

UNIT 22: WORK—PAID AND UNPAID

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22.1 INTRODUCTION

The multifaceted and intricate world of gender and work cannot be discussed without looking at the differences men and women have in their working lives. Global economic restructuring due to rapid paced technological progress, internationalization of products and trade and growing informalization of work have seen an increase in women's participation in the labour force while men's participation has decreased slightly.

Work – formal and informal, paid and unpaid – plays an important part in determining women's and men's relative wealth, power and prestige, and health. It has, however, been segregated by gender which has, in turn, generated gender inequalities in the distribution of resources, benefits and responsibilities. Generally speaking there is a man's world and a woman's world in which work has been divided in to 'men's' work and 'women's' work. This segregation of work by gender has been practiced and accepted through the centuries, in all cultures.

Within the labour market, gender segregation is highly complex and is reflected at all levels. However, much of women's work remains unrecognized, uncounted and unpaid, thus invisible: work in the home, in agriculture, food production and the marketing of home-made products, for example. This whole arena of unpaid work is often neglected because first of all, until recently most of it was not considered work; and secondly, because it is much more difficult to quantify in terms of time and value. Since it is women who are doing the major part of all unpaid work, this has led to a severe undervaluation of women's contributions to the society and economy.

22.2 OBJECTIVES

After studying this Unit, you should be able to:

- Define and explain the terms Work, both paid and unpaid;
- Examine the origin and implications of gender division of labour;
- Analyze its impact on paid and unpaid work; and
- Explain the consequences of the double burden of work.

22.3 DEFINITION(S)

In the following you can study the definitions of different terms.

22.3.1 Work

As an economic unit 'work' can mean to exert oneself by doing mental or physical labour or toil for a purpose or out of necessity. One may be employed or occupied in this effort. Therefore, work is often understood to be something that one is doing, making, or performing, especially as an occupation or undertaking; a duty or task. It is also understood to be:

- Drudgery—unavoidable and hence devoid of pleasure;
- Structured; that it adheres to schedules for example a work day is from 9 am to 5 pm;
- Work is work when you are paid to do it;
- Work is what happens in a workplace outside the home.

Women would however find it difficult to empathize with these assumptions simply because most of these do not fit with the reality of women's lives. Much of women's work happens during different parts of the day and is interspersed with pursuing social relationships and leisure and hence is not structured. Women often do many things simultaneously and sometimes at different times of their lifecycle. For them some work can be enjoyable like caring of children. Further, much of women's work happens inside the home and much of it is unpaid. Therefore, it is important to develop a gendered

understanding

of

work.

There are many ways in which the term ‘work’ may be understood ‘Work’ in this unit refers to the participation of individuals, women or men, in productive activities for which they either receive remuneration (in cash or in kind) for their participation or are unpaid because they contribute to a family business enterprise. It also includes subsistence production of goods for their own household and “non economic” activities such as domestic work, family and elder care, construction or repair of owner occupied buildings and volunteer work for which individuals receive no remuneration.

22.3.2 Paid Work and Unpaid Work

It may be useful to understand two more terms before we proceed to divide ‘work’ into the categories of paid and unpaid. The first is the term ‘Labour force’, which is a term that includes all types of employment status. It consists of both employment and unemployment, whereas the second, that is ‘work force’ captures only those who are employed, hence paid. Therefore, we may simply define Paid work as work for the mental or physical labour performed within the work force for which remuneration is received; and unpaid work means work or labour for which no remuneration is received. Actually there is no universally accepted definition of unpaid work. But, for the purpose of this discourse, we may define it as “any work that is done in homes, communities, and work places that contribute to those environments and the people within them but which does not result in financial security and status in society”.

22.3.3 Gender Division of Labour

Division of labour is one of the oldest concepts in the social sciences. It denotes any stable organization, co-ordinating individuals, or groups carrying out different, but integrated activities. There exists an overall societal pattern where women are allotted one set of gender

roles and men are allotted another set. This has led to different allotment of work roles. Gender division of labour may, therefore, be defined as the separation of work into male and female tasks.

Unequal gender division of labour refers to a division of labour where there is an unequal division of the rewards of labour by sex. As more and more women join the workforce, their domestic burden does not ease, so women get the most from the burden of labour, but men collect most of the income and rewards resulting from the labour.

Check Your Progress Exercise:1

Note: i) Use the space given below for your answers.

ii) Check your answers with those given at the end of the Unit.

1) Define work. Why is it important to form an inclusive understanding of work?

2) Define and explain the difference between paid and unpaid work.

22.4 GENDERED SEGREGATION OF WORK: THE GENDER DIVISION OF LABOUR

Work is a factor of life. But the nature of work changes from culture to culture. It may be said that in order to unravel the complexities of work-related issues, it is vital to understand gender and division of labour. The intent of division of labour is to maximize efficiency within organization, co-ordinating individuals, or groups carrying out different, but integrated activities. In all cultures, however, society has traditionally divided work roles for women and men, and even though, in the last few decades' gender work demarcations have, to a marginal extent changed, women and men commonly perform different tasks and work in different sectors. As mentioned above, gender division of labour may, therefore, be defined as the separation of work into male and female tasks. It exists within both paid and unpaid work.

Gender division of labour occurs because a precedent sanctioned by society exists where women are allotted one set of gender roles and men another. Gender roles exist because communities and societies have created social norms of behaviour, values, and attitudes that are considered appropriate for women and men and the relations between them and are perceptions of sex differences. For example, childbearing is a female sex role because men cannot bear children. Although both men and women can rear children, these duties are socially assigned.

There are numerous theories on why sex differences exist. Those that support biological factors argue that people behave as they do primarily because they are biologically male or female. But especially within the context of work, sex role behaviour clearly follows no logical pattern based on biological differences. For example, men are less likely than women to change diapers, even though they may possess or can acquire the necessary skills. Similarly, it is difficult to explain away the hours that fully employed women spend cooking and washing dishes at home as a biological imperative. Gender segregation is a form of social segregation that biology cannot explain.

22.4.1 The Persistence of gender division of labour

Gender segregation is the chief obstacle facing women who sought to enter the labour force. This is a form of discrimination that has led to gender inequality. Reflected in work as an unequal gender division of labour, it encompasses situations in which there is an unequal division of the rewards of labour by sex. The most obvious pattern in such a division of labour is that women are mostly confined to unpaid domestic work and unpaid food production, whereas men dominate in cash crop production and wage employment. Within paid work, women are more likely to work in the informal sector, for example, in domestic work and street vending. They may work from their homes. Men form a larger component in employment. It becomes imperative to study the effects of persistence of work-life differences between genders as the past few decades have seen a continuing rise in the participation of women in the global labour force.

22.4.2 THE CHANGING GENDER COMPOSITION OF THE LABOUR/WORK FORCE

Examining work through a gendered lens becomes important with the advent of a new world of work that is trans-bordered and has seen a change in the composition of the labour force. Perhaps it could be said that the most significant change in the relationship of gender and work is numerical—the enormous shift in the gender composition of the labour force. Women comprise an increasing share of the labour force in almost all regions of the world. During the last few decades the proportion of economically active women has also increased in unparalleled numbers within the global workforce, while men's participation rate has been decreasing slightly.

Table 22. 1 Labour Force Participation Rates (percentage)

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	Year	Men (%)	Women (%)
World Total	1980	87.5	57.4
	1995	86.0	60.1
	2000	85.5	60.7
	2010	84.6	61.5

Source: The World's Women 2000: Trends and Statistics. United Nations

It can be observed from Table 22.1 that women's participation in the labour force has been steadily increasing from 57.4% in 1980 to 60.7% in 2000 while there has been a marginal decrease in men's participation rates during the same years. In what manner this decrease in participation has affected men's life is an important research area that requires attention as this trend is projected in 2010 as well.

Women have entered every area of the work force, and in unprecedented numbers at every level through all the major professions. The impact has been enormous and has altered women's labour market status in recent years. According to World Bank estimates, from 1960 to 1997, women have increased their numbers in the global labour force by 126%. Today, women make up about 42% of the estimated global working population, making them indispensable as contributors to national and global economies. However, women's participation rates are still lower than men's. They are also disproportionately engaged in non-standard forms of work, such as temporary and casual employment, part-time jobs, home-based work, self-employment and working in micro-enterprises.

We are reminded here that, although the terms women's participation in labour market, labour force and workforce are often used interchangeably while analyzing women's participation in economic activities, there is a difference (as applied in section 22.3 on

definitions). Since the primary intent of this Unit is to focus on paid work and unpaid work separately, we will discuss issues separately.

Check Your Progress Exercise: 2

Note: i) Use the space given below for your answers.

ii) Check your answers with those given at the end of the Unit.

1) What do we mean by gender division of labour?

2) How does gender segregation in work lead to inequality?

22.5. PAID WORK

Women and men have always worked but work was structured very differently than it is today. In subsistence economies, all members of a community worked to the best of their

ability performing the tasks necessary for life, including food-production and hunting and gathering, construction of shelters, and the reproduction of life. Work was not prearranged into 8 hour work shifts but was composite of leisure and socializing. The industrial revolution saw work move from homes and farms to factories. Working for people's own immediate needs, gave precedence to work for money which was later exchanged for food, housing, and other necessities. Paid work gained prevalence and as society moved from a goods-based economy to a money-based economy, women were sidelined. Men went into the factories and offices and received payment for the services they provided; women stayed home and continued on the work of reproduction and care of home and community but received no pay. When women did start to enter the paid workforce their incomes were considered supplementary to their husband's or father's. As a result, the work they did was assigned less monetary value than men's work.

The Present Scenario

Today, within the paid labour force, women are disproportionately concentrated in the informal sector, beyond the scope of industrial regulations, trade unions, insurance or even data collection. Women may undertake paid work at home, or combine part-time or full-time paid work with household work and the care of children, the sick and the elderly. They are likely to move in and out of the paid labour force during different life stages; within the paid labour force they may have a variety of different occupations in succession.

Despite the fact that women have entered the work force in unprecedented numbers, women's paid work remains chronically and systematically underpaid. The United Nations statistics surveys indicate that wage and salaried work is the predominant form of employment for both women and men in most regions except in sub-Saharan Africa and Southern Asia. However proportion of male workforce participation or male representation in paid work is usually higher (see Table 22.1.) As paid work is often associated with

declining economic dependency, it has gained importance in policy discourses on gender and development in the South Asian region. This is because economic independence together with social recognition and stature are acknowledged as important to women's empowerment, poverty alleviation and well-being.

India is one such country where women's participation in the workforce continues to remain quite low, both in absolute and relative terms. As per the recent estimates, 28.7 percent of women as against 54.7 percent of men participated in workforce in 2004-05.

Table 22.2: Women Workforce Participation Rates in India, 1971-2005

Census		NSSO	
Year	%	Year	%
1971	13.9	1972-73	28.2
1981	19.8	1983	21.6
1991	22.3	1993-94	28.6
2001	25.7	2004-05	28.7

Sources: Visaria 1998, p. 24 for Census figures up to 1981,

www.Censusindia.net for 2001 provisional figure and NSSO 2006, p. 76 for various years.

Table 22.2 suggests that a little more than one-fourth of women (28.7 percent) in India participate in the workforce at present. This is only marginally higher than the Women Workforce Participation Rates (WWPR) of 28.2 percent in 1972-73. As a consequence of this low participation, Indian women continue to form a majority of the Indian poor.

In fact world wide, women's share of total employment stayed at 40 percent in 2006, which make women indispensable contributors to national economies. However, the proportion of women among the world's poor and working poor is increasing. It is estimated that women make up at least 60 per cent of the world's working poor and as long as there are inequalities in labour markets, women will find it harder than men to escape poverty.

22.5.1 GENDER SEGREGATION OF LABOUR WITHIN PAID WORK

Within paid work *Gender segregation* is the process in which women and men end up in different types of occupation, so that two different types of labour market may be said to exist, female and male. This segregation has evolved from the concept of *Gender marking* which takes place by a process in which the qualifications and characteristics of an occupation become associated with gender. This gives us an idea of which gender a person should have for a particular job. Gender marking becomes apparent when occupations become female or male. In theory, gender segregation may be seen as a result of gender marking of qualifications, characteristics, occupations and work functions.

Gender segregation is highly complex and is reflected at all levels—horizontal, vertical and internal. Horizontal segregation occurs when women work in certain occupations and industries and men in others. When within the same occupation, there is a hierarchical division with men found to a greater extent in the higher managerial positions and women in lower positions; this is known as vertical segregation. Internal gender segregation is when women and men are employed in the same occupation (and in some cases by the same employers) but carry out different work functions. This means that even an apparently gender-integrated occupation may actually be highly gender-segregated in practice.

22.5.2 SOME CONSEQUENCES OF GENDER SEGREGATION OF PAID WORK

Gender segregation of paid work can have serious consequences. Some of these are elaborated in this sub-section.

- **Gender discrimination at the work place**

For many years certain assumptions existed such as women either could not do a job or that they did not need to do it. The consequence of this kind of thinking has been that sex segregation has affected women's and men's concentration in different occupations, industries and levels in workplace hierarchies. This has led to sex discrimination and has perpetuated gender inequality within paid work.

- **Income discrimination: Wage Gap**

One of the direct consequences of gender segregation in paid work is wage differentials. Women's access to paid work is crucial to their efforts for economic equality and to their sense of self and well-being. But women's paid work is generally valued as less important than men's. Women still earn considerably less than men and often find themselves in low-status jobs with few benefits. Professions that are male-dominated tend to have higher wages; professions that are female-dominated tend to have lower wages.

It is only a matter of observing what happens to a particular occupation that faces a change in its gender composition to study the impact of gender segregation on wages. For example, clerical work was once a practically all-male labour force that paid reasonably well as it was considered a highly skilled occupation. Today the gender distribution has changed in many

countries and, most clerical workers are female. As a result, clerical work was re-evaluated as less demanding of skill and less valuable to an organization; thus workers' wages fell.

The exact opposite process may be observed in relation to the occupation of the computer programmer. When this occupation was in its nascent stage, women were hired as keypunch operators because the job seemed to resemble clerical work. After programming was recognized as "intellectually demanding" requiring complex skills in abstract logic and mathematics (all of which, sociologist Katharine Donato observed, "women used to perform in their work"), it became attractive to men, who began to enter the field and thus drove wages up considerably.

- **Low status of work**

More women are hired at the lower rungs of an organization. The low status of this work means women exert less control over their work environment and have lower decision-making powers. There is persistent discrimination against women in promotion which keeps women in low wage positions with little opportunities for upward mobility. Women thus face a double obstacle in attempting to achieve workplace equality. The first is that of centuries old gender ideologies that bar them from entering well paying occupations so that they are pushed into less-paying sectors of the economy. The second obstacle arises "when they enter those well-paying fields, they are prevented from moving up". This is what is known as the 'glass-ceiling'.

- **Health implications**

Gender differences in work-related health seem primarily to be a result of the fact that men and women work in different occupational spheres. Increasingly, women in the developing

countries, particularly in Latin America and Asia, work in office and factory jobs. The low status of this work can be a source of stress. Within the work place, women are exposed more often to some psychosocial risk factors, such as psychological and sexual harassment, and monotonous work. Because of their low status, women exert less control over their work environment, leading to conditions associated with cardiovascular, mental and musculoskeletal ill health. There are of course a wide range of issues related to gender and occupational health and safety.

Check Your Progress Exercise 3

Note: i) Use the space given below for your answers.

ii) Check your answers with those given at the end of the Unit.

1) Explain the concept of Gender segregation in paid work.

2) What is gender marking? What do we mean by horizontal, vertical and internal segregation of work?

3) Discuss two consequence of gender segregation in paid work.

22.6 UNPAID WORK

In this section we explore the following aspects: nature of unpaid work; measurement of unpaid work and gender segregation of labour in unpaid work.

22.6.1 What is Unpaid Work?

All work is productive work. All work is economic work. But all work is not paid for. All people who perform work, paid or unpaid are economically active, but this is only a recent understanding. A satisfactory definition for unpaid work is yet to emerge because much of what it comprises is not reflected in labour statistics and therefore is invisible.

The System of National Accounts (SNA) has been continuously expanding its definition of what constitutes work but there is still so much work done that falls outside its given production boundaries. And all of it is unpaid work. It is slowly becoming clear that it is inappropriate to describe only work that falls inside the limited scope of the SNA production boundary as economic work and to regard people who perform only unpaid household work outside the SNA production boundary as economically inactive.

The concern for developing an inclusive understanding of what comprises unpaid work is now reflected in the System of National Accounts (SNA) production boundary as follows:

Unpaid work includes unpaid activities such as:

- **Work done in a family enterprise or agricultural holding on an unpaid basis**
- **Primary production of goods for own-household consumption including subsistence farming**— example: preparing the soil, sowing, planting, and harvesting crops; gathering fruit, wild fruit, medicinal and other plants; tending, feeding or hunting animals mainly to obtain meat, milk, hair, skin or other products in or around a household compound; gathering firewood and fetching water; breeding or catching fish and cultivating or gathering other forms of aquatic life; and storing and carrying out some basic processing of products.
- **Production of services for income and other production of goods that are not related to formal employment.** Examples include: work done on a contractual basis on residential premises, as a pieceworker or outworker and assisting a family member or relative with such work; building shelters and making simple tools, clothes and utensils for household use.

What is still left out is:

- **Meal preparation, laundry and clothes care, household maintenance, management and shopping for own household;**
- **Care of children, the sick, elderly and disabled for own household;**
- **Volunteer community services and help to other households or people,** which are provided on a ‘voluntary basis’ either directly or indirectly through volunteer-based organizations and groups.

