural resistance in the use of condoms. The use of plastic and products that are not natural are seen as polluting. Women are seen to be evil if they use condoms, deny men the full pleasure that is their right. Further, the gendered consequences of varied cultural norms such as prescribed diet, length of lactation, suckling patterns, marriage laws and practices are intertwined with legal and other social practices which grant men distinct privileges; these reinforce each other. It is assumed by social mores that men must support women; hence there is no need for them to have direct access to income and property in their own rights. Even whilst defining a sense of dignity, women are expected to adopt male oriented methods of reasoning and may be also be obliged to collude actively with 'patriarchal' interests.

At another level, there was greater consideration and egalitarianism between the lower-caste landless men and women than among the upper-caste families. However, in addition to the threat of sexual violence, what

women feared most was childbirth. Most women were not ready to have a baby. Men also were afraid of this and often grieved that they could not provide for their pregnant wives. The majority of the rural poor have no access to health care[5]. More than 85% of the population depend on midwives and live in the villages. Sanitation and water facilities are extremely harmful and, accompanied by poor housing conditions: people and cattle live in close proximity. Often, a single room in a mud-hut, where a woman gives birth is also used for cooking, storage, heating and a stall for cattle. Every morning fresh dung is removed and parts of dried dung are used for cooking fuel and, remaining fresh dung is used for dressing the walls and floor especially in postpartum ceremonies. In childbirth practices, the umbilical cord is cut against a cow dung-coated floor with the nearest sharp instrument, usually a *hansua* (sickle). A cut umbilical cord is an open wound, which tetanus spores in the environment might enter. The methods used to seal the umbilical cord are often the cause for umbilical sepsis.[6] In eight instances of maternal mortality, I found deaths are still recorded as caused by "*bokhar*" (fever and not tetanus). Hence, the figures recorded are not always entirely accurate. Also, there were unrecorded cases of "back street abortions" to get rid of female foetuses and women's deaths in such instances were recorded as having been caused by a virus or incurable fever.

Also, the energy expenditure of women and the demands made upon them in mutual resource management throughout their lives is consistently greater than those made upon men. Girls during childhood and women during childbearing ages are expected to engage in heavy manual work and the general physical exertion has dire consequences on the nutritional status and energy levels of women, particularly lactating mothers. Often, each pregnancy and lactation accompanied by heavy work and responsibilities makes them thinner and less healthy. Breast feeding during postpartum leaves them exhausted, and being undernourished they are unable to feed the baby or bring up their children. Women are not given any assistance or protection at home and their plight is ignored at national, state and local community levels.
Further, national laws embrace exclusively male oriented language and thought processes: less than 0.3% of the total public sector funds in the allocation of targets, is granted for women's development. This has powerful implications as the structural consequences of such gendered assumptions legitimise and transfigure the identities, duties and responsibilities of men and women in official welfare systems and policies: these assumptions need to be re-evaluated. Women's reproductive health must be protected not only because reproductive events carry health risks that are unique to women, but also because the survival, health and welfare of children is closely linked to their mothers: thus, prioritising the health of women is seen as the first step towards self-determination; to recognise that women have the right to make judgements and men have to learn to listen to the way women's choices are dictated. Among the rural poor, maternal mortality and morbidity figures are much higher than official reports suggest. There is need for more accurate measures to monitor maternal mortality and morbidity. Many men were forced to seek employment in the city and often departed after childbirth. Their children accompanied them and sometimes ran away in search of food and employment. When the term "rural poor" is applied, it is important to recognise that many of the rural poor would gladly join their brethren in the urban jhuggis and ghettos.

Thus, the reproductive behaviour of women and men is circumscribed by particular customs and rules: a synthesis of biological functions, systems of livelihood, particular cultural definitions and social settings. The significance of gender dimensions in reproductive decision-making thus, needs to be acknowledged in exploring poverty. Gender inequalities would illustrate how economic/social/religious structures incorporate gender distinctions, organising the roles and positions of women and men, often distinctly privileging the male perspective over the female

There have been grave consequences in policy making, as powerful cultural meanings have not been incorporated while examining population dynamics. For example, despite the fact that India was the first country to introduce birth control methods in 1952, western methods have not been accepted locally. This is true for many parts of Africa also.[iii]In addition to the gender disparities, religious sensitivities and modesty can also act as a context related barrier to fertility regulation. The public nature of family planning clinics and pharmacy locations in areas with small communities has acted as a serious deterrent to the acceptance or continuation of prescription methods: in many instances, the acquisition of contraceptives is regarded by women as a shameful public act. There were also fears expressed that the use of such contraceptives such as

pills, intrauterine devices, condoms and diaphragms were polluting, and could lead to sterility and diseases caused by the curse of the evil eye; indigenous fertility regulating methods were much more preferable to these women.

