

INTERNATIONAL HEALTH AND GENDER

- I. Significant changes in the way gender and health are conceptualized have occurred over the past 30 years
 - A. Earlier, when men were being discussed, they were conceptualized as just that—adult men
 1. Whereas usually when women’s health was being discussed it was spoken of and defined as reproductive health
 - a. Or even simply as *children’s* health
 - b. Now women as women are being taken into consideration, in addition to women as mothers
 2. Also, newer, more comprehensive ways of thinking about health appeared
 - a. For example, “a woman’s health is her total well-being, not determined solely by biological factors and reproduction, but also by the effects of workload, nutrition, stress, war, and migration, among others.”¹
 - 1) This broadly defined notion of health could apply to men just as easily
 - 2) Most often health is *not* defined in such terms in the international context because of the enormous costs and political consequences
 - 3) Remember the emergency room example of putting blinders on, avoiding dealing with the final cause of several kinds of wounds (stabbing, gunshot)?
 - a) Understandable, given that health professionals and institutions often have no power to make changes that would lower the frequency of these kinds of medical problems
 - B. Women’s health differs from men

¹ Unless otherwise noted, these and other quotes taken from Desjarlais, Eisenberg, Good, and Kleinman, 1995, *World Mental Health: Problems and Priorities in Low-Income Countries*. Oxford, pp. 179-206.
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1. More of women's bodies are at least partly devoted to service to the species: biological reproduction
 - a. For example, breasts exist mainly for suckling young
 - 1) Although many women experience sexual pleasure when breasts are touched, so in this regard breasts pertain to the woman herself
 - b. The rates of breast cancer show the potential costs for many women of possessing these organs
2. And internationally we can see even starker examples
 - a. For example, in Rwanda in the early 1990s: 1 in 9 women die in childbirth
 - b. Parallels in the West in earlier periods
 - 1) Go to colonial American graveyards and you'll see evidence of women dying in childbirth as well
 - c. However, if you read *The Midwife's Tale* by Lauren Ulrich Thatcher, a spellbinding book about a midwife who practiced in Massachusetts and Maine until the early 19th century
 - 1) You will see that she lost very few patients
3. Most of the gender differences in health status, however
 - a. Result from the socio-economic position of women in the world's societies, not the biological differences of their bodies

II. Differences in morbidity between men and women and their causes

- A. Look at figure on hand-out (Desjarlais et al., p. 181)
 1. Depression appears more frequently in women, alcohol and drug dependence more common in men
 - a. Is this because men tend to externalize their suffering through substance abuse and aggressive behavior?

- b. Or an underreporting of psychological distress—women are “allowed” to report such feelings more than men?
- c. Or a hormonal difference?
- d. Or social control factors prevent women from turning to drugs or alcohol
- e. Further complicated by variations in local understandings of distress
 - 1) Are these “the same” as “clinical depression” or not?
 - 2) A condition known as “nerves” is found in similar forms in both North and South America, the Mediterranean region and in Middle East
 - a) With much higher rates for females
 - 3) What is it, and what produces these gender discrepancies?
 - 4) “Nervios” has been interpreted as depression or panic disorder

2. Similarly, women are possessed more than men

- a. Why? I.M. Lewis reports that among the Somalis he studied:

“The stock epidemiological situation is that of the hard-pressed wife struggling to survive and feed her children in the harsh environment, and liable to some degree of neglect, real or imagined, on the part of her husband. Subjected to frequent, sudden, and even prolonged absences by her husband as he pursues his manly pastoral interests and affairs, to the jealousies and tensions of polygamy here not ventilated in accusations of sorcery or witchcraft, and always menaced by the precariousness of marriage in a society where divorce is frequent and particularly easily obtained by men, the Somali married woman’s lot offers little stability or security.”²

- a. Here the interpretation of why women are subject to being possessed has to do with “ventilation” and suffering

² I.M. Lewis, 1986, *Religion in Context: Cults and Charisma*. Cambridge: Cambridge University Press: 32; as cited in Desjarlais et al., p. 183.