22.6.2 Finding a Solution: Measuring Unpaid Work

An attempt has to be made to add value to all work that has been left out of labour statistics. But we lack universally accepted ways to measure and value unpaid work, without which governments continue to use incomplete information when making fiscal and policy decisions. Since unpaid work is mostly invisible, it is often excluded from money transactions. According to calculations by the World Bank, \$11 trillion “earned” by women and \$5 trillion “earned” by men are missing from the global economy each year, representing the value of unpaid work as well as the underpayment and undervaluing of women’s work. Measuring and valuing unpaid work in national statistics was one of the main issues at the Fourth World Conference on Women at Beijing in 1995. It became clear that improving data on the full contribution of women and men to the economy required new accounting and the implementation of time- use data—that is measuring work by time allocation. Time-use data provide detailed information on how individuals spend their time, on a daily or weekly basis. They reveal the details of an individual’s life with a combination of specificity and comprehensiveness not achieved in any other type of social survey. Hirway cited the key contributions of time-use data in fostering a better understanding of the economy and society. A major breakthrough occurred when Canada’s 1996 Census became the first to collect data on unpaid work. It divided unpaid work into three categories: housework, care of children, and care and assistance to seniors but left out volunteer work with community or charity organizations. However, it was an important first step in measuring and recognizing women’s unpaid work. One of the interesting findings of this census was that unpaid work is perhaps the biggest contribution that women make to the economy as most of it is performed by women.

A significant number of countries have chosen to adopt *time-use surveys* to measure unpaid work. Japan, Australia, Mali, Morocco, South Africa, Indonesia, India, Philippines, Palestine,

Cuba, Ecuador and many European countries have designed or undertaken surveys while many other countries have expressed interest.

22.6.3 Gender segregation of Labour in Unpaid Work

Gender division of labour is as evident within the household as it is within paid employment.

What that labour involves varies with income, class and culture as well as across societies, and it is not immune from hazards that also affect health. It is true that not all women undertake paid work, but few can escape household labour. Usually, women's domestic work includes cooking, shopping, housework, and caring for children and elderly relatives amongst others, whereas men take care of household maintenance etc. Irrespective of the biological or the patriarchal explanation for the gendered distribution of unpaid labour, the bulk of unpaid work is undertaken by women. (See Table 22.3) and therefore has affected the well being of women more than men. As a result, women's contributions have not been fully recognized in research and labour market statistics that traditionally focus on paid work.

Much of women's work—especially in low-income countries, is still performed in the informal economy and in the domestic sphere, where it entails no direct payment. Moreover, unpaid work, such as domestic work or work based in homes, entails no protective legislation, no social security, and is assigned low social status. This lack of income seriously affects women's ability to improve their lives.

The lack of value assigned to unpaid work has serious implications both for policy and for quality of life, affecting the persistent gender wage gap, high poverty rates among single mothers and their children, the decreasing time parents spend with their own children, the decline in home-cooking and its health consequences, and the growing time stress that comes from the struggle to juggle job and household responsibilities.

Table 22.3 More women workers than men workers are unpaid: percentage of labour force who are contributing family worker (a), 1990/ 1997

	<u>Women</u>	<u>Men</u>
<u>Africa</u>		
Northern Africa	25	7
Southern Africa	27	14
Rest of sub- Saharan Africa	35	18
(b)		
<u>Latin America and the Caribbean</u>		
Caribbean	2	2
Central America	7	6
South America	7	3
<u>Asia</u>		
Eastern Asia	8	1
South-eastern Asia	25	9
Southern Asia	40	11
Western Asia (b)	34	7
<u>Developed regions</u>		
Eastern Europe	6	4
Western Europe	4	1
Other developed regions	3	1

Source: Prepared by the Statistics Division of the United Nations Secretariat from ILO, Key Indicators of the Labour Market (Geneva, 1999 Table 3.)

- a) Sometimes referred to as “unpaid family workers”.
- b) Sparse data for this sub-region: average should be interpreted with caution.

22.7 PAID AND UNPAID WORK: THE DOUBLE BURDEN

The full impact of division of labour by sex or gender, however, cannot be explained by merely dividing work into the categories of paid and unpaid. Social reality is more complex; women are still disproportionately over-represented in part-time work and still do the bulk of unpaid work. In many countries women have entered the labour market and in some countries men have increasingly assumed responsibilities for domestic work.

But, for women, increased freedom in making life choices (that include entering the labour market) has resulted mostly in an increased workload because it has not been accompanied by a reduction of their obligations in the domestic domain. The differences in the duration of paid and unpaid work shifts of men and women do not follow the logic that the longer the paid shift, the shorter is the unpaid shift and vice-versa. As a result, women tend to amass a double work shift. Hence, on an average, women’s workload is more. Shouldering a double work shift has meant less time for achieving life goals (time for education, resting, engaging in social relations and health and so on)

22.7.1 Why a Double Burden? Consequences of unequal time allocation to Work

Allocation of work time is particularly important since work is one of the main activities of adults. This allocation is constrained by several factors like social roles, particularly the ones related to gender. Since certain activities bring more advantages than others, gender roles in

work time allocation end up influencing the well-being of men and women in many spheres of life.

Time is a scarce resource but most development strategies ignore the impact that various alternatives have on the allocation of time. This is because development is usually associated with more 'consumption power'. Hence, development policies seldom aim at the reduction of domestic workloads or valuing the productivity of household work. Similar re-thinking is required in the area of work schedules. The concentration has been on the paid work schedule and mostly about risks that accrue from long hours. It is only now that the combined effects of paid and unpaid work are beginning to be examined. Several methods are being created to examine women's domestic work, from questionnaires to time budgets, but they are still not inclusive.

22.8 SUMMING UP

Society's perception of gender roles can influence the actual disparities in paid and unpaid work like the sharing or balancing of time allocation and rewards of labour between women and men. These perceptions impact the lives of men and women.

Work issues require careful examination in order to achieve gender development goals. A gender analysis is required for all initiatives as it assures planning is based on facts rather than assumptions. Such an analysis has been advocated because of the findings that policies can fail due to lack of information about basic cultural patterns such as the division of labour within households and about the rewards and incentives associated with the division of labour.

Those undertaking unpaid work may have fewer chances than their paid counterparts to develop to their full potential. But women, because they are found to spend proportionately more time than men in unpaid work, are likely to have the greater disadvantage. Further,

women carry a heavier burden of work because they are unable to relinquish obligations in the domestic domain.

22.9 GLOSSARY

Remuneration: Payment or compensation received for services or employment. This includes the base salary and any bonuses or other economic benefits that an employee or executive receives during employment.

Work Force: The workers employed in a specific project or activity. All the people working or available to work, as in a nation, company, industry, or on a project.

22.10 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise: 1

1. As an economic unit, 'work' can mean to exert oneself by doing mental or physical labour or toil for a purpose or out of necessity. One may be employed or occupied in this effort. Therefore, often work is understood to be something that one is doing, making, or performing, especially as an occupation or undertaking; a duty or task.
2. Paid work refers to work for the mental or physical labour performed within the work force for which remuneration is received; and unpaid work means work or labour for which no remuneration is received. Unpaid work is any work that is done in homes, communities, and work places that contribute to those environments and the people within them but which does not result in financial security and status in society.

Check Your Progress Exercise: 2

1. Gender division of labour occurs because a precedent sanctioned by society exists where women are allotted one set of gender roles and men another. Gender roles exist because communities and societies have created social norms of behaviour, values,

and attitudes that are considered appropriate for women and men and the relations between them and are perceptions of sex differences. For example, childbearing is a female sex role because men cannot bear children. Although both men and women can rear children, these duties are socially assigned.

2. The most obvious pattern in such a division of labour is that women are mostly confined to unpaid domestic work and unpaid food production, whereas men dominate in cash crop production and wage employment. Within paid work, women are more likely to work in the informal sector, for example in domestic work and street vending. They may work from their homes. Men form a larger component in employment. It becomes imperative to study the effects of persistence of work-life differences between the genders as the past few decades have seen a continuing rise in the participation of women in the global labour force.

Check Your Progress: 3

1. Within paid work *Gender segregation* is the process in which women and men end up in different types of occupation, so that two different types of labour market may be said to exist, female and male. This segregation has evolved from the concept of Gender marking which takes place by a process in which the qualifications and characteristics of an occupation become associated with gender. This gives us an idea of which gender a person should have for a particular job.
2. Gender marking becomes apparent when occupations become female or male. In theory, gender segregation may be seen as a result of gender marking of qualifications, characteristics, occupations and work functions. Gender segregation is highly complex and is reflected at all levels—horizontal, vertical and internal. Horizontal segregation is when women work in certain occupations and industries and men in others. When, within the same occupation, there is a hierarchical division with

men found to a greater extent in the higher managerial positions and women in lower positions; this is known as vertical segregation. Internal gender segregation is when women and men are employed in the same occupation (and in some cases by the same employers) but carry out different work functions. This means that even an apparently gender-integrated occupation may actually be highly gender-segregated in practice.

3. **Gender discrimination at the work place:** For many years certain assumptions existed like women either could not do a job or that they did not need to do it. The consequence of this kind of thinking has been that *sex segregation* has affected women's and men's concentration in different occupations, industries and levels in workplace hierarchies. This has led to sex discrimination and has perpetuated gender inequality within paid work.

Income discrimination: Wage Gap: One of the direct consequences of gender segregation in paid work is *wage differentials*. Women's access to paid work is crucial to their efforts for economic equality and to their sense of self and well-being. But women's paid work is generally valued as less important than men's. Women still earn considerably less than men and often find themselves in low-status jobs with few benefits. Professions that are male-dominated tend to have higher wages; professions that are female-dominated tend to have lower wages.

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22.13 QUESTIONS FOR REFLECTION AND PRACTICE

1. What is unpaid labour?
2. How can we measure unpaid work?
3. Discuss gender segregation in unpaid work.
4. What is double burden of work? Why it is faced mostly by women?
5. Why is there a need for gender analysis in work?

23 THEORETICAL REFLECTIONS ON PAID AND UNPAID WORK OF WOMEN

Structure

23.1 Introduction

23.2 Objectives

23.3 Concept and Analysis of Women's Work--Paid and Unpaid Work

23.4 Valuation of Productive and Unproductive Work

23.5 Visible and Invisible Work

23.6 Economically Productive and Socially Productive Work

23.7 Work Efficiency and Women

23.8 The Public/Private Split and its Implications

23.9 Psychological Theories of Women and Work

23.10 Ethical Theories of Women's care work

23.11 Modernist vs Postmodernist Feminist Theories

23.12 Race, Class, and Intersectional Feminist Analyses

23.13 Summing Up

23.14 Glossary

23.15 Answers to Check Your Progress Exercises

23.16 References

23.17 Questions for Reflection and Practice

23.1 INTRODUCTION

Women all around the world have been doing paid, underpaid and largely unpaid work in homes, factories, fields, forests and mines. Over and above the 3 Cs-cooking, cleaning and caring, a large number of women do activities such as collection of fuel, fodder and water, animal husbandry, kitchen gardening, raising poultry that augment family resources. If women would not do this work, these goods would have to be purchased from the market.

Housewife

The Housewife (2)

If the woman's husband is asked

What does his wife do

The answer is

My wife does not work.

Then

Who bears this world in her womb?

Who gives birth to the farmers, the workers?

Who cooks, washes, cleans and fills water?

Looks after the child and the sick?

Whose labour gives men leisure for liquor, tobacco and card session?

Whose labour gives men their strength to go to work?

Who labours without being noticed?

Mutely working, without being paid,

Without being appreciated ever-----

Amrita Pritam

23.2 OBJECTIVES

After studying this Unit, you should be able to:

- Discuss the invisibility of women's household work;
- analyze causes and effects of women's paid and unpaid work;
- explain methods of valuing women's work;
- establish relationships between economically productive and socially productive work;
- highlight participation of women in pre-industrial and industrial societies; and
- focus on women's contribution to National Income.

23.3 CONCEPT AND ANALYSIS OF WOMENS WORK- - PAID AND UNPAID WORK

Women constitute $\frac{1}{2}$ of the world's population, $\frac{2}{3}$ of the world's work force but get $\frac{1}{10}$ th of the world's income and 1% of the world's wealth".-United Nations

“ As per 2001 Census, 23% of women are in the work force. 94% of all working women are in the informal sector”.

Our census defines work as an activity done by a person that brings remuneration, income, payment, salary, wages and honorarium. All able bodied persons in the age group of 15-59 years are part of the labour force. According to the Census, those who are employed for 183 days in a year for 8 hours per day are Main Workers. Those who get paid work for 4 hours a day for continuously 186 days a year are considered to be Marginal Workers. The rest are classified as non-workers.

23.4 VALUATION OF PRODUCTIVE AND UNPRODUCTIVE WORK

The debate about the economic and social function of housework and its relation to women's oppression is an old one that has been a feature of both the first and second wave women's movements in the US, Britain and Europe. In both eras, the underlying issue is how to handle the public/private split of capitalist societies in which women's reproductive functions have either limited their work to the home or created a second shift problem of unpaid housework and childcare as well as waged work. In the first wave, located as it was in the Victorian period where the dominant ideology for middle and upper class women was purity, piety and domesticity (also called the cult of true womanhood), the debate centred on whether to keep housework in the private sphere yet make it more scientific and efficient, or whether to socialize it by bringing it into the public sphere, as socialist Charlotte Perkins Gilman advocated (1898).

In the US, the public housekeeping aspect of the Progressive movement of the 1890s through early 1900s advocated that women bring the positive values associated with motherhood into the public sphere by obtaining the vote, cleaning out corruption in politics, creating settlement houses to educate and support immigrants, and forming the women's peace movement, etc. Disagreements about whether to downplay or valorize the distinctive function and skills in motherhood as work for which women are naturally superior, or to see motherhood as restricting women's chances for economic independence and equality with men in the public sphere, were also evident in debates between Ellen Keys and Gilman. Keys represented the difference side that women are superior humans because of mothering; while Gilman and Goldman took the equality side of the debate, that is, that, women are restricted, and made socially unequal to men, by unpaid housework and mothering .

23.5 VISIBLE AND INVISIBLE WORK

Women's household work is invisible as it is performed inside four walls of their house and their work is not recognized and remunerated. Invisibility of women's household work is the outcome of definition of work in economics that defines work as any type of physical and mental activity undertaken in anticipation of economic returns. Women's household work remains invisible as it is ignored in estimating national income. National income is defined as the sum total of all production. Production is defined as the creation of utility--form utility, place utility, time utility and service utility. Women are continuously producing one or more of these utilities. Yet, it is not included in the national income. Production by women in the household has use value but not an exchange value as it is not traded in the market. Women's production in the household is ignored as there is no price tag attached to it.

Work done for income, remuneration, honorarium, wages and salary is visible work as it has an exchange value and it also has social recognition as Employment.

23.6 ECONOMICALLY PRODUCTIVE AND SOCIALLY PRODUCTIVE WORK

In the second wave movement, theorists can be grouped by their theory of how housework oppresses women. Typically, liberal feminists critique housework because it is unpaid. This makes women dependent on men and devalued since their work is outside the meaningful sphere of public economic production. Marxist feminist theorists see this as part of the problem, but some go further to maintain that housework is part of a household feudal mode of production of goods for use that persists under capitalism and gives men feudal powers over women's work. Other Marxist feminists argue that women's housework is part of the

social reproduction of capitalism .That the necessary work of reproducing the working class is unpaid allows more profits to capitalists. It is the sexual division of labour in productive and reproductive work that makes woman unequal to men and allows capitalists to exploit women's unpaid labour. Some even make this analysis the basis for a demand for wages for housework. More recently, Federici has done an analysis of the transition to capitalism in Europe. She argues that it was the emerging capitalist class's need to control working class reproduction, to eliminate working class women's control over biological reproduction, and to assure their unpaid reproductive work in the home by restricting abortions, that fueled the campaign against witches during this period .

One of the philosophical problems raised by the housework debate is how to draw the line between work and play or leisure activity when the activity is not paid: Is a mother playing with her baby working or engaged in play? If the former, then her hours in such activity may be compared with those of her husband or partner to see if there is an exploitation relation present, for example, if his total hours of productive and reproductive work for the family are less than hers .But to the extent that childrearing counts as leisure activity, as play, as activity held to be intrinsically valuable, no exploitation is involved. Perhaps childrearing and other caring activity is both work and play, but only that portion which is necessary for the psychological growth of the child and the worker(s) counts as work. If so, who determines when that line is crossed? Since non-market activity does not have a clear criterion to distinguish work from non-work, nor necessary from non-necessary social labour, an arbitrary element seems to creep in that makes standards of fairness difficult to apply to gendered household bargains between men and women dividing up waged and non-waged work.

Check Your Progress Exercise: 1

Note: i. Use the space given below to answer the questions.

ii. Compare your answer with the one given at the end of this unit.

1. What is visible and invisible work?

23.7 WORK EFFICIENCY AND WOMEN

Ideological bias of considering men's activities as productive and women's activity as unproductive help relegate women's work as inefficient. During last three decades, researches on work efficiency have proved that if proper training and skills are imparted to women, women surpass men in efficiency as they concentrate on work, don't take break from work to smoke chit-chat or drink alcohol.

23.8 THE PUBLIC/PRIVATE SPLIT AND ITS IMPLICATIONS

Liberal, marxist and radical feminists have all characterized women as doubly alienated in capitalism because of the public/private split that relegates their work as mothers and house workers to the home, and psychologically denies them full personhood, citizenship and human rights. Noting that women workers on average only have about 70% of the average salary of men in the contemporary U.S., feminists have claimed this is because women's work, tied stereotypically to housework and hence thought unskilled is undervalued, whether it is cleaning or rote service work, or nurturing work thought to be connected to natural

maternal motivations and aptitudes. Hence some feminists have organized campaigns for comparable worth to raise women's wages to the same level as men's wages when comparable skills are involved.