Most villagers believe that the rich politicians do not wish to help them or even listen to them. They say all these politicians are "securing the future for their children, but also great-great- grandchildren". We don't matter, the cows that graze in their meadows are more important to them than us. We can die for all they care. There is no value for life, especially for the poor." What did they think of globalisation? Global is seen as ubiquitous, encompassing, and all -explanatory. Global culture is understood locally as the spread of Euro-American artefacts-western products or of 'indigenous' products facilitated by Euro-American technology. However, even locals know that local cultures are not autonomous, independent systems but are influenced by global developments that promote further exploitation.

Cultural relativism is defined that all societies are systematic, rational and need to value the integrity and worthiness of all human societies. Thus, as a corollary esp. in programmes of technical assistance, those who interact with foreign cultures or their own have a serious need to take that culture seriously, including their social organisations, cosmologies and values that define masculinity and femininity. Are we providing a benefit that the recipient does not recognise or value as a benefit? After all research and intervention are social and cultural processes involving social relationships. Thus, reproductive health and birth control programmes might acquire greater success and gain access to a wider constituency if these beliefs are examined in conjunction with medical practice. A successful culturally sensitive global implementation of the programme has greater chances of reducing poverty than trade protectionism or economic solutions. Any policy that privileges a distinctly economic analysis even as we speak of women's economic empowerment cannot succeed if they do not give equal importance to cultural particularities. Empowerment is a long term process and every step taken by women to assert their rights with the support of men is the way forward,

Policy Recommendations:
Rigorous Micro level field-work to explore and to understand: What are the perceptions of the gendered Body? The physical embodiment of the female self and the male self, and bodily experiences such as menstruation or ejaculation needs to be explored through the cultural and social constructions. What are the images both positive and negative of female body functioning? How can this information be utilised for planning educational and motivational efforts to resolve doubts, overcome misunderstandings and increase acceptance for safeguarding women's health and rights?

1. Field-work and an evaluation of how women and men in the region define their needs. The method should be apprenticeship, to learn from them. Government Cooperatives to ensure the supply of food (two meals a day at least) housing and clothing.
2. Building environmentally friendly homes with separate animal sheds. Good Sanitation facilities and clean Water supply. Energy by Gobar gas or solar energy. Also, in addition to growing vegetables and crops, communal gardens and planting medicinal trees.
3. Education – Scandinavian model--of boys and girls, men and women about the male and female body and learning for life, not rote learning, Education about equality, responsibility and social manners.
4. Training midwives who are now practicing and also incorporating some of the traditional techniques such as squatting while giving birth and also, respecting local beliefs which are harmless such as burying the umbilical cord and planting a tree over it.
5. Health Clinics in every village, herbal medicine and yoga.
6. Businesses: making the village an economically profitable place to be so setting up of small business and cottage industries such as weaving, etc.
7. Cooperative Credit Banks
8. Legal services, Accountability of all staff and maintaining records.
9. District Administration helping to support village development.

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[i] Moore, Space Text and Gender, Cambridge University Press, Cambridge

[ii] . Reproductive health is defined as the ability of women and of couples, to control their own fertility without compromising their principles, transgressing the social norms of their own culture or jeopardising their general health or future fertility; all aspects of women's health and status associated directly with the processes of pregnancy, childbirth and lactation; the control of sexually transmitted diseases; aspects of women's health status associated indirectly with any part of the cycle of pregnancy, childbirth, lactation; other aspects of the health and function of the organs of the reproductive tract in either sex and illness caused by communicable diseases. Finally, reproductive health includes the philosophy and praxis of childbirth that occurs within a set of social relationships, which extend over time to ensure that children will be cared for and socialised according to the appropriate cultures.

[iii] In many parts of Africa, any measures coming from the 'west' continues to be perceived as the self-interested intrusiveness of the 'west' and is seen to be a connotation of domination. The metaphors "sowed the germs with genocidal intent", "white poison" to describe AIDS, it are not just relevant to sub Saharan Africa but elsewhere. In Cacao, it is *bilada* and *afrangi*. *Bilada* is good native essence while *afrangi* is bad, unnatural and thus incurable. Anthropologists Edward Green, Suzette Heald.work in progress.