- b. But Lewis also points out that possession is a form of power generally unavailable to groups showing the highest incidence of possession
 - 1) And so there is a higher probability that women will exert mystical pressures on their superiors in circumstances of deprivation and frustration, because they themselves lack power—not many other sanctions are available to them.
 - 2) Lewis sees possessed women to be authorized by their experience of possession to voice criticism and demand retribution that is denied to them in everyday life.
 - a) Some interpretations of PMS in the US sound strikingly similar
 - b) Permission is seen to be given to act in “unfeminine” ways which are ordinarily sanctioned
 - c) Discuss
- c. However, B. Kapferer says of possession in Sri Lanka that: “women suffer from spirit possession more than men because that is the way they are supposed to fall ill”
- d. We discussed this issue when examining the “spirit attacks” in Malaysian factories reported on by Ong
 - 1) Women were much more likely to have them than men

B. Kinds of causes put forth to explain observed gender differences in health and illness

- 1. What would fairly direct biologically based explanations look like?
- 2. Are the above explanations entirely psychosocial?
- 3. A mixture?
 - a. Studies of Rhesus monkeys found that production of testosterone varies with social situation

III. The social origins of distress and disease which reveal gendered epidemiologies

- A. First, let's discuss examples of such social origins we have already encountered
1. Syphilis (the earlier attitude that Blacks were different—the disease didn't affect them as seriously—produces suffering)
 2. Leprosy in Hawai'i: horrific quarantine conditions because it was seen as so contagious
 3. Poverty, powerlessness (resulting from low levels of education and economic dependence)
 - a. Diseases caught or exacerbated by low socioeconomic position occur to both men and women
- B. But patriarchal oppression means that some diseases and distress will involve women to a greater extent in some circumstances
1. What are these circumstances? Examples?
 - a. Domestic isolation
 - b. Changes inscribed on the body
 - 1) Genital surgeries in Africa and elsewhere
 - c. Reasons behind foot-binding?
 - 1) To show social status
 - 2) To control her (“I just step on her feet and she obeys”)
 - 3) An aesthetic marker; eroticized
 - d. Emphasis on modesty
 - 1) Women are permitted to be treated only by women physicians
 - e. Others?
- C. Gender Differences in Hunger and Malnutrition

1. Chronic hunger and hunger anxiety occur among all poor people
 - a. Where there is scarcity and where females are dependent on and less valued than males, women are more likely to suffer malnutrition and clinical anemia
 - 1) According to the WHO: more than 60% of women in Less Developed Countries are undernourished
 - 2) Nearly 2/3 of pregnant women in Africa and S. and W. Asia and half of those who are not pregnant are believed to be clinically anemic. This rate is increasing
 - a) Ten to 20 % of deaths in childbirth in sub-Saharan Africa have been attributed to anemia
 - b. Lincoln Chen, an epidemiologist at Harvard found malnutrition among 882 children in Bangladesh to be markedly higher among girls
 2. Over half of 1,250 women surveyed in Madras, India, reported killing an infant daughter
 - a. In Tamil Nadu a woman explains why she killed two of her infant daughters by forcing them to swallow scalding chicken soup:

I have two living daughters already, and no land and no salary. My mother-in-law and father-in-law are both bedridden, and my husband met with an accident and cannot work. I need a boy. Even though I have to buy food and clothes for a son, he will grow on his own and take care of himself. I don't have to buy him jewelry or give him a 10,000 rupee dowry.³
- D. Gender differences in work: the double day
1. Women spend many more hours working than men from the same social class
 2. Time-allocation studies show that when housework and child care are considered, women in Africa work an average of 67 hours per week, compared to men's 54 hours. In the Philippines, women's average work

³Desjarlais et al., p. 185.

week in 70 hours as compared to men's 57 hours. International Labor Organization data indicate that in general women living in rural areas of poor countries routinely work 12 to 16 hours per day.