Many radical feminists maintain that women's work is part of a separate patriarchal mode of reproduction that underlies all economic systems of production and in which men exploit women's reproductive labour pioneered in combining this radical feminist assumption with a perspectival Marxist theory of knowledge to argue that one's relation to the work of production and reproduction gave each gender and each social class a different way of knowing the social totality. Women's work, they argued, ties them to nature and human needs in a different way than men's work does, which creates the possibility of a less alienated and more comprehensive understanding of the workings of the social totality. Collins argues further that the racial division of labour, institutional racism and different family structures put African-American women in yet a different epistemic relation to society than white and other women. Writing in a post-modernist re-articulation of this feminist standpoint theory, Donna Haraway argues that the breakdown of the nature/culture distinction because of scientific technology and its alteration of the human body make us into cyborgs. Hence our perspectives are so intersectional that they cannot be unified simply by a common relation to work. What is required for a feminist politics is not a situated identity politics, whether of gender and/or race and/or class, but an affinity politics based on alliances and coalitions that combine epistemic perspectives.

Like these radical feminists, some socialist-feminists have tried to develop a dual systems theory. This involves theorizing a separate system of work relations that organizes and directs human sexuality, nurturance, affection and biological reproduction. However, rather than seeing this as an unchanging universal base for patriarchy, they have argued that this system

(thought of as the sex/gender system, or as sex/affective production) has different historical modes, just as Marx argued that economies do. Rubin argues that sex/gender systems have been based in different kinship arrangements, most of which have supported the exchange of women by men in marriage, and hence have supported male domination and compulsory heterosexuality. She is hopeful that since capitalism shifted the organization of the economy from kinship to commodity production, the power of fathers and husbands over daughters and wives, and the ability to enforce heterosexuality, will continue to decline, and women's increasing ability to be economically independent will lead to women's liberation and equality with men.

With a different historical twist, Hartmann argues that a historical bargain was cemented between capitalist and working class male patriachs to shore up patriarchal privileges that were being weakened by the entrance of women into wage labour in the 19th century by the creation of the family wage to allow men sufficient wages to support a non-wage earning wife and children at home . While Ferguson and Folbre agree that there is no inevitable fit between capitalism and patriarchy, they argue that there are conflicts, and that the family wage bargain has broken down at present. Indeed, both Ferguson and Smart argue that welfare state capitalism and the persistent sexual division of wage labour in which work coded as women's is paid less than men's with less job security are ways that a public patriarchy has replaced different systems of family patriarchy that were operating in early and pre-capitalist societies. Walby has a similar analysis. But to her the connection between forms of capitalism and forms of patriarchy is more functional and less accidental than it appears to Ferguson and Smart.

Walby argues that there are two different basic forms of patriarchy which emerge in response to the tensions between capitalist economies and patriarchal household economies: private and public patriarchy. Private patriarchy as a form is marked by excluding women from

economic and political power while public patriarchy works by segregating women. There is a semi-automatic re-adjustment of the dual systems when the older, private father patriarchy based on the patriarchal family is broken down due to the pressures of early industrial capitalism. The family wage and women's second class citizenship that marked that initial re-adjustment are then functionally replaced by a public form of patriarchy, the patriarchal welfare state, where women enter the wage labour force permanently but in segregated, less well paid jobs. But Ferguson, Smart and Folbre suggest that although the patriarchal control of fathers and husbands over wives and children as economic assets has been diminished in advanced capitalism, there is always a dialectical and contradictory tension between patriarchy and capitalism in which both advances and retreats for women's equality as citizens and in work relations are constantly occurring in the new form of public patriarchy. Thus, the new marriage of patriarchal capitalism operates to relegate women to unpaid or lesser paid caring labour, whether in the household or in wage labour, thus keeping women by and large unequal to men. This is especially notable in the rise of poor, single mother-headed families. However, as it forces more and more women into wage labour, women are given opportunities for some independence from men and the possibility to challenge male dominance and sex segregation in all spheres of social life. Examples are the rise of the first and second wave women's movements and consequent gains in civil rights for women.

23.9 PSYCHOLOGICAL THEORIES OF WOMEN AND WORK

The socialist-feminist idea that there are two interlocking systems that structure gender and the economy, and thus are jointly responsible for male domination, has been developed in a psychological direction by the psychoanalytic school of feminist theorists. Particularly relevant to the question of women and work are the theories of Mitchell, Kuhn and Wolpe , Chodorow , and Ruddick . Mothering or taking care of babies and small children, as a type of

work done overwhelmingly by women, socializes women and men to have different identities, personalities and skills. In her first work, Mitchell argues that women's different relations to productive work, reproduction, socialization of children and sexuality in patriarchy give her lesser economic and psychological power in relation to men. In a Freudian vein, Mitchell later argues that women learn that they are not full symbolic subjects because compulsory heterosexuality and the incest taboo bar them from meeting either the desire of their mother or any other woman. Chodorow, also reading Freud from a feminist perspective, suggests that women's predominance in mothering work is the basis for the learned gender distinction between women and men. The sexual division of infant care gives boys, who must learn their masculine identity by separating from their mother and the feminine, a motive for deprecating, as well as dominating, women. Ruddick from a more Aristotelean perspective suggests that it is the skills and virtues required in the practice of mothering work which not only socially construct feminine gender differently from the masculine, but could ground an alternative vision for peace and resolving human conflicts, if a peace movement were led by women.

Ferguson argues that the sex/affective work of mothering and wifely nurturing is exploitative of women: women give more nurturance and satisfaction (including sexual satisfaction) to men and children than they receive, and do much more of the work of providing these important human goods. The gendered division of labour has both economic and psychological consequences, since women's caring labour creates women less capable of or motivated to separate from others, and hence less likely to protest such gender exploitation.

Folbre argues by contrast that it is only because women's bargaining power is less than men's because of the power relations involved in the gender division of labour and property that women acquiesce to such inequalities. Ferguson argues that gendered exploitation in a

system of meeting human needs suggests that women can be seen as a sex class (or gender class) which cuts across economic class lines. This line of thought is also developed by Christine Delphy , Monique Wittig and Luce Irigaray .

On the other side of the debate, Brenner argues that women are not uniformly exploited by men across economic class lines: indeed, for working class women their unpaid work as housewives serves the working class as a whole, because the whole class benefits when its daily and future reproduction needs are met by women's nurturing and childcare work. They argue further that middle and upper class women's economic privileges will inevitably lead them to betray working class women in any cross-class alliance that is not explicitly anti-capitalist. Hochschild and Hooks point out that career women tend to pay working class women to do the second shift work in the home so they can avoid that extra work, and they have an interest in keeping such wages, e.g., for house cleaning and nannies, as low as possible to keep the surplus for themselves. Kollias argues further that working class women are in a stronger political position to work effectively for women's liberation than middle class women, while McKenny argues that professional women have to overcome myths of professionalism that keep them feeling superior to working class women and hence unable to learn from or work with them for social change.

Check Your Progress Exercise: 2

Note: i. Use the space given below to answer the questions.

ii. Compare your answer with the one given at the end of this unit.

1. What is the basis for Psychological theory of women and work?

23.10 ETHICAL THEORIES OF WOMEN'S CARE WORK

Several authors have explored the ethical implications of the sexual division of labour in which it is primarily women who do caring labour. Nancy Fraser and Susan Moller Okin formulate ethical arguments to maintain that a just model of society would have to re-structure work relations so that the unpaid and underpaid caring labour now done primarily by women would be given a status equivalent to (other) wage labour by various means. In her council socialist vision, Ferguson argues that an ideal society would require both women and men to do the hitherto private unpaid work of caring or sex/affective labour. For example, such work would be shared by men, either in the family and/or provided by the state where appropriate (as for elders and children's childcare), and compensated fairly by family allowances (for those, women or men, doing the major share of housework), and by higher pay for caring wage work (such as daycare workers, nurses, and teachers).

Carol Gilligan claims that women and girls tend to use a different form of ethical reasoning. She terms this the ethics of care as compared to men and boys who use an ethics of justice. Some have argued that this different ethical approach is due to women's caring sensibilities that have been developed by the sexual division of labour. Interestingly, the debate between feminist theorists of justice, e.g., Fraser and Okin, and ethics of care feminists such as Gilligan and Ruddick, is less about substance than a meta-ethical dispute as to whether ethics should concern principles or judgments in particular cases. All of these theorists seem to have ideal visions of society which dovetail. All would support the elimination of the sexual

division of labour so that both men and women could become equally sensitized to particular others through caring work.

23.11 MODERNIST VS. POSTMODERNIST FEMINIST THEORY

Useful anthologies of the first stage of second wave socialist feminist writings which include discussions of women, class and work from psychological as well as sociological and economic perspectives are Eisenstein, Hansen and Philipson , Hennessy and Ingraham , and Holmstrom . Jaggar wrote perhaps the first philosophy text explaining the categories of liberal, radical, Marxist and socialist-feminist thought and defending a socialist-feminist theory of male domination based on the notion of women's alienated labour. Others such as Jaggar and Rothenberg , Tuana and Tong and Herrmann and Stewart include classic socialist feminist analyses in their collections, inviting comparisons of the authors to others grouped under the categories of liberal, radical, psychoanalytic, Marxist, postmodern, postcolonial and multicultural feminisms.

Various post-modern critiques of these earlier feminist schools of thought such as post-colonialism as well as deconstruction and post-structuralism challenge the over-generalizations and economic reductionism of many of those constructing feminist theories that fall under the early categories of liberal, radical, marxist or socialist feminism. Others argue that part of the problem is the master narratives of liberalism or Marxism, the first of which sees all domination relations due to traditional hierarchies and undermined by capitalism, thus ignoring the independent effectivity of racism ; and the second of which ties all domination relations to the structure of contemporary capitalism and ignores the non-capitalist economics contexts in which many women work, even within so-called capitalist economies, such as housework and voluntary community work .

In spite of the pomo critiques, there are some powerful thinkers within this tendency who have not completely rejected a more general starting point of analysis based on women, class and work. For example, Spivak, Mohanty, Carby and Hennessy are creating and re-articulating forms of Marxist and socialist-feminism less susceptible to charges of over-generalization and reductionism, and more compatible with close contextual analysis of the power relations of gender and class as they relate to work. They can be grouped loosely with a tendency called materialist feminism that incorporates some of the methods of deconstruction and post-structuralism.

23.12 RACE, CLASS, AND INTERSECTIONAL FEMINIST ANALYSES

Many in the contemporary feminist theory debate are interested in developing concrete intersectional or integrative feminist analyses of particular issues which try to give equal weight to gender, race, class and sexuality in a global context without defining themselves by the categories, such as liberal, radical or materialist, of the earlier feminist debate categories .

Nonetheless, strong emphasis on issues of race and ethnicity can be found in their work on women, class and work. For example, Brewer shows that white and African-American working class women are divided by race in the workforce, and that even changes in the occupational structure historically tend to maintain this racial division of labour. Hooks argues that women of colour and some radical feminists were more sensitive to class and race issues than those, primarily white, feminists whom she labels reformist feminists .

Presupposed in the general theoretical debates concerning the relations between gender, social and economic class, and work are usually definitions of each of these categories that some thinkers would argue are problematic. For example, Tokarczyk and Fay have an

excellent anthology on working class women in the academy in which various contributors discuss the ambiguous positions in which they find themselves by coming from poor family backgrounds and becoming academics. One problem is whether they are still members of the working class in so doing, and if not, whether they are betraying their families of origin by a rise to middle class status. Another is, whether they have the same status in the academy, as workers, thinkers and women, as those men or women whose families of origin were middle class or above. Rita Mae Brown wrote an early article on this, arguing that education and academic status did not automatically change a working class woman's identity, which is based not just on one's relation to production, but one's behaviour, basic assumptions about life, and experiences in childhood. Tokarczyk and Fay acknowledge that the definition of class is vague in the U.S. Rather than provide a standard philosophical definition in terms of necessary and sufficient conditions for membership in the working class, they provide a cluster of characteristics and examples of jobs, such as physically demanding, repetitive and dangerous jobs, jobs that lack autonomy and are generally paid badly. Examples of working class jobs they give are cleaning women, waitresses, lumberjacks, janitors and police officers. They then define their term working class women academics to include women whose parents had jobs such as these and are in the first generation in their family to attend college . They challenge those that would argue that family origin can be overcome by the present position one has in the social division of labour: simply performing a professional job and earning a salary does not eradicate the class identity formed in one's family class. To theorize the problematic relation of women to social class, Ferguson argues that there are at least three different variables -- an individual's work, family of origin, and present household economic unit which relate an individual to a specific socio-economic class. For example, a woman may work on two levels: as a day care worker (working class), but also as a member of a household where she does the housework and mothering/child care, while her

husband is a wealthy contractor (petit bourgeois, small capitalist class). If in addition her family of origin is professional middle class (because, say, her parents were college educated academics), the woman may be seen and see herself as either working class or middle class, depending on whether she and others emphasize her present relations of wage work (her individual economic class, which in this case is working class), her household income (middle class) or her family of origin (middle class).

Sylvia Walby deals with this ambiguity of economic class as applying to women as unpaid houseworkers by claiming against Delphy that the relevant economic sex classes are those who are housewives vs. those who are husbands benefiting from such work, not those of all women and men, whether or not they do or receive housework services. Ferguson, however, sides with Delphy in putting all women into sex class, since all women, trained into the gender roles of patriarchal wife and motherhood, are potentially those whose unpaid housework can be so exploited. But seeing herself as a member of a fourth class category, sex class, and hence, in a patriarchal capitalist system, seeing herself exploited as a woman worker in her wage work and unpaid second shift housework, is thus not a given but an achieved social identity. Such an identity is usually formed through political organizing and coalitions with other women at her place of employment, in her home and her community. In this sense the concept of sex class is exactly analogous to the concept of a feminist epistemological standpoint: not a given identity or perspective, but one that is achievable under the right conditions.

Realizing the importance of this disjuncture between economic class and sex class for women, Maxine Molyneux argues in an often cited article that there are no women's interests in the abstract that can unify women in political struggle. Instead, she theorizes that women

have both practical gender interests and strategic gender interests. Practical gender interests are those that women develop because of the sexual division of labour, which makes them responsible for the nurturant work of sustaining the physical and psychological well-being of children, partners and relatives through caring labour. Such practical gender interests, because they tie a woman's conceptualization of her own interests as a woman to those of her family, support women's popular movements for food, water, child and health care, even defence against state violence, which ally them with the economic class interests of their family. Strategic gender interests, on the contrary, may ally women across otherwise divided economic class interests, since they are those, like rights against physical male violence and reproductive rights, which women have as a sex class to eliminate male domination.

Molyneux used her distinctions between practical and strategic gender interests to distinguish between the popular women's movement in Nicaragua, South America (based on demands for economic justice for workers and farmers against the owning classes, demands such as education, health and maternity care, clean water, food and housing), and the feminist movement which emphasized the fight for legal abortion, fathers' obligation to pay child support to single mothers, and rights against rape and domestic violence. She and others have used this distinction between practical and strategic gender interests to characterize the tension between popular women's movements and feminist movements in Latin America.

A similar distinction between different types of women's interests was developed further as a critique of interest group paradigms of politics by Anna Jónasdóttir. Jónasdóttir argues that women have a common formal interest in votes for women, women's political caucuses, gender parity demands, and other mechanisms which allow women a way to develop a collective political voice, even though their content interests, that is, their specific needs and priorities, may vary by race and economic class, among others. Her distinctions, and those of Molyneux, have been changed slightly -- practical vs. strategic gender *needs*, rather than

interests to compare and contrast different paradigms of economic development by World Bank feminist theorist Carolyn Moser . Most recently the Jónasdóttir distinctions have been used by Mohanty to defend and maintain, in spite of postmodernists' emphasis on intersectional differences, that commonalities in women's gendered work can create a cross-class base for demanding a collective political voice for women: a transnational feminism which creates a demand for women's political representation, developing the platform of women's human rights as women and as workers. Nonetheless, the tension between women's economic class-based interests or needs and their visionary/strategic gender interests or needs is still always present, and must therefore always be negotiated concretely by popular movements for social justice involving women's issues.

Another approach to the problematic nature of socio-economic class as it relates to women are empirical studies which show how class distinctions are still important for women in their daily lives as a way to compare and contrast themselves with other women and men, even if they do not use the concepts of working class, professional class or capitalist class. Many have pointed out that the concept of class itself is mystified in the U.S. context, but that nonetheless class distinctions still operate because of different structural economic constraints, which act on some differently from others. The Ehrenreichs, in a classic article, argue that this mystification is due to the emergence of a professional-managerial class that has some interests in common with the capitalist class and some with the working class. Whatever its causes, there are empirical studies which show that class distinctions still operate between women, albeit in an indirect way. Barbara Ehrenreich, by adopting the material life conditions of a poor woman, did an empirical study of the lives of women working for minimum wages and found their issues to be quite different from and ignored by middle and upper-class women. Diane Reay does an empirical study of women from manual

labour family backgrounds and their relation to the schooling of their children, and discovers that they use a discourse that acknowledges class differences of educational access and career possibilities, even though it does not specifically define these by class per se. Similarly, Julie Bettie does an impressive discourse analysis of the way that Latina high school students create their own class distinctions through concepts such as chicas, cholas and trash to refer to themselves and their peers. These categories pick out girls as having middle class, working class or poor aspirations by performance indicators such as dress, speech, territorial hang-outs and school achievement, while never mentioning class by name. Women's experiences of growing up working class are presented in the anthology edited by Tea .

23.13 SUMMING UP

Theoretical and empirical debates about the relation of women to class and work, and the implications of these relations for theories of male domination and women's oppression as well as for other systems of social domination, continue to be important sources of theories and investigations of gender identities, roles and powers in the field of women and gender studies, as well as in history, sociology, anthropology and economics. They also have important implications for epistemology, metaphysics and political theory in the discipline of philosophy, and consequently other disciplines in humanities and the social sciences.

23.14 GLOSSARY

Cyborgs: A cyborgs also known as cybernetic organism being with both biological and artificial parts. The term was coined in 1960 when Manfred Clynes and Nathan Kline used it in an article about the advantages of self regulating human machine systems in outer space.

Division of Labour: Division of labour are economic specialization is the specialization of cooperative labour in specific, circumscribed tasks and roles. Historically an increasingly complex division of labour is closely associated with the growth of total output and trade, the rise of capitalism and the complexity of industrialization process.

Capitalism: Capitalism is an economic system in which the means of production and distribution are privately owned and operated for profit. Decisions regarding supply, demand, price, distribution and investments are not paid by the Government.

23.15 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1:

1. Women's household work is invisible as it is performed inside four wall o their house and their work is not recognized and remunerated. Work done for income, remuneration, honorarium, wages and salary is visible work as it has an exchange value and it also has social recognition as Employment.

Check Your Progress Exercise 2:

1. The socialist-feminist idea that there are two interlocking systems that structure gender and the economy, and thus are jointly responsible for male domination, has been developed in a psychological direction by the psychoanalytic school of feminist theorists.

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23.17 QUESTIONS FOR REFLECTION AND PRACTICE

1. What is concept of work? What is paid and unpaid work, productive and unproductive work?
2. What is economically productive and socially productive work.
3. Describe various theories of women's work.
4. Write short notes on:

Valuation of productive and unproductive work

Visible and invisible work

UNIT 24: LIVELIHOODS AND SUBSISTENCE PRODUCTION

Structure

24.1 Introduction

24.2 Objectives

24.3 Definition

24.4 Components of Livelihoods

24.5 The Sustainable Livelihoods Framework (SLF)

24.6 Vulnerability Analysis

24.7 Livelihood Assets / Capitals

24.8 Gender Analysis

24.9 Livelihood Assessment

24.10 Subsistence Production

24.11 Determinants of Livelihood

24.12 Livelihood Strategies

24.13 Livelihood Outcomes

24.14 Summing Up

24.15 Glossary

24.16 Answers to Check Your Progress Exercises

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24.18 Questions for Reflection and Practice

24.1 INTRODUCTION

The concept of livelihood is widely used in contemporary development literature. It is an attempt to go beyond the conventional definitions and approaches to analyzing and

understanding poverty or human subsistence. However, its meaning can often appear illusive; because of the way this concept is treated or handled by various organizations / authors or because of the context of application. A Livelihood Framework or Livelihood Model is attractive because it provides a simple but well-developed way of thinking about a complex issue – be it poverty in a given region or subsistence production of a given household / community.

24.2 OBJECTIVES

After studying this Unit, you should be able to:

- Define livelihoods;
- Identify the components of livelihood assets;
- Explain how various livelihood assets interact and how they determine levels of subsistence;
- Describe subsistence production and ways to enhance livelihood outcomes ; and
- Identify policies that enable construction / expansion of livelihoods assets towards better levels of subsistence.

24.3 DEFINITION

Dictionaries, in simple terms, define livelihoods as ‘a means to a living’ or ‘the way you earn money in order to live’. It means to say that it is the sum of ways in which people make their living, which clearly makes it more than merely synonymous with income, because it directs attention to the way in which a living is obtained, not just the net results in terms of income received or consumption attained. Capabilities are both an end and means of livelihood: a

livelihood provides the support for the enhancement and exercise of capabilities (an end); and capabilities (a means) enable a livelihood to be gained. Technically, a livelihood comprises the capabilities, assets and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base. This is the bottom line of the concept of livelihoods.

While the definition of a livelihood can be applied to different hierarchical levels, the authors stressed that it is used most commonly at the household level. Even then it is also important to recognize variations in well-being and access at an individual or intra-household level, as well as at the broader levels of the extended family, the society and the community.

Livelihood is defined as adequate stocks and flows of food and cash to meet basic needs.

Security refers to secure ownership of, or access to, resources and income-earning activities, including reserves and assets to offset risk, ease shocks and meet contingencies. Sustainable refers to the maintenance or enhancement of resource productivity on a long-term basis. A household may be enabled to gain sustainable livelihood security in many ways – through ownership of land, livestock or trees; rights to grazing, fishing, hunting and gathering; through stable employment with adequate remuneration; or through varied repertoires of activities. Any definition of livelihood sustainability has to include the ability to avoid, or more usually to withstand and recover from, such stresses and shocks.

Check Your Progress Exercise: 1

Note: i. Use the space given below to answer the questions.

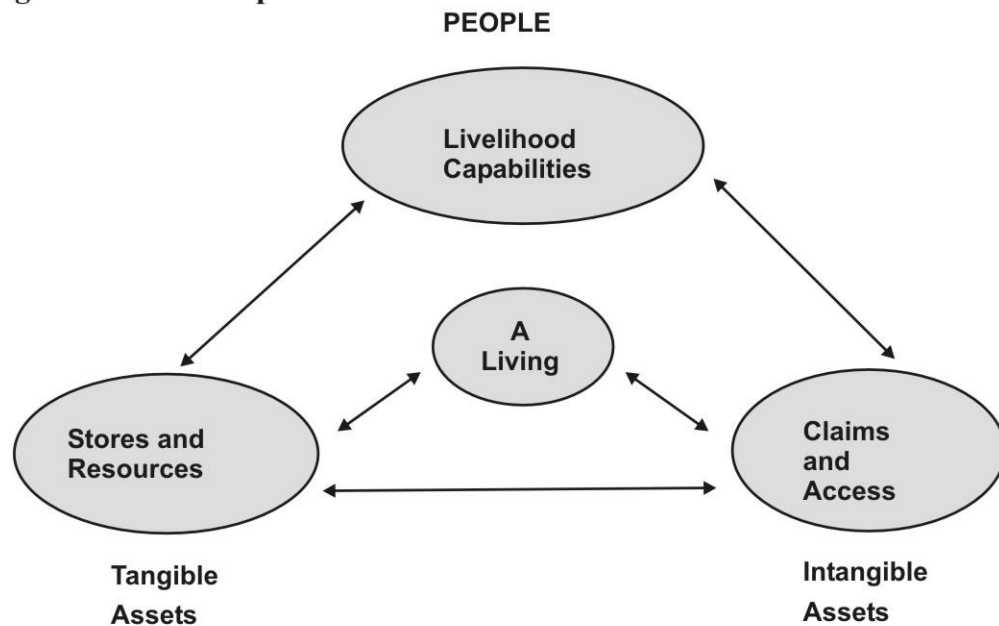
ii. Compare your answer with the one given at the end of this unit.

1. What is the central idea of ‘the concept of livelihoods’?

24.4 COMPONENTS OF LIVELIHOODS

Of the various components of a livelihood, the most complex is the portfolio of assets out of which people construct their living. This portfolio includes *tangible assets* such as stores (e.g. food stocks, stores of value such as gold, jewellery, cash savings) and resources (e.g. land, water, trees, livestock, farm equipment) as well as *intangible assets* such as claims (i.e., demands and appeals which can be made for material, moral or other practical support) and access, which is the opportunity in practice to use a resource, store or service or to obtain information, material, technology, employment, food or income.

Figure 1: The concept of Livelihoods

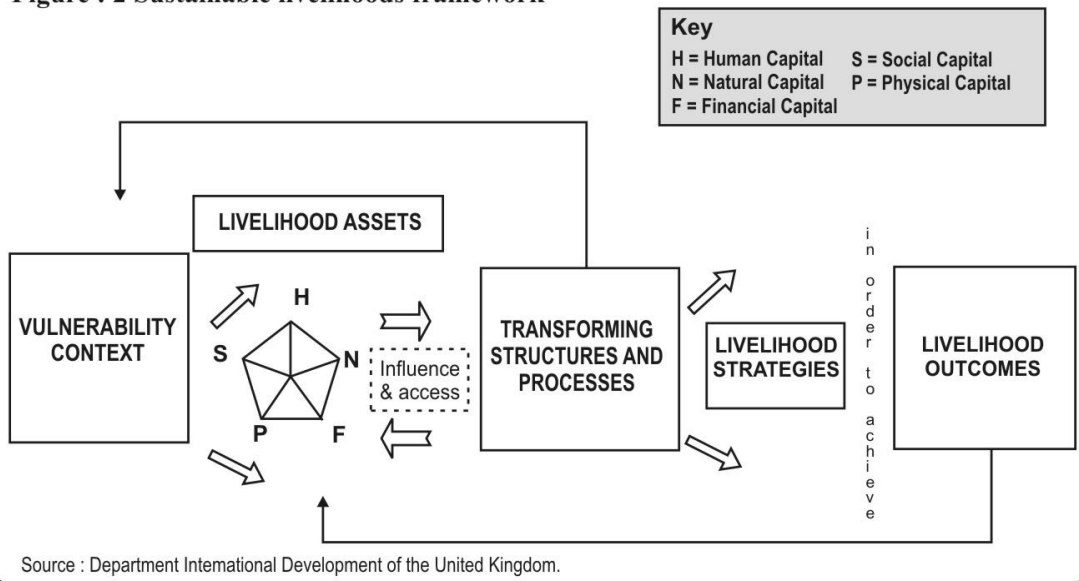


Source: Lasse Krantz, 2001(SIDA).

24.5 THE SUSTAINABLE LIVELIHOODS FRAMEWORK (SLF)

The SLF (see Figure 24.2) forms the core of the Sustainable Livelihoods Approach (SLA) and serves as an instrument for the investigation of poor people's livelihoods, whilst visualizing the main factors of influence. In its simplest form, the framework depicts stakeholders as operating in a context of vulnerability, within which they have access to certain assets. These gain their meaning and value through the prevailing social, institutional and organizational environment (Transforming Structures and Processes). This context decisively influences the livelihood strategies that are open to people in pursuit of their self-defined beneficial livelihood outcomes.

Figure : 2 Sustainable livelihoods framework



In other words, the framework provides a checklist of important issues and sketches out the way these link to each other, while it draws special attention to core influences and processes and their multiple interactions in associations to livelihoods. Transforming structures and processes represent the institutions, organizations, policies and legislation that shape livelihoods. They are of central importance as they operate at all levels and effectively determine access, terms of exchange between different types of capital, and returns to any given livelihood strategy.

Transforming structures and processes occupy a central position in the framework and directly feed back to the vulnerability context, while influencing and determining environmental and economic trends through political structures; while mitigating or enforcing effects of shocks or keeping seasonality under control through working market structures; or restricting people's choice of livelihood strategies and may thus be a direct impact on livelihood outcomes.

24.6 VULNERABILITY ANALYSIS

The vulnerability context forms the external environment in which people exist and gain importance through direct impacts upon people's asset status. It comprises **Trends** (demographic trends, resource trends, trends in governance), **Shocks** (human, livestock, crop health shocks; natural hazards, like floods or earthquakes; economic shocks; conflicts and wars) and **Seasonality** (seasonality of prices, products, or employment opportunities) and represents the part of the framework that lies furthest outside the stakeholder's control. Not all trends and seasonality must be considered as negative; they can move in favourable directions, too. Trends in new technologies or seasonality of prices could be used as opportunities to secure livelihoods.

This requires a prior understanding of the nature of local livelihoods – what type of livelihood strategies are employed by local people and what factors constrain them from achieving their objectives. In a rural setting, it may be necessary to find answers to the following types of question:

- Which groups produce which crop?
- How important is each crop to the livelihoods of the groups that produce it?
- Is the revenue from a given crop used for a particular purpose – e.g. if it is controlled by women, is it particularly important to child health or nutrition?
- What proportion of output is marketed?
- How do prices for different crops vary through the year?
- How predictable is seasonal price fluctuation?
- What proportion of household needs is met by own consumption and what portion is purchased?
- At what time of year is cash income most important (e.g. opening of school)?

24.7 LIVELIHOOD ASSETS / CAPITALS

Assets are considered to be stocks of different types of capital that can be used directly or indirectly to generate livelihoods. They can give rise to a flow of output, possibly becoming depleted as a consequence, or may be accumulated as a surplus to be invested in future productive activities. Based on the five types of capital identified by the Sustainable Livelihood Framework, five assets are identified:

Natural Capital: Natural capital consists of land, water, and biological resources such as trees, pasture, and biodiversity. The natural resource stocks and environmental services from which resource flows and services useful for livelihoods are derived. The productivity of these resources may be degraded or improved by human management.

Financial Capital: Financial capital is also known as economic capital. It means the capital base (cash, credit / debt, savings, and other economic assets, including basic infrastructure and production equipment and technologies) which are essential for the pursuit of any livelihood strategy. That is it consists of stocks of money or other savings in liquid form. In this sense it does not include financial assets only but should also include easily disposable assets such as livestock, which in an other sense may be considered as natural capital.

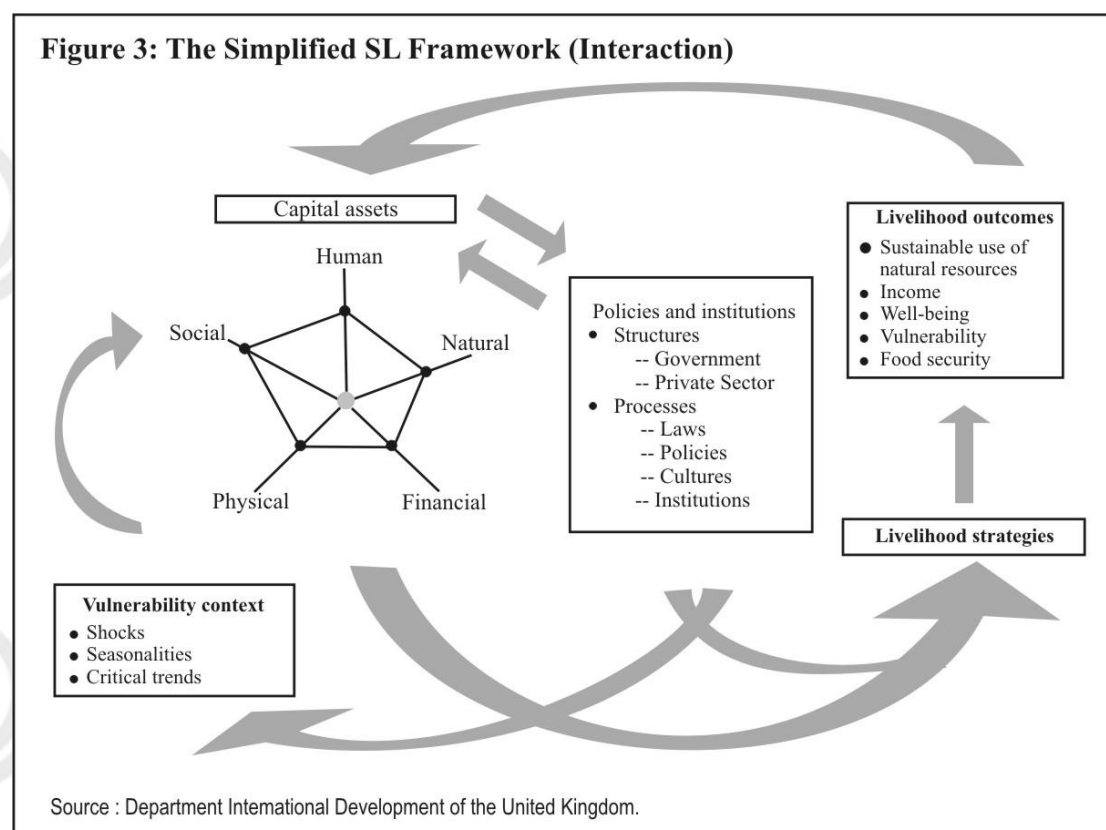
Physical Capital: Physical capital is that created by economic production. It includes infrastructure such as roads, irrigation works, electricity, tools and equipments, and housing.

Human Capital: Human capital is constituted by the quantity and quality of labour available. It includes the skills, knowledge, ability to labour, good health and physical capability

important for the successful pursuit of different livelihood strategies. At the household level, it is determined by household size (quantity), but also by education, skills, and health of household members (quality).

Social Capital: Social Capital means any assets such as rights or claims that are derived from membership of a group. It is the social resources (networks, social claims, social relations, affiliations, associations) upon which people draw when pursuing different livelihood strategies requiring coordinated actions.

To these assets can be added another category, which is also very important viz. personal assets. It includes: motivation, discipline, self-esteem, self-confidence, self-perception, and emotional well-being etc. This is not given here separately because it can form part of human assets, viz. leadership, knowledge, skills, employability, good health, etc.



Distinguishing between different types of 'capital assets' draws attention to the variety of resources, which are often used in combination, that people rely on for making a living. Livelihood pathways may be pursued over seasons and between years as well as over longer

periods, such as between generations, and will depend on variations in options, the stage at which the household is in its domestic cycle, or on more fundamental changes in local and external conditions. Livelihood strategies frequently vary between individuals and households depending on differences in asset ownership, income levels, gender, age, caste, and social or political status.

These assets have some commonalities. Some of these are the following:

- Trade offs exist between resource.
- Some resources are pre-requisites to others.
- Trends exist in long-term use.
- The combination of all these resources enables households to meet their needs.