E. Sexual, gender, and reproductive violence

On July 13, 1991, at St. Kizito's boarding school near Nairobi, Kenya, male students organized a strike in protest over fees. When girls at the school declined to take part, the boys attacked them. Seventy-one girls were raped; nineteen were crushed to death. The school's deputy principal deplored the deaths, explaining that "the boys never meant any harm against the girls; they just wanted to rape them."⁴

1. Motives for rape

- a. Women are regarded as a form of property and therefore anger and frustration may be vented upon their bodies with impunity
- b. Or by raping women men can commit offenses against other men
 - 1) Wartime rapes: Bosnia, Somalia, South Africa, El Salvador: systematic and repeated rape of civilian and refugee women
 - 2) Can be accompanied by motives of forcible impregnation: Bosnian Muslim women

2. Rape can be particularly ruinous in societies where virginity is highly valued—a woman's worth is equated with it

- a. A raped woman dishonors the family; she may be forced into prostitution or suicide
- b. Pakistan established a law in 1979 that eliminated the distinction between rape and adultery; a case reported on involved the victim's being jailed, while the rapist (a neighbor) paid a minor fine and went free

3. A somewhat separate issue is marital rape, not recognized as possible anywhere until recently

- a. There have been debates about this in Mexico⁵

⁴ *Time* magazine, Aug. 12, 1991; as cited in Desjarlais et al., p. 188.

⁵ See the *Boston Globe*, Dec. 4, 1997.

- 1) During debate over legislation setting prison sentences for husbands who rape their wives, a legislator from the PAN political party asked, “What happens if a man ends up with a prostitute because he doesn’t want to rape his wife and catches a disease?”
- b. In Peru, a rapist is not prosecuted if he consents to marry the woman he raped—this is a specific law
 - 1) Throughout Latin America, although this is changing
4. Involuntary prostitution
 - a. “Comfort women”—Korean and Taiwanese during WWII
 - b. Today as many as 50,000 Thai women work in Japan
 - 1) Not all by any means voluntarily
 - a) Most when recruited are told they will be waitressing or working in a factory
 - b) Illegal, but enforcement is minimal
 - c) One woman who escaped described being forced to watch as the owner cut off a breast and an ear from a woman who unsuccessfully tried to escape.
 - d) Again, the when law steps in, women are most often the ones penalized, owners and recruiters are reprimanded or handed minimal fines.
 - c. Women from Russia and E. Europe are increasingly involved in some form of involuntary prostitution
5. State-sponsored or state-overlooked violence, or sanctioned cultural violent practices
 - a. State interests in reproductive rates of their citizens
 - b. Involuntary abortions and forced sterilization

- 1) China
- c. Sex selection
- 1) India: of 8,000 abortions performed at a clinic in Bombay, 7,999 involved female fetuses.
 - a) Before laws prohibiting it, “sex selection” clinics in India advertised their services openly
 - i) “It is better to spend \$38 now on terminating a girl than to have to spend \$3,8000 later on her dowry.”
 - 2) China: demographically, 900,000 (most estimate it’s a million) girls are “missing” each year
 - a) Growing use of ultrasound equipment
- d. Female circumcision (genital surgery, genital mutilation, infibulation)
- 1) Sub-Saharan (Nilotic) Africa and Egypt, United Arab Emirates, Bahrain, Oman, Indonesia, South Yemen, Pakistan, Malaysia and some parts of Russia
 - 2) From the tip of clitoris to excision of entire clitoris and labia minora, together with parts of the labia majora, remaining tissues sewn together, leaving only a small opening for urine and menstrual blood to pass through.
- e. Honor killings
- f. Dowry deaths in India
- 1) Conservative estimates are at least 2000 women are victims of dowry deaths per year
 - a) Evidence for underreporting is number of hospital cases of severe burns in young married women exceeds reports of violence against women by burning

- 2) New Delhi is the worst area: estimated 2 deaths per day
- 3) Number of cases increases yearly
 - a) Difficult to know if increase in reporting or increase in crime rate