Box – 24.1: The Five Building Blocks that Make the Asset Pentagon		
1. Natural Assets	2. Physical Assets	3. Human Assets
• Natural resources • Land and Quality of soil • Water quality • Levels of pollution • Quality of seeds • Trees and forest produce • Wildlife • Biodiversity • Environment and ecology	• Roads • Electricity • Connectivity and Physical connectivity • Affordable transport • Secure shelter • Tools and equipments • Clean affordable energy	• Knowledge • Skills • Education • Ability • Capacity to adapt • Employability • Motivation • Self-esteem • Self-confidence • Leadership • Good Health • Emotional Well-

	• Information • Banking and access to related services • Seed availability • Basic consumer needs	being
4. Financial Assets	5. Social Assets	Personal Assets
• Income from productive activity • (employment / self-employment) • Regular inflow of money • Available finances • Savings • Credit rating • Access to credit • Gifts / family support • Government transfers	• Cooperation • Participation • Networks / interconnectedness • Family support • Friendships • Relationships of trust /exchanges • Partnership and collaboration • Political participation / affiliation	• Knowledge • Skills • Education • Ability • Capacity to adapt • Employability • Motivation • Self-esteem • Self-confidence • Leadership • Good Health • Emotional Well-being

Check Your Progress Exercise 2:

Note: i. Use the space given below to answer the questions.

ii. Compare your answer with the one given at the end of this unit.

1. What are the five components that make the Asset Pentagon in the livelihoods framework?

24.8 GENDER ANALYSIS

As students of Gender and Development Studies it is also important we develop a gender perspective to livelihood issues. Gender analysis aims to uncover the dynamics of gender differences across a variety of issues. The starting point of gender analysis is that there is a distinction between the livelihoods of men and women. This is distinct from – but complementary to – the need to ensure that all other types of data (e.g. on livelihood strategies and assets) are gender disaggregated. The nature of this distinction is examined from various angles to gather a full and realistic picture of the role of women in society, and the constraints they face. It includes issues such as:

- **Social relations:** How are ‘male’ and ‘female’ defined in the given context? What are their normative roles, duties, and responsibilities?
- **Activities:** What is the gender division of labour in productive and reproductive work within the household and the community? Who does what, when and where? Who performs reproductive, productive, community managing and community politics roles?

- **Access and Control:** Who has access to and control over which resources, services, institutions of decision making and networks of power and authority?
- **Needs:** What are the distinct needs of men and women? What are women's practical needs (i.e. given current roles, without challenging society) and what are their strategic needs (i.e. needs which, if met, would change their position in society)?

Equity used in the concept of livelihoods takes a more broad meaning implying a less unequal distribution of assets, capabilities, and opportunities and especially enhancement of those of the most deprived. It includes an end to discrimination against women, against minorities, and against all who are weak, and an end to urban and rural poverty and deprivation.

24.9 LIVELIHOOD ASSESSMENT

Livelihood assessment is a way of looking at how an individual, a household, or a community behaves under specific conditions. One of the ways to understand livelihood systems is to analyze the coping and adaptive strategies pursued by individuals and communities as a response to external shocks and stresses such as drought, civil strife and policy failures. There is, however, an important distinction between *coping* and *adaptive* strategies. Coping strategies are often a short-term response to a specific shock, such as drought. Actions could include switching to cultivation of drought-resistant crops or reliance on external food aid. Adaptive strategies, on the other hand, entail a long-term change in behaviour patterns as a result of a shock or stress.

Check Your Progress Exercise 3:

Note: i. Use the space given below to answer the questions.

ii. Compare your answer with the one given at the end of this unit.

1. What is your understanding about gender based distinction of livelihood activities in rural India?

24.10 SUBSISTENCE PRODUCTION

Subsistence means the condition of ‘only just having enough food (or money) to stay alive’; hence the expressions, subsistence farming / subsistence agriculture and subsistence production. Production that provides just enough food for the household to live on, but does not produce enough to sell to other people is subsistence production. There is an argument that states that subsistence production involves work related to pregnancy, childbirth, nursing and education of children. It also involves the labour required in the production and transformation of food, clothing, housing, and the physical and psychological work of sexuality. Viewed along with the concept of livelihoods, subsistence production especially involves the production of the means of subsistence. In rural areas, many of the families are forced to live at subsistence level, especially because of the lack of one or more of the livelihood assets enumerated. Carney (1998) identifies five livelihood assets: natural, human, financial, physical and social. People draw on a set of capital assets as a basis for their livelihoods. Livelihoods are built from a series of choices over the use of these assets.

24.11 DETERMINANTS OF LIVELIHOOD

There are numerous initial determinants of livelihood strategy. Many livelihoods are largely pre-determined by accident of birth. Livelihoods of this sort may be ascriptive: in village India, children may be born into a caste with an assigned role as potters, shepherds, or washerpeople. Gender, as socially defined, is also a pervasive, ascriptive determinant of livelihood activities. Or not necessarily ascriptively, a person may be born, socialized and apprenticed into an inherited livelihood – as a cultivator with land and tools; a pastoralist with animals; a forest dweller with trees; a fisherperson with boat and tackle; or a shopkeeper with shop and stock; and each of these may, in turn, create a new household or households in the same occupation.

Many livelihoods are also less singular or predetermined. Some people improvise livelihoods with degrees or description. Livelihoods activities are largely determined by the social, economic and ecological environment in which they find themselves. A person or household may also choose a livelihood, especially through education and migration. Those who are better off usually have a wider choice than those who are worse off, and a wider choice is usually generated by economic growth. In a future of accelerating change, adaptable capabilities to exploit new opportunities may be both more needed and more prevalent.

For common property resources a key issue is the systems of entitlements through which people gain access to these assets: that is, the legal, social and other factors that dictate who is able to draw upon the resources and who is not. It depends on what resources (assets) are available, and which group of people gain access to make use of those assets. Even in the case of production aimed at subsistence levels, the extent of access households and communities have to various assets (and resources) such as soil type, water availability and quality, bank credit etc. determine the livelihood activities, strategies and the livelihood outcome. This ultimately results in well-being or ill-being of household or community.

Based on the choices made, members of the household will undertake a series of livelihood activities: growing a crop, fishing in a lake, working for someone else or making pots. Some activities may be dominant. It is rare for a household, and especially for poor rural households, to rely exclusively on one activity and most combine complex sets of activities in their livelihoods. It should be noted that a livelihood approach also includes activities such as collecting fuel wood or water that are usually called 'reproductive' activities. These are typically an important part of the daily routine for women in particular and are of key importance in both livelihoods and ecosystems management terms.

These activities will generate income for the household in goods, services and cash, which is then allocated in four directions: re-circulated as inputs into livelihood activities; contributed to social payment such as taxes and interest on loans; invested to maintain or enhance the livelihood asset base; or consumed as food, housing, clothes and all the other goods and services that contribute to the material quality of life of the household.

People make conscious choices through deliberate strategies on the way that they can best deploy whatever assets they possess to maximize the opportunities and minimize the risks they face. The importance of vulnerabilities as a key dimension of livelihoods is emphasized in several models of sustainable livelihoods. For poor people, vulnerability is both a condition and a determinant of poverty, and refers to the ability of people to avoid, withstand or recover from the harmful impacts of factors that disrupt their lives and that are beyond their immediate control. This includes both shocks (sudden changes such as natural disasters, war or collapsing market prices) and trends (gradual environmental degradation, deteriorating terms of trade). Also important are the ways in which vulnerabilities interact with each other, with most households, and especially the poor, facing multiple vulnerabilities that compound each other in terms of both the impact of specific events and the capability of households to recover from these events when they do strike. Understanding the nature and implications of

the ways that different sets of vulnerabilities interact is a key issue for the whole process of sustainable livelihoods development.

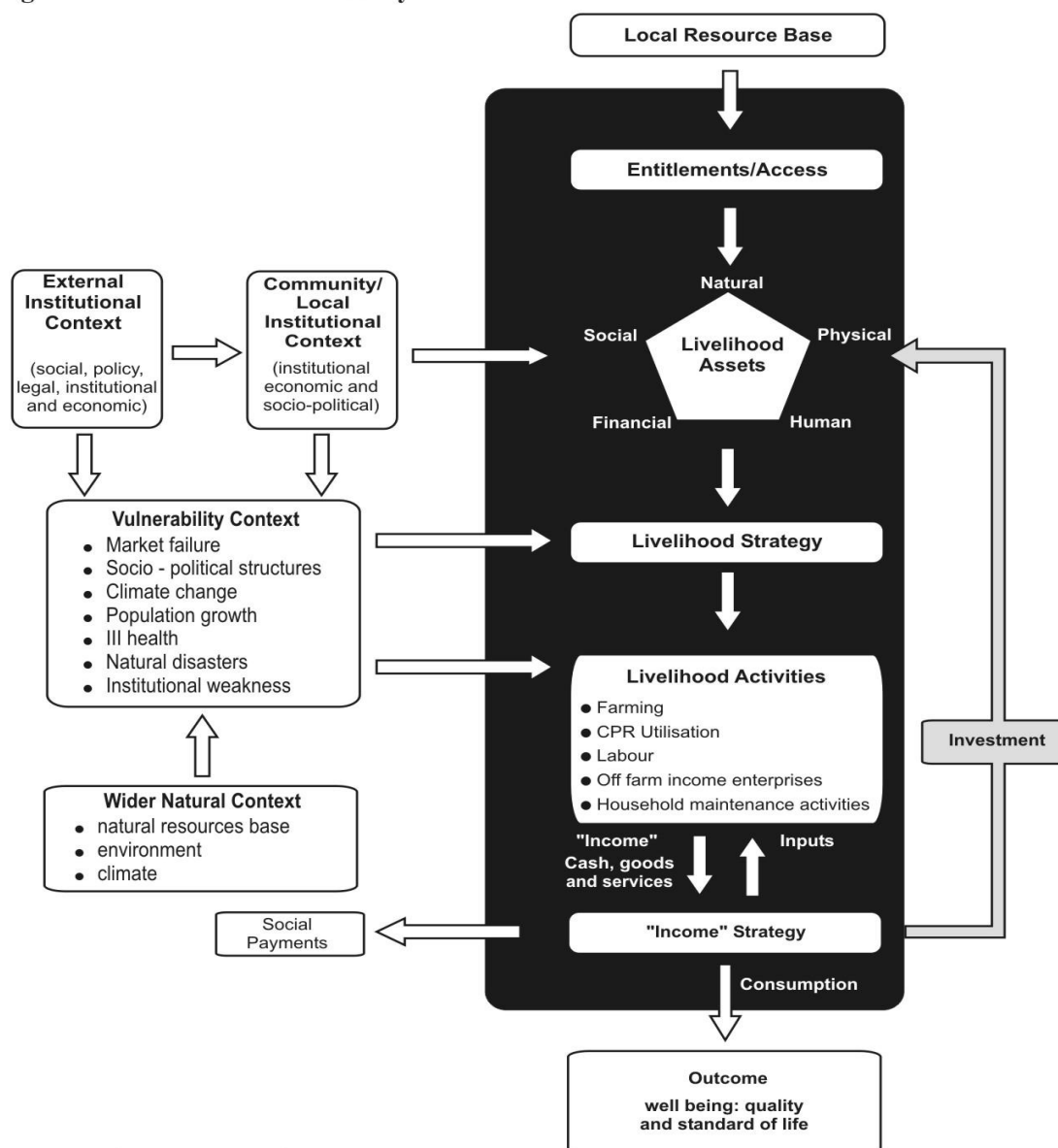
The impact of these shocks and trends will vary from household to household. Some are more sensitive to their influence, whilst others are better able to absorb their impact or respond to the opportunities they may offer. In general, the more affluent a household is, and in particular the more assets it possesses, the more resilient it is to disruption in its livelihoods base from these shocks and trends. People, of course, are not passive in the face of these risks, but the poorer the asset base of a household, the more they may have to forego potentially profitable but risky opportunities. The poor are typically 'risk minimizers' rather than 'profit maximizers'. This is not because they do not understand the difference: it is an inevitable response to an unwelcome threat.

The response of such threats can be categorized as either adaptive strategies (where a household consciously adopts a process of change in response to long-term trends) or coping strategies (short-term response to immediate shocks and stresses). In these, the household will seek to deploy their different assets to best effect within their often limited range of choices.

This set of choices is again conditioned by the wider context within which they live, and in particular by the extent to which they can control the key decisions that affect their lives. This is why participation is widely advocated: it is about giving the most vulnerable greater choices to reduce the risks they face and increase their ability to best use the assets they possess.

The livelihood dynamics of a household (or larger social groups) can be presented in the form of a model. There are many different models presented, but most of them are similar in inclusion of elements.

Figure 4: A Model of Livelihood Dynamics



Source: John Soussan et al. 2003

It starts with **entitlements** and **access** they possess to the resource base in their locality (with all types of resources, natural and human, material and non-material, taken into account). These, in turn, define the capitals, or livelihood assets, available to the household. The different **livelihood assets** (natural, human, financial, physical and social) explained above

can be viewed as 'factors of production'. Taken together these capital assets represent the capabilities and assets that the households can deploy. A key aspect of a livelihoods approach is to understand how these assets change over time, and in particular how increases or reductions in them affect the livelihood choices available to the household.

Taken together, these livelihood assets represent a potential, a set of possibilities for the household to secure a livelihood. They do not however, automatically define that livelihood.

The extent to which their potential is realized will depend on decisions on what assets to utilize and when; decisions that together constitute the **livelihood strategy** of the household.

There are always difficult choices to be made here: for example, what use of the assets will provide the best returns? What risks are involved in particular decisions? Which assets should be held in reserve for the future? What should be invested to increase future assets?

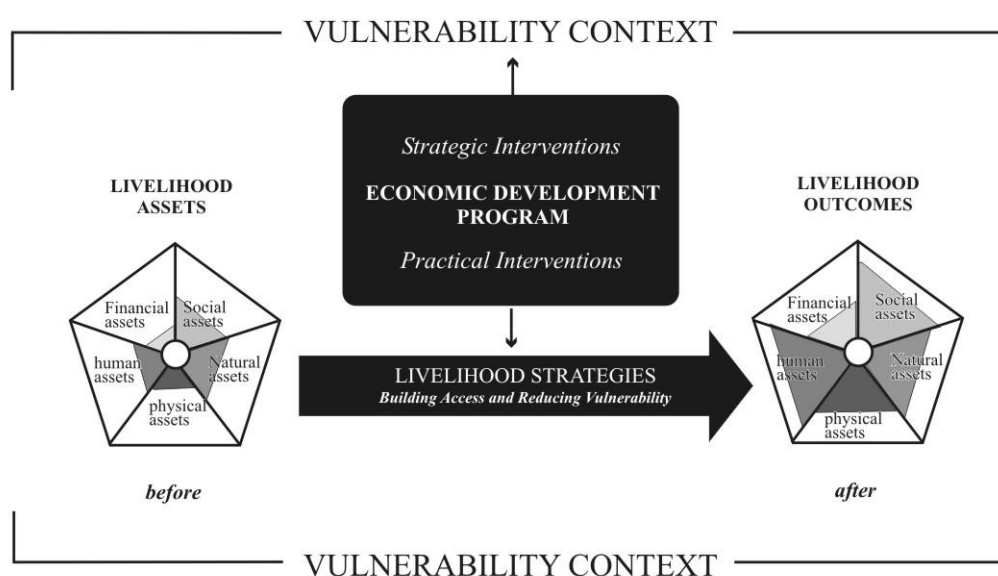
The choices made in the strategy will, in turn, define the **livelihood activities** of the household: which activities are undertaken by whom and when. Land, labour, material inputs, social networks and all of the other assets are used in different combinations to grow crops, raise livestock, gather common property resources, earn wages, make things, trade, provide services and all of the other multitude of different activities that the different members of the household engage in. These together are their livelihood -- the things that people do on a day to-day basis to make a living.

These activities produce a **flow of income**: the range of cash, goods and services that are reward from, and the rationale for, undertaking the activities chosen. This income is not just cash (though this is typically an important component of income). It also includes goods, such as crops used for subsistence purposes, fuel wood or food gathered from common property resources etc. used by the household.

This income is, in turn, allocated through a second key set of decisions: the income strategy. The income can be allocated to savings or investments that enhance the value of the assets to pay for inputs that go into production, to repaying loans or social payments (taxes etc.) or finally, to consumption that is part of the outcome – that is, the total set of goods and services that constitute the material fabric of people’s lives. This should be useful to understand the core dynamics of a livelihood system.

A change in the local social and institutional context such as creation of new local institutions such as irrigation water users committees, or forest user groups can alter the entitlement access of individual households, and thus their production capabilities or levels of subsistence. The effects on this will vary from household to household, depending on existing dependence on the resources and their potential for undertaking new livelihood activities.

Figure 5: Addressing Vulnerability Context



Source: DFID, 1999

combination of better access to the resource base and new institutions can have a positive impact on the resource base, with improvements to resource conditions observable where successful community-based management has been developed. This usually has a positive effect on the natural and social livelihood assets of the households if the process is effective

(see figure 24.5). This, in turn, means that resource-based livelihood activities such as fuel wood gathering or fishing will be more productive and/or sustainable (and may take less time, with benefits for other livelihood activities).

The sustainable income will be improved, with more secure flows of gathered products. In some cases, there is potential for increased cash income through sale of these products. This may accrue as income to individual households or to the community, allowing them to invest in local facilities such as water schemes, nurseries or schools, which in turn enhance subsistence production potentials.

24.12 LIVELIHOOD STRATEGIES

Livelihood strategies comprise the range and combination of activities and choices that people undertake in order to achieve their livelihood goals. They have to be understood as a dynamic process in which people combine activities to meet their various needs at different times and on different geographical and economic levels. They may even differ within a household. A changing asset status may further or hinder other strategies depending on the policies and institutions at work.

The livelihood framework suggests two basic types of intervention (practical and strategic) that communities can pursue in enhancing their levels of subsistence. ‘Practical interventions’ facilitate the efforts of low-income households to build their livelihood assets. They include counselling programmes, education, employment training, economic literacy and savings programmes, and support for small business development. ‘Strategic interventions’ are directed towards the vulnerability context. They work towards the goal of social and economic change at the systemic level. Among the methods used are community building and organizing, alliance building, policy work and advocacy.

When considering livelihood strategies and issues connected to the SLA in general, it is important to recognize that people (for jobs, markets, natural resources etc.), make it difficult for everyone to achieve simultaneous improvements in their livelihoods. Those involved in subsistence production are themselves a very heterogeneous group, placing different priorities in a finite and therefore highly disputed environment. Compromises are often indispensable. An application of the SLA offers the advantage to be sensitive to such issues.

Check Your Progress Exercise 4:

Note: i. Use the space given below to answer the questions.

ii. Compare your answer with the one given at the end of this unit.

1. Are there ways that people with low subsistence levels build up their livelihood assets and enhance their livelihood outcomes?

24.13 LIVELIHOOD OUTCOMES

Livelihood outcomes are the achievements of livelihood strategies, such as more income (e.g. cash); increased well-being (e.g. non-material goods, like self-esteem, health status, access to services, sense of inclusion); reduced vulnerability (e.g. better resilience through increase in asset status); improved food security (e.g. increase in financial capital in order to buy food); and a more sustainable use of natural resources (e.g. appropriate property rights). Outcomes help us to understand the ‘output’ of the current configuration of factors within the livelihood

framework. They demonstrate what motivates stakeholders to act as they do and what their priorities are. They might give us an idea of how people are likely to respond to new opportunities and which performance indicators should be used to assess support activity.

Livelihood outcomes directly influence the assets and change dynamically their level – the form of the pentagon – offering a new starting point for other strategies and outcomes.

24.14 SUMMING UP

A livelihood comprises the capabilities, assets (including both material and social resources) and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future. There is a critical mass of assets needed to cope with stresses and shocks and to adapt. Everyone has assets on which to build and support individuals and families to acquire new assets needed for long-term well-being.

Therefore, assets are the building blocks of a sustainable livelihood. By building assets, individuals and households develop their capacity to cope with the challenges they encounter and to meet their needs on a sustained basis. The framework draws attention to the variety of assets that contribute to making a sustainable livelihood and to ways in which they are interdependent. Within the five broad categories of assets it presents, it suggests a wide range of sub-categories.

The factors that create and perpetuate vulnerability and poverty can be seen at two levels: (i) that of individuals and their circumstances, and (ii) that of the broader context. This aspect of the framework directs attention to the contextual and systemic factors that contribute to the occurrence of poverty or levels of subsistence. It points out the need to seek changes at the organizational, community and policy levels in addition to building the assets of individuals and households.

There can be two basic types of intervention that communities can pursue in enhancing their levels of subsistence. They are: 'Practical interventions' that facilitate the efforts of low-income households to build their livelihood assets as well as 'Strategic interventions' directed toward the vulnerability context at the systemic level.

24.15 GLOSSARY

Environmental Sustainability: refers to the external impact of a livelihood on other livelihoods -- that is its effect on local and global resources and other assets.

Social Sustainability: concerns the internal capacity of a livelihood to withstand outside pressure, that is to cope with stress and shocks and retain its ability to continue and improve over time.

Stress: Stresses are pressures which are typically continuous and cumulative and therefore to some extent predictable, such as seasonal shortages, rising populations or declining resources.

Shocks: Shocks are impacts which are typically sudden, unpredictable and traumatic, such as fires, floods and epidemics.

Vulnerability Context: The vulnerability context frames the external environment in which people exist. People's livelihoods and wider availability of assets are fundamentally affected by critical trends as well as shocks and seasonality -- over which they have limited or no control.

Livelihood Resources: The basic material and social, tangible and intangible assets that people use for constructing their livelihoods -- are conceptualized as different types of 'capital' to stress their role as a resource base from which livelihoods are constructed. .

24.16 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Answer to Check Your Progress Exercise: 1

1. A livelihood comprises the capabilities, assets and activities required for a means of living. A livelihood is sustainable when it can cope with and recover from stresses and shocks and maintain or enhance its capabilities and assets both now and in the future, while not undermining the natural resource base.

Answer to Check Your Progress Exercise: 2

1. There are five assets identified under the concept of livelihoods analysis. They are: natural, human, financial, physical and social assets. People draw on a set of capital assets as a basis for their livelihoods. Livelihoods are built from a series of choices over the use of these assets.

Answer to Check Your Progress Exercise: 3

1. The starting point of gender analysis is that there is a distinction between the livelihoods of men and women. This is distinct from – but complementary to – the need to ensure that all other types of data (e.g. on livelihood strategies and assets) are gender disaggregated. The nature of this distinction is examined from various angles to gather a full and realistic picture of the role of women in society, and the constraints they face. It can derive from the perspective of social relations, activities, access and control over assets and resources, and needs.

Answer to Check Your Progress Exercise: 4

1. The livelihood framework suggests two basic types of intervention that communities can pursue in enhancing their levels of subsistence. They are: ‘Practical interventions’ facilitating the efforts of low-income households to build their livelihood assets (Counselling programmes, education, employment training, economic literacy and

savings programmes, and support for small business development). ‘Strategic interventions’ are directed towards the vulnerability context community building and organizing, alliance building, policy work and advocacy. . They work towards the goal of social and economic change at the systemic level.

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24.18 QUESTIONS FOR REFLECTION AND PRACTICE

1. Define livelihoods.
2. Explain the concept of livelihoods in relation to various local assets and capabilities.
3. ‘Interventions to build up various assets can help enhance subsistence levels, and it can help the poor tide over poverty’. Substantiate this statement.
4. How is gender analysis useful in understanding rural livelihoods?
5. Suggest livelihood strategies and policies to enhance subsistence production levels of the poor in the villages.

UNIT 25 WORK - LIFE BALANCE

Structure

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25.1 INTRODUCTION

Work and family life have been an integral part of a woman's life. These two together form an integrated whole and therefore attract a lot of attention. The need to study the inter-linkages becomes all the more important with an increasing number of women entering the formal labour market. The very fact that they go out of home to work in a 'public space' poses all kinds of pulls and pushes upon home life which includes their 'work' to maintain home and the family. A plethora of research has been conducted to ascertain the impact of a job outside home on the home life and vice versa or to understand the relationship between the two. Research so far has been emphasizing the conflict between the home and office life of a woman as a result of employment outside the home.

25.2 OBJECTIVES

After studying this Unit you will be able to:

- Describe the Quality of Life and its indicators;
- Analyze the importance of Work-life Balance; and
- Discuss the significance of developing the strategy to strike a balance in work and life.

25.3 DEFINITIONS

In this section we focus on definitions of work-life balance and work-family expansion.

25.3.1 Work-Life Balance (WLB)

Work-life balance is not a new concept. The change in the pattern of work and the concept of the workplace after the industrial revolution in the second half of the 18th century gave a new dimension to the concept of WLB. As time progressed, nuclear families increased. A later change was the fading away of the "ideal home" in which the earning member's spouse took care of the home. With improved education and employment opportunities today, most homes are ones in which both parents work because of necessity and the desire to augment incomes. The need to create congenial conditions in which employees can balance work with their personal needs and desires became a factor that companies had to take note of both to retain them as well as to improve productivity. It was a compulsion that they could not afford to ignore. Having realized that, companies started introducing schemes to attract and retain employees and improve their productivity.

Work-life balance is the extent to which individuals are equally involved in -- and equally satisfied with- - their role and their family role.

In his book *Managing work-life balance*, David Clutterbuck defines work-life balance as:

- being aware of different demands on time and energy;
- having the ability to make choices in the allocation of time and energy;
- knowing what values to apply to choices; and
- making choices.

Work-Life Balance does not mean an equal balance. Trying to schedule an equal number of hours for each of various work and personal activities is usually unrewarding and unrealistic. Life is dynamic and not static. Each person's work-life balance will vary over time, often on a daily basis. The right balance for each one today will probably be different from tomorrow.

The right balances differ when one is single and will be different when one marries or has a partner or if they have children. When one starts a new career versus when one is nearing retirement brings changes in work-life balance there is no perfect, one-size fits all, balance that one should be striving for.

25.3.2 Work-Family Expansion refers to the notion that: simultaneously engaging in multiple work and family roles is beneficial for the physical and mental relationship health of individuals. The quality of the roles, rather than the number of roles occupied or the amount of time spent in a particular role, determine the degree to which individuals experience the positive effects of participating in multiple roles.

25.4 IMPORTANCE OF WORK-LIFE BALANCE IN WOMEN'S LIVES

Today's career women are continually challenged by the demands of full-time work and when the day is done at the office, they carry more of the responsibilities and commitments to home. The majority of women are working 40-45 hours per week and the majority are struggling to achieve work-life balance. Women reported that their lives were a juggling act that included multiple responsibilities at work, heavy meeting schedules, business trips, in addition to managing the daily routine responsibilities of life and home. "Successfully achieving work-life balance will ultimately create a more satisfied workforce that contributes to productivity and success in the workplace." Employers can facilitate WLB with many schemes that can attract women employees and satisfy their needs.

Some of the schemes are:

- Facilities for child care;
- Financial planning services for employees who need them;
- Flexi-timings;
- Work sharing;
- Part-time employment;

- Leave plans - both paid and unpaid - to suit employee's needs;
- Subsidized food plans;
- Insurance plans;
- Counselling services for problems like managing work and the home;
- Rest rooms, food preparation services;
- Jobs with autonomy and flexibility;
- Realistic work loads; and
- Review of work processes to see if the burden on employees can be lightened.

(Source: http://www.indianmba.com/Occasional_Papers/OP183/op183.html)

25.5 WORK-LIFE AND FAMILY RELATIONSHIPS

Edwards & Rothbard (2000) explain the relationship between work and family roles through a variety of linking mechanisms:

- **Work-family conflict or interference** refers to simultaneous pressures from the work and family domains that are mutually incompatible in some respect such that meeting the demands of one role makes it difficult to meet the demands of the other role.

Sometimes referred to as negative spill over, work-family conflict can take different forms and can originate either in the work domain or the family domain.

Work-family conflict, and consequent outcomes can be buffered by various coping behaviours. Some researchers have looked into how Asian women cope with these stressors, and Hall's (1972) typology of coping provides a useful way to categorize these coping behaviours. Lo, Stone, and Ng (2003) found that the most popular strategy for coping in their sample was personal role re-definition (i.e., changing one's own role expectation and not the expectations themselves, such as prioritizing time with children over grocery shopping [Lo et al., 2003]), followed by reactive role

behaviour (i.e., assuming a rigidity of role expectations such that the person has no choice but to find ways to meet them), and finally structural role re-definition (i.e., changing the expectations imposed by an external source, such as flexible work scheduling or spousal negotiation of household roles).

Other studies have found Asian women to employ similar coping strategies. For example, Lee, Um and Kim (2004) found that married Korean women often coped by “working harder” in reaction to their role conflicts (a reactive role behaviour), which was associated with higher rates of depression compared to those who coped through other strategies such as negotiation with their spouse and prioritizing household tasks. Asian professional women may also cope reactively by lowering their career ambitions, as evidenced by an absence of women from the top levels. Ayree, Luk, Leung, and Lo (1999) framed coping behaviours in terms of emotion-focused coping (i.e. regulating distress created by the appraisal of stressors) and problem-focused coping (i.e. removing the negative impact of a stressor) and found that these efforts, in concert, positively influenced job and family satisfaction.

Several studies have also cited greater help from extended family or domestic workers in some Asian cultures, which can alleviate some of the burdens of work-family conflict. Enlisting the social support of husbands in domestic roles also helps to redefine structural roles, thus reducing work-family stress. Some studies have sought to explore the extent to which workplaces are accommodating structural role re-definition.

Unfortunately, in Asian societies, there is little dialogue between women and their employers with respect to work-family issues. This may be less true in societies with longer histories of egalitarian policies around gender and work. The following section will elaborate upon the implications for research and practice that extend to what is currently known about Asian women’s experiences with work and family.

- **Work - family accommodation** refers to the process by which individuals reduce their involvement in one role to accommodate the demands of the other role. Work-family accommodation can be used as a strategy in response to actual or anticipated work-family conflict such that individuals reduce their involvement in a role that is less important to them. The reduction in involvement can take either of two forms: behavioural (i.e. curtailing the amount of time devoted to a role) or psychological (i.e. restricting the level of ego attachment to a particular role).
- **Work-life compensation** refers to efforts by individuals to offset dissatisfaction in one role by seeking satisfaction in another role. These efforts can take the form of decreasing involvement in a dissatisfying role and increasing involvement in a more satisfying role. Alternately, individuals may respond to dissatisfaction in one role by pursuing rewarding or fulfilling experiences in the other role. The latter form of compensation can be either supplemental or reactive in nature. Supplemental compensation occurs when individuals shift their pursuits for rewarding experiences from a dissatisfying role to a potentially more satisfying one, e.g., individuals with little autonomy at work seek more autonomy outside of their work role. On the other hand, reactive compensation represents individual efforts to release negative experiences in one role by pursuing contrasting experiences in the other role such as engaging in leisure activities after a fatiguing day at work.
- **Work- family segmentation** originally referred to the notion that work and family roles are independent of one another such that individuals can participate in one role without any influence on the other role. More recently, segmentation has been viewed as an intentional separation of work and family roles such that the thoughts, feelings

and behaviours of one role are actively suppressed from affecting the individual's performance in the other role.

- **Work-family enrichment** refers to the process by which one role strengthens or enriches the quality of the other role. Work-family enrichment also refers to work-family enhancement, work-family facilitation and positive “spill over”. All these terms describe the notion that a variety of resources from work and family roles have the capacity to provide experiences in the other role.

Unlike conflict or interference, two mechanisms that are important to make note of work-family balance and work-family expansion. However, they are not ‘linkages’ in the sense of a causal relationship between work and family life..

25.6 CHANGING DIMENSIONS IN THE WORK-FAMILY INTERFACE

Several studies highlighted the Incongruence in the roles played by employed women in the Work-Family Interface. These underlines role conflict. Significant changes have been documented in the machine age, industrial age and the networked age relating to stress levels, work-life balance and women and work.

<i>The changing Equations of New Era</i>			
<i>The Changing Equations</i>			
	The Machine Age	The Industrial Age	The Networked Age
Stress	High	Higher	Highest
Work-Life balance	You went to work-life started only when you go home	Not only are people working at work, but also at home	24-hour workdays split into compartments dedicated for 'life'
Women and Work	The men worked and women tended the house	Both men and women worked, and women still tended the house	Both men and women work and tend to the house

(Source: http://www.indianmba.com/Faculty_Column/FC660/fc660.html)

25.7 IMPORTANCE OF WORK-FAMILY STUDIES

Work and family life share a direct relationship. The study of related aspects is necessary to understand how one affects the other:

- The work lives can either enhance or detract from our family lives. Our family lives can have positive or negative influences on our work attitudes, behaviours and outcomes. For example, extensive and inflexible work hours, over-involvement in work and job stress may produce distress within the family domain, withdrawal from family responsibilities and adversely affect one's overall quality of life. Similarly, extensive care-giving responsibilities and intensive involvement with family activities can limit an individual's career choices and aspirations and negatively affect their work involvement, job satisfaction and intention to continue their employment. In contrast, there are various resources derived from one's work role such as income, job autonomy and social support from co-workers and/or supervisors that can positively influence one's experiences and well-being in the family domain. Similarly, individual's home and family lives can also strengthen or enrich the quality of their work lives by providing a variety of supportive resources to draw upon.
- With the growing representation of women in the workforce and a blurring of traditional gender-based roles, both men and women are confronted with the daily challenge of handling their work and family responsibilities in a way that meets the needs of their family as well as their employer. Understanding of the work-family interface can enable working women and men achieve a better balance between their work and family roles.
- Understanding of family-work linkages can enable individuals and their employers to determine the most effective ways to reduce work-family interference and increase work-family enrichment. Human resource professionals, training and development

personnel and other decision-makers can use these insights to design policies and programmes aimed at promoting a higher quality of life for employees.

25.8 EMPLOYER'S ROLE IN WORK-LIFE BALANCE

In surveys conducted, it was found that an overwhelming majority of employers support the concept of WLB. In fact it has become a legal necessity where the concept of "Equal Opportunity Employer" is almost mandatory. On the other hand, as brought out in the preceding parts of this paper, it is seen as a business compulsion for them in terms of retention of talent and productivity in all sectors of the industry. In a time when attrition is a major concern in all sectors, they feel it wise to adopt worker-friendly practices.

Employers can facilitate WLB with many schemes that can attract employees and satisfy their needs. Some of these are:

- Facilities for child care;
- Financial planning services for employees who need them;
- Flexi-timings;
- Work sharing;
- Part time employment;
- Leave plans - both paid and unpaid - to suit employees needs;
- Subsidized food plans; and
- Insurance plans.

25.9 STRATEGIES TO ACHIEVE WORK-LIFE BALANCE

Some of the major strategies in achieving work-life balance include:

Budgeting time both in and out of the office: Time should be scheduled efficiently at work including time for oneself in the calendar and taking time for family / friends is crucial.

Leaving work on time at least three days per week: There are times when working late just cannot be helped, but schedules should be adjusted so that one can leave on time three days per week.

Controlling interruptions and distractions: Staying focused while in the office, and budgeting time effectively are useful. Scheduling a block of time during the day without meetings when one can focus on tasks with minimal interruptions improve productivity.

Explore the availability of flex-time: Flex-time options should be explored within the organization. If available, this may be a helpful solution.

Maximize use of the weekend: Time taken off can be planned. Activities can be scheduled with family and friends such as a weekend trip, or just something enjoyable. Time away from work should count!

Check Your Progress Exercise:1

Note: i) Use the space given below for your answers.

ii) Check your answers with those given at the end of the Unit.

1) Define Work-Life Balance. State its importance in a woman's life.

2) Discuss the Work –Family relationships.

THE PEOPLE'S UNIVERSITY

25.10 QUALITY OF LIFE APPROACH

In this section we will try to understand the concept of quality of life, its indicators as well as the concept of well-being, especially in relation to gender-based correlates.

25.10.1 Concept of Quality of Life

While reading literature on QOL, one comes across terms like needs, social indicators, social well-being etc. The concept of QOL encompasses all the material aspects of human life and may even extend beyond it to cover the physical and psychological dimensions. Miles broadened the QOL concept and defined it **as an aggregate of a number of social and economic outputs received by groups or individuals or as subjective evaluation of satisfaction or well – being.**

Operationally, QOL has been defined in a UNESCO Report (1977) as an inclusive concept which covers all aspects of living including material satisfaction of vital needs as well as more transcendental aspects of life such as personal development, self-realization and a healthy eco-system. Parthasarathy in his study on Irula, a tribal community inhabiting Nilgiris district of Tamil Nadu concludes that the tribal population is fully satisfied with their objective needs such as nutrition, drinking water, perpetuation of species, shelter and warmth but they are not happy with interference in their aesthetic, social and cultural needs and the “bad” identity brought to them by the outsiders. Therefore, one may say, the QOL of Irulas is satisfactory with respect to objective needs but not so in case of subjective needs.

QOL operates at both macro and micro levels. The factors operating at both the levels are population situation, socio-cultural factors, resources, standard of living and process of development. In respect to consumption factors, aspects of QOL to be considered are food and nutrition, housing, education, health, employment, recreation, reduction of disparity between earning and purchasing power, opportunities for advancement and equality between men and women in decision- making etc.

The different aspects of QOL are measured with the help of Indicators. These are new and special kind of indicators based both on objectively observable facts and conditions of life in society and people's own subjective perceptions and assessment of the life they live under the given circumstances.

QOL measures are clubbed by Blishen and Atkinson into the following:

- Objective indicators – these count commodities thought to contribute to good life such as money, and
- Subjective indicators - these measure the perceptions or evaluations by the individuals of aspects of life/ job, financial status and standard of living.

While rejecting the quantitative measure of QOL, Logo V. Bestuzhev (1980) emphasized upon the importance of issues like self-preservation, self-development, self-expression, self-realization, self-respect and respect on the part of others. He added that to measure QOL, people are asked about their working and rest conditions at office and home, quality of housing, clothing, food and conditions under which they take their meals etc.

25.10.2 Indicators of Quality of Life

Various efforts have been made to develop an integrated set of Levels of Living Index or QOL. The first of these is the Levels of Living Index developed by Jan Drewnowski in 1974. It outlines a methodology for aggregating indicators and components of Levels of Living or QOL Index. These include nutrition, clothing, shelter, health, education, leisure, social security and physical and social environment. The other more recent but less sophisticated example is the PQLI proposed by Morris in 1979. It was formed to measure development and consisted of three indicators: infant mortality, life expectancy at age one and adult literacy rate.

For a working individual, QOL cannot be separated from the quality of work that she/he does. De, N.R. argued that the quality of work depends on share of creative activity in the working process. The higher this share, the higher is the quality of work and consequently, the QOL.

As discussed before, the dominant theme in the current sociological work on educated working women relies heavily on the concept of role conflict. The theory of Role Conflict entails that working woman has to juggle between home and workplace, switching over from one role to another which is in stark contrast to each other, often facing conflicting situations. However this theory has been debated at length.

Krishnaraj argues that Role Conflict Theory has many flaws in its approach. It cannot explain all the intricate social realities in a woman's life. It focuses only on the competing demands put by their two roles because its basic tenet is separation between the home and work lives of women. In the contemporary era, blurring of the two domains of work and family life may be seen in a few cases. For example, a study on women clerks working full-time in government departments has shown how family/household tasks make an important part of their office/ workplace routines. The women knit sweaters, stitch sari falls and buy provisions from the cooperative store during their day long stay in the office. This way they

try to ease out their household tasks/responsibilities since they have a lot more tasks to be attended to at home.

25.10.3 Concept of Well-Being

Well-being has been defined as the quality of life of an individual or other social unit. Well-being can be assessed through the lens of an individual's subjective assessments of his or her experiences, such as perceptions of emotional or spiritual well-being, or via objective measures such as those indexing physical health (e.g., blood pressure). In addition, cultural definitions of well-being or positive functioning may often be found operating within societies. For example, individuals might be considered to have adequate quality of life when they are gainfully employed and financially self-supporting. Regardless of who is doing the defining -- individuals themselves, researchers, policy makers, or society at large -- all definitions carry implicit or explicit values about the elements of positive well-being, and the definitions of different entities may differ or even conflict. For example, some individuals equate luxury with high quality of life, but groups concerned with social justice might see such a lifestyle as self-indulgent and question its quality.

There is no well-established consensus about the ideal way to measure family well-being.

However the list of indicators may include the following:

- Psychological well-being (depression, anxiety, life satisfaction);
- Self-concept (self-esteem, self-efficacy, self of power, internal locus of control);
- Physical health (chronic problems, disability);
- Behaviour/conduct problems (drug use, alcoholism, teen age pregnancy);
- Occupational quality (occupational prestige, job autonomy, job satisfaction);
- Material quality of life (income, assets, housing quality, welfare dependency, perceived economic strain);

- Social well-being (number of friends, social participation and support, contact with parents and extended family);
- Marital quality (marital satisfaction, marital disagreements, marital instability).

Gender affects many aspects of life, including access to resources, methods of coping with stress, styles of interacting with others, self-evaluation, spirituality, and expectations of others. These are all factors that can influence mental health either positively or negatively.

Psychological gender studies seek to better understand the relationship between gender and mental health in order to reduce risk factors and improve treatment methods.

Traditional gender roles define masculinity as having power and being in control in emotional situations, in the workplace, and in sexual relationships. Acceptable male behaviours include competitiveness, independence, assertiveness, ambition, confidence, toughness, anger, and even violence (to varying degrees). Males are expected to avoid such characteristics associated with femininity as emotional expressiveness, vulnerability (weakness, helplessness, insecurity, worry), and intimacy (especially showing affection to other males).

Traditional femininity is defined as being nurturing, supportive, and assigning high priority to one's relationships. Women are expected to be emotionally expressive, dependent, passive, cooperative, warm, and accepting of subordinate status in marriage and employment.

Competitiveness, assertiveness, anger, and violence are viewed as unfeminine and are not generally tolerated as acceptable female behavior.

25.10.4 Indicators and correlates of Physical Well-being

The physical well-being of individuals is greatly determined by the quantitative and qualitative aspects of their food intakes. It is also influenced by the quality of housing and the basic facilities available for living.

In case of women in particular, the components of reproductive health have a direct bearing upon their physical well-being. Some of them include: age at marriage, number of children, spacing between children, duration of breast feeding and adoption of family planning measures.

Food Intakes

Food intakes comprise two aspects – quantitative and qualitative. While the quantitative aspect deals with the amounts or quantities of food items consumed by an individual, the qualitative aspect deals with a wide range of micro and macronutrients required keeping the body healthy.

Housing needs

The National Perspective Plan for Women (1988-2000 AD) calls for a need to identify and give due consideration to the special housing needs of women. It recognizes the need to provide necessary facilities in homes in order to lessen the burden and drudgery of women in performing the productive and reproductive roles.

Facilities at Place of Work

The place of work is very important in terms of physical comfort and ambience. An important component of physical well-being of women is their reproductive health. It includes information about their fertility behaviour such as age at marriage, number of

children, spacing between pregnancies, location period and usage of family planning measures.

Reproductive Health

Focusing most often on the health of pregnant and lactating women, the effort has been to extent services to promote health of women in the reproductive age group and girls (adolescent girls) in particular.

Adoption of Family Planning Measures

Family planning measures have a direct bearing upon a woman's health. Too many pregnancies and children have a negative effect on a woman's health. There are temporary as well as permanent measures available in the market. The temporary measures are physical and chemical methods. The surgical method, tubectomy, is the only measure for women which is permanent in nature. For the male members, vasectomy is the permanent method.

25.10.5 Emotional and Mental Well-being

Dhillon in a study of women entrepreneurs: problems and prospects, points towards anxiety stress among her respondents. She finds three types of stress among them – job-induced tension, somatic (physical) tension and general fatigue and unhappiness. She adds that stress is evident in the day-to-day life of these women.

Professional Growth

The corporate sector is characterized by a flat organizational set up. It does not have a well-defined, hierarchical structure with too many ranks and positions. However, there is a lot of scope for growth in terms of responsibility and number of tasks to be handled by an employee. Unlike in the public sector, promotions in rank and position are done here on the basis of performance in work. There is no time-bound scheme of promotions in the corporate sector, which may ensure them a rise in their position in the organization.

25.10.6 Example for Physical Quality of Life Index

Kerala could not have attained the commendable record of the **Physical Quality of Life Index (PQLI)** without the contribution of women. Indicators of PQLI viz. infant mortality (14%), female literacy (87%), and life expectancy at birth for females (76) are well above all India levels. The focus of the state policies on the service sector such that 37% of the total annual expenditure is earmarked for health and education are also commensurate with this unique state of affairs. In fact, the credit for achieving the highest physical quality of life index (PQLI) in Kerala as early as 1951 should go primarily to the high female literacy in the State.

25.10.7 Example for improving QOL of women

Women's Technology Park in the Mountain Region is being set up by an NGO named Himalayan Environment Studies and Conservation Organization (HESCO) at Chamoli in Uttar Pradesh. It will cater to women of Himachal Pradesh, hilly regions of Uttar Pradesh and the North-Eastern States. The objectives of the Women Technology Park are to create awareness of the new technologies, instruments and appliances which are friendly to women in their day-to-day work. Besides giving them exposure for effective utilization of natural resources like land, water and vegetation, they also specify effective use for their day-to-day requirement. They provide technological solutions to problems faced by women by networking NGOs and research institutions in the area and providing opportunities to women for better utilization of by-products and wastes for value addition. They further provide scope for skill upgradation towards higher productivity and economic gains and also establish linkages with the Panchayati Raj Institutions for effective implementation and monitoring of the initiatives taken by the Department of Science and Technology.

Check Your Progress Exercise: 2

Note: i) Use the space given below for your answers

ii) Check your answers with those given at the end of the Unit.

1. What is Quality of Life Approach? Discuss the indicators of QOL.

25.11 SUMMING UP

The best work- life balance is different for each of us because we all have different priorities and different lives. However, at the core of an effective work-life balance definition are two key everyday concepts that are relevant to each of us. They are daily Achievement and Enjoyment, ideas almost deceptive in their simplicity. Engraining a fuller meaning of these two concepts takes us most of the way to defining a positive Work-Life Balance.

The change in the pattern of work and the concept of the workplace after the industrial revolution in the second half of the 18th century gave a new dimension to the concept of WLB. As time progressed, nuclear families increased. A later change was the fading away of the "ideal home" in which the earning member's spouse took care of the home.

With improved education and employment opportunities today, most homes are ones in which both parents work, because of necessity and the desire to augment incomes.

The need to create congenial conditions in which employees can balance work with their personal needs and desires became a factor that companies had to take note of both to retain them as well as to improve productivity. It was a compulsion that they could not afford to ignore. Having realized that, companies started introducing schemes to attract and retain employees and improve their productivity.

25.12 GLOSSARY

Irulas: Irulas are one of the Scheduled Tribes in India. They are present in various parts of India, but are mainly located in the Thiruvallur District of Tamil Nadu. Their population in this region is estimated between 1000-2000.

UNESCO: United Nations Educational Scientific and Cultural Organization (UNESCO) has 193 member States and seven associate member states. UNESCO works to create the conditions for dialogue among civilizations, cultures and people based upon respect for commonly shared values.

25.13 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1:

1. Work-life balance is the extent to which individuals are equally involved in-and equally satisfied with-their role and their family role. Today's career women are continually challenged by the demands of full-time work and when the day is done at the office, they carry more of the responsibilities and commitments to home. The majority of women are working 40-45 hours per week and the majority are struggling to achieve work/life balance. Women reported that their lives were a juggling act that included multiple responsibilities at work, heavy meeting schedules, business trips, on top of managing the daily routine responsibilities of life and home. "Successfully achieving work/life balance will ultimately create a more satisfied workforce that

contributes to productivity and success in the workplace." Employers can facilitate WLB with many schemes that can attract women employees and satisfy their needs.

2. Work-family Relationship and conflict, Work-Family compensation and Work-Family Accommodation.

Check Your Progress Exercise 2:

1. QOL concept and defined it as an aggregate of a number of social and economic outputs received by groups or individuals or as subjective evaluation of satisfaction or well – being. The major indicators are:

- Psychological well-being (depression, anxiety, life satisfaction);
- Self-concept (self-esteem, self-efficacy, self of power, internal locus of control);
- Physical health (chronic problems, disability);
- Behaviour/conduct problems (drug use, alcoholism, teen pregnancy);
- Occupational quality (occupational prestige, job autonomy, job satisfaction);
- Material quality of life (income, assets, housing quality, welfare dependency, perceived economic strain);
- Social well-being (number of friends, social participation and support, contact with parents and extended family);and
- Marital quality (marital satisfaction, marital disagreements, marital instability).

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25.15 QUESTIONS FOR REFLECTIONS AND PRACTICE

- 1) Discuss the concept of Well-Being and the indicators of Physical Well Being.
- 2) How can women’s Quality of Life be improved?
- 3) State and discuss the five strategies to strike a work-life balance.

UNIT 26 GENDER, HEALTH AND WELL-BEING

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26.1 INTRODUCTION

You can tell the condition of a nation by looking at the status of its women.

- Jawaharlal Nehru

This Unit dwells upon the concept of health and its dimensions as well as the various factors components that particularly influence the health of women. It gives a descriptive account of health status of women as it prevails in the contemporary situation.

26.2 OBJECTIVES

After studying this Unit, you should be able to:

- define the concept of health in general and the various components which together ensure health and well-being of a person;
- analyze the significance of linkages between health and gender that determine the health status of women in the context of prevailing economic and socio-cultural scenario;
- explain the indicators of women's health in the form of morbidity, mortality, emotional and sexual health etc; and
- discuss the impact of new technology on the reproductive health of women.

26.3 HEALTH: CONCEPT AND INDICATORS

How do we understand the concept of health? What are the indicators we can use to assess health status?

26.3.1 Concept of Health

Health has traditionally been associated with a mere absence of disease or ailment, which was limited to or indicated only the physical condition of a person. The other aspects of health which are often considered subjective in nature have so far been neglected. These aspects relate to the emotional and mental well-being of the person, which often relate to how happy a person has been.

In recent times, Health has been addressed as something which takes into account all the related components such as mental, social and emotional ones which together constitute or affect the overall personality of a person. With this holistic approach, Health has been defined by the World Health Organization as follows

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.

Health connotes the complete well-being of a person each dimension affecting a separate aspect of a person's health.

26.3.2 Components of Health

Health has various components -- physical, mental, emotional, social and sexual with the following characteristics:

- Each component affects a separate aspect of health.
- All components are interrelated.
- Each component affects the other and together determines the Health of a person.

Physical health

Physical health relates to the absence of a disease, ailment or disability. For instance, a person with no symptoms and physical discomfort caused may be said to enjoy good physical health status. There are various determinants of physical health such as heredity, environment, food intakes and personal hygiene and sanitation.

Mental health

Mental health relates to subjective emotions such as depression, anger, anxiety or happiness which connote the mental state of mind. It generally implies the following:

- Control on emotions which determines how one deals with adverse situations;
- Sensitivity to the needs of others which determines how one considers others' needs and requirements while making decisions;
- Confidence in one's own abilities, self-esteem determines one going ahead in life;
- Freedom from unnecessary tensions, anxieties and worries which determines one, dealing with situations with a sound mind.

Social health

Social health relates to social participation and support and serves the following objectives:

- Form a support group for each other;
- Provide ready-made support or assistance to each other;
- Curb isolation and neglect from the society; and

- Provide a vent or outlet for pent up emotions.

Social health for an individual implies:

- How well one gets along with people around and adjusts in social and community networks;
- How pleasant is a person's mannerism;
- How helpful is a person to others; and
- How well does a person fulfill responsibility towards others.

Sexual health

Sexual health in case of women connotes health status related to reproduction and child birth and number of pregnancies, miscarriages, number of children, spacing between children etc. It is also manifested through the type of family planning measures adopted by women.

26.3.3 Concept of Well-being

Well-being is the composite measure of Health. It comprises all constituents of health in their totality: physical, social, mental and sexual which connote objective as well as subjective conditions of life.

Well-being has been defined as the quality of life of an individual or other social unit . Well-being can be assessed through the lens of an individual's subjective assessments of his or her experiences, such as perceptions of emotional or spiritual well-being, or via objective measures such as those indexing physical health (e.g., blood pressure). In addition, cultural definitions of well-being or positive functioning may often be found operating within societies. For example, individuals might be considered to have adequate quality of life when

they are gainfully employed and financially self-supporting. Regardless of who is doing the defining -- individuals themselves, researchers, policy makers, or society at large -- all definitions carry implicit or explicit values about the elements of positive well-being and the definitions of different entities may differ or even conflict. For example, some individuals equate luxury with high quality of life, but groups concerned with social justice might see such a lifestyle as self-indulgent and question its quality.

Check Your Progress Exercise 1:

Note: i. Use the space given below to answer the questions.

ii. Compare your answer with the one given at the end of this unit.

1. What is health in general?

2. What are the components of health?

26.4 GENDER AND HEALTH

Gender norms and values give rise to *gender inequalities* -- that is, differences between men and women which systematically empower one group to the detriment of the other. The fact that, throughout the world, women on average have lower cash incomes than men is one example of gender inequality.

Both gender differences and gender inequalities can give rise to inequities between men and women in health status and access to health care. For example:

- A woman cannot receive needed health services because norms in her community prevent her from travelling alone to a clinic.
- A married woman contracts HIV because societal standards encourage her husband's promiscuity while simultaneously preventing her from insisting on condom use.
- In some countries lung cancer mortality rate for men far outstrips the corresponding rate for women because smoking is considered an attractive marker of masculinity, while it is frowned upon as unfeminine in women.

In each of these cases, gender norms and values and resulting behaviors are negatively affecting health. In fact, the gender picture in a given time and place can be one of the major obstacles -- sometimes the single most important obstacle to the achievement of well-being.

26.4.1 Relation between Gender and Health

Gender affects many aspects of life, including access to resources, methods of coping with stress and styles of interacting with others etc. These are the factors that can influence health of a woman either positively or negatively.

The relation between Gender and Health is important because women are discriminated through socio-cultural norms, customs and practices. Some of the socio-

cultural factors that prevent women and girls benefiting from quality health services and attaining the best possible level of health include:

- Unequal power relationships between men and women;
- Social norms that decrease education and paid employment opportunities;
- An exclusive focus on women's reproductive roles; and
- Potential or actual experience of physical, sexual and emotional violence.

All the above factors affect the overall health of women in many ways. These economic and socio-cultural factors affect their food intakes and recourse to institutionalized medical care. These factors may be considered separately as under:

- **Malnutrition:** The strict socio-cultural practices lead to high rates of malnutrition among women since they are the ones who eat last and least after cooking and serving the members of their family. Pregnancy and lactation lead to further depletion of essential nutrients increasing incidence of nutritional deficiency.
- **Poor Health:** Females receive less health care than males. Many women suffer with reproductive diseases and multiple pregnancies/miscarriages lead to poor reproductive health among them. Poor working conditions and environmental pollution further impair women's health.
- **Lack of education:** The illiteracy among women is much higher as compared to men. It is a common practice not to send girls to school at all or pull them out of school and entrust them with responsibilities for household work and child care.
- **Overwork:** Women work longer hours and their work is more arduous than men's; yet their work is not only unrecognized but also undervalued to quite an extent. Their involvement in economically gainful and reproductive work leaves them with no time to care for their own health.

- **Unskilled:** The lack of skill among women compels them to take up menial jobs here and there. Poor and inadequate working conditions have a negative bearing on their physical health.
- **Mistreatment:** The violence against women adversely affects the health of women. The alarming rise in atrocities against women such as rape, assault and dowry-related murders has a negative effect on the overall health of women. . Female foeticide, infanticide and sex-selective abortions are additional forms of violence that devalue women and lead to ‘missing girls’ or skewed sex ratio.
- **Powerlessness:** While women are guaranteed equality under the constitution, legal protection has little effect in the face of prevailing patriarchal traditions. The lack of say in decision-making regarding age at marriage, family size and use of family planning measures deny women the right to good health.
- **Traditional definitions of gender:** Tradition defines masculinity as having power and being in control in emotional situations, in the workplace, and in sexual relationships. Acceptable male behaviours include competitiveness, independence, assertiveness, ambition, confidence, toughness, anger, and even violence (to varying degrees). Traditional femininity is defined as being nurturing, supportive, and assigning high priority to one's relationships. Women are expected to be emotionally expressive, dependent, passive, cooperative, warm, and accepting of subordinate status in marriage and employment. These factors are primarily responsible for a low health status among the women.

26.4.2 Health Status of Women: Prevailing Scenario

Health is a basic human right / women's right.

The right to health is a fundamental right and the poorer health indices of half the population is a cause for concern.

To be able to lead good healthy lives, women need to have access to nutritious food, appropriate medicine to treat illnesses, clean water, safe housing, pollution-free environment and institutional health services. Thus, women's health is determined by the forces working at homes, work places, society and the state. According to Dr Amartya Sen ,

“ Burden of hardship falls disproportionately on women” due to seven types of inequality as elaborated by Amartya Sen: *Mortality* – gender bias in health care and nutrition, *Natality* - prevailing sex selective abortion and female infanticide, *Basic facility* – lack of education and skill development, *Special opportunity* – inaccessibility to higher education and professional training, *Employment* – absence of job / in-service promotion and *Ownership* – lack of ownership of home, land and property.

26.4.3 Factors Affecting Women's Health Status

Considerable research has been conducted in the area of Gender and Health. Various studies have correlated health with nutrition, environment and socio-cultural factors and discussed these factors in the context of availability and accessibility to medical care.

Two basic positions on the determinations of health and well-being have been identified by Ross and Raymond. These are particularly applicable in case of women and their health:

- 1) Living conditions - these may comprise of poor housing, social and psychological stressors in the family and at work.

2) Medical care – the mere availability of medical care may not necessarily mean its access and utilization by the women.

The World's Women, a report on Women and Health, recognizes certain factors affecting women's health. It specifies that factors like better nutrition, broader access to appropriate health care, improved education and good family planning are keys to improving women's health and reducing their reproductive burden.

Owing to multiple roles of women, several studies have emphasized their special medical needs which need to be addressed owing to the productive and reproductive functions performed by them. The cultural norms that are specially cited to affect the women's health are factors like attitude to marriage, age at marriage, the values attached to fertility and sex of child, pattern of family organization and the ideal role demanded of women by social conventions. These factors determine her place within the family, degree of her access to medical care, education and nutrition.

26.4.4 Gender and Access to Institutionalized Medical Care:

Among all the factors, the institutionalized form of medical care is intimately related to health and the very life itself, of women.

Bryan C. Smith (1979) defines medical care as the services provided directly by physicians to individuals for maintenance and restoration of health and for prevention of disease. It is required at all the stages of illness such as diagnosis of symptoms, treatment, convalescence, follow-up and dissemination of knowledge for the prevention of a disease.

The mere availability of medical care cannot ensure good health; much depends upon the extent of its utilization by an individual in sickness. In case of women, besides the

economic determinants, socio-cultural factors govern an individual's decision to seek medical services in sickness.

Sumaraj points towards the sex and socio-economic status of an individual which determines his decision on whether to use institutionalized medical care or not.

Anderson and associates (1973) developed a descriptive multi-variant model to account for differences in medical utilization. They viewed an individual's decision to seek medical care as a new consequence of the following three variables:

- Predisposing variables;
- Enabling variables; and
- Illness variables.

There is an interplay between the predisposing, enabling and illness factors at different stages of an illness that determines when the person takes recourse to institutional medical care. However, these three factors are necessary for an optimum utilization of medical services. The underplay by any one of these factors hampers an individual's decision to seek medical care. The role of these factors is further emphasized in the case of utilization of medical services by women. Several studies point towards under-utilization of institutionalized medical care by women in comparison with the men.

Sathyamala & Sundharam argue that health problems of Indian women are primarily related to their social status in society. The lower status of women in comparison with men does not enable them to utilize medical services as much as men.

The utilization aspect of medical care among women further elaborated by Meera Chatterjee (1988). She identified four broad areas which together determine women's access to and utilization of health services, these are:

- Need - It is the extent of ill-health and is a measure of the extent to which they must seek health care.

- Permission - It refers to the familial, communal and societal norms that dictate whether a woman can or cannot seek health services depending mostly on the economic status.
- Ability – It refers to the feasibility of the women to take recourse to the institutionalized form of medical care.
- Availability - The availability of health services in general and, specifically for women, determines their access to health care.

As per the above classification, women may have an urgent need to access medical care but they may not be able to take recourse to the services essentially due to unavailable specialized services, lack of permission to seek the same and inability to access the same. For example, women may be very sick and in urgent need of medical care but unavailability of the same may make it difficult for them to access them. In addition, the prevailing medical care may be distantly present from them and they may not have the required permission to use medical facilities due to rigid socio-cultural constraints.

A number of studies conducted in the area of women's health and economically gainful employment show a positive relation between the two.

Sumaraj reports that gainfully employed women have lower sickness rates than housewives after controlling for age and excluding sickness from puerperal and female genital causes and occupational injuries.

Yoydanoff notes that health levels are the highest among women performing all the three roles – **employed, married and parent**; whereas those performing none have the poorest health. These relationships are additive and not interactive.

In apparent contrast, Nancy Woods and Barbara Hulka found in their study that higher number of role responsibilities is associated with a symptoms of poor physical health.

26.4.5 Utilization of Medical Care by Women

Recourse by women to institutionalized forms of medical care largely depends upon their illness Behaviour.

Mechanic described illness behaviour as the way in which symptoms are perceived, evaluated and acted upon by a person who recognizes some pain, discomfort or other signs of organic malfunction.

Suchman described the stages of illness experienced as five response stages depending upon the interpretation of a particular sickness:

1. **The Symptom experience:** An individual may take the decision to deny the symptoms or pretend that they do not need attention, to delay making a decision until the symptoms are more obvious or to accept them as evidence of a health disorder. She may also attempt to treat herself through the application of folk medicine as self-medication. At this stage, the women may be aware of this symptomatic stage but may not feel it important to be alarmed owing to their preoccupation with household/family responsibilities. They may try some household remedies or self-medication at this stage.
2. **Assumption of Sick Role:** After accepting the symptom experience as indicative of an illness, the person enters this role. She is allowed to relinquish normal social obligations, provided permission is obtained from her lay-referral system. While lay remedies may continue, she is again faced with a decision to deny the illness and perhaps seek medical care. At this stage, the symptoms may persist or even aggravate making the woman consider her sickness seriously. She may consult her husband and other family members or whether to consult a doctor or not.
3. **Medical care contact:** The person attempts to obtain legitimization of her sick role status and to negotiate the treatment procedures. At this stage, the women may consult

the doctor after observing that the illness symptoms have aggravated and she cannot perform her work roles efficiently.

4. **The Dependent – Patient role:** The person undergoes the prescribed treatment but still has the option to either terminate or continue treatment. At this stage, the women follows the medical prescription religiously to be able to recover fast in an eagerness to normalize the household equilibrium, which has been disturbed due to her illness. .
5. **Recovery and Rehabilitation:** The patient relinquishes the sick role and resumes the normal social role. This may happen at the recuperating stage when women sideline the sickness symptoms/medication and get back to normal routine without even waiting to completely recover from their sickness.

The women pass through various stages of illness experience, taking recourse to institutionalized medical care based on self-perception which is greatly conditioned by the existing societal expectations. The women may not consider her illness seriously if the family does not consider it so or if it is disturbed with the assumption of women taking up the sick role. The women's illness is invariably related with their household responsibility. Their illness is the most disturbing of all to the family equilibrium.

William C. Cockerham draws attention towards the role of social processes / contexts in influencing an individual's decision to use professional medical services. Just as certain specific social conditions are considered stressful by some, not by all, so too some individuals recognize particular physical symptoms such as pain, high fever or nausea and seek out a physician for treatment. Others with similar symptoms may attempt self-medication or dismiss the symptoms as not needing attention.

Vibhuti Patel analyzes recourse to medical care by women. She says that women avail four types of health services. First of all the majority of women try home remedies, failing which they approach either a homeopath, ayurvedic doctor, unani healer or the allopath. Those who cannot afford private practitioner's fee go to a trust-run clinic/hospital, government hospital or primary health care centre (PHC) or the health care facilities provided by non-governmental organizations. She adds that during the last decade, yoga, meditation, reiki, aerobics have become extremely popular among the middle and upper class educated women, while the poor women approach witch doctors.

Check Your Progress Exercise 2:

Note: i. Use the space given below to answer the questions.

ii. Compare your answer with the one given at the end of this unit.

1. Why do women often have poor health status?

2. Why do women take delayed recourse to health care services?

26.5 PHYSICAL HEALTH AND DETERMINENTS OF WELL-BEING

The physical well-being is determined by the quantitative and qualitative aspects of food intakes. It is also influenced by the quality of housing and the basic facilities available for living. For a working woman, the place of work is very important in terms of physical comfort and ambience. In case of women in particular, the components of reproductive health have a direct bearing upon their physical well-being. Some of them include : age at marriage, number of children, spacing between children, duration of breast feeding and adoption of family planning measures.

26.5.1 Food Intakes

Food intakes need to be assessed on the basis of two aspects – quantitative and qualitative. While the quantitative aspect deals with the amounts or quantities of food items consumed by an individual, the qualitative aspect deals with a wide range of micro-and-macro nutrients required for keeping the body healthy. A balanced diet containing carbohydrates, protein, vitamins and minerals is crucial for maintaining a healthy body and mind.

Several studies indicate a high incidence of malnutrition / nutritional deficiency among women. Only 10 percent of women are fortunate to have the privilege of nutritious diet. A majority of women in our country work more than men and for longer periods but their energy expenditure is not compensated by dietary intake as it is inadequate and lacks in nutrition. India has the highest prevalence of iron deficiency anaemia in the world. Around 87 percent of pregnant women, 68 percent in the reproductive age group and about 60-70

percent of adolescent girls in our country are anemic. This is the major reason for high level of morbidity among Indian women.

One of the contributing factors for the prevailing health statistics among Indian women is the socio-cultural notion of women having the sole responsibility of cooking and serving food to the family members. This status demands them to ensure that all are well-fed and eat as per their needs and wishes. It has been observed that women eat the last in the family. They cook and serve and many a times, forgo their share voluntarily for their children and other family members given the fact that limited or measured quantities of food are cooked in a majority of households .

In addition, there are food taboos which deny women particular food items. Frequent fasts and voluntary denial of food on several occasions lead to nutritional deprivation among the women.

26.5.2 Common Illnesses and Medical Care

Women-specific common illnesses are aches/pains (back, head, stomach, uterine); weakness, fevers, respiratory problems, skin, eye, ear problems; and reproductive problems such as reproductive tract infection, white discharge, endometriosis etc.

A study by CEHAT reveals that morbidity is much higher among women than men. Middle aged women have arthritis, menopause related hot flushes and uneasiness, osteoporosis, migraine and swelling of legs. In both rural and urban areas, the proportion of physical immobility is higher among elderly women than among elderly men.

As regards medical care facilities, women are last ones to be taken to a doctor and they have the least access to rest, healthy recreation, exercise and sports. All these combined together aggravate the situation and further deteriorate women's health.

26.5.3 Attitude towards women's health

Social discrimination against women results in systematic neglect of women's health from womb to tomb. Female infanticide and female foeticide are widely practiced in relatively less developed states such as Bihar, Madhya Pradesh, Rajasthan, and Uttar Pradesh and also more developed states such as Punjab, Haryana, Himachal Pradesh and Gujarat. As per 2001 census, there were only 933 women per 1000 men, out of which 53.1 crore were males and 49.6 crores were females, causing a deficit of 3.5 crore women. In Kerala state, sex ratio is the most favourable leaving the 0-6 age group which was 963 (Census 2001). The total population of the state was 36.5 lakhs out of which 18.6 lakhs were male babies and infants and 17.9 lakhs were female babies and infants. Thus 79760 female babies and infants were missing in 2001 in Kerala. This masculinization of sex ratio is the result of selective abortion of female fetuses after the use of ultra-sound techniques to determine the sex of the foetus.

As a result of sex determination and sex pre-selection tests, the sex ratio of the child population has declined to 927 girls for 1000 boys. Sixty lakh female infants and girls are 'missing' due to sex selective abortion of female fetuses and pre-conception rejection of daughters.

Table 26.1: Population in 0 to 6 age group in India

Infants and children - All	15.8 crores
Male infants and children	8.2 crores
Female infants and children	7.6 crores
Deficit of female infants and girls	6 lakhs
Sex ratio of child population	927

Source: Census of India;2001

While understanding the implications of unfavourable sex ratio, the government has come up with measures to stop female infanticide. The Tamil Nadu government introduced the 'Cradle Baby Scheme' urging parents to leave their unwanted baby girls at cradles provided in hospitals, primary health centres and orphanages and encouraging them to take them back if they changed their minds. The Delhi Government started the 'Laadli scheme' to promote school education of girls through financial support.

The negative attitude towards women's health is the major reasons for high levels of perinatal mortality and morbidity including low birth weight babies.

26.5.4 Vicious cycles and poor women

The vicious cycles of poverty generate the vicious cycle of ill health. For the mother, poverty leads to low intake of food and nutrients, which results in under-nutrition and repeated insults from nutrition related diseases and infections. This affects them in terms of stunted development and growth faltering. Hence they have small body size as adults, which impairs productivity; as a result they have low earning capacity. The end result is poverty and its perpetuation.

In case of the girl child, poverty forces only three options: child labour, child marriage and child prostitution. Poverty coupled with control over women's sexuality, fertility and labour is manifested in neglect and discrimination against the girl child, whose life is made difficult with malnourishment, early marriage and an impoverished mother who gives birth to a low weight baby. In case the baby born is female, she faces discrimination, repeated pregnancies/deliveries in a yearning for a male child. This vicious cycle ultimately results in maternal mortality death.

The miserable reproductive health profile of Indian women is due to the clutches of early marriage and pregnancy, high prevalence of reproductive tract infection, ignorance, high infant mortality rate, lack of control over fertility, sexuality and contraception, repeated pregnancies and miscarriages. The nutritional needs of lactating mothers require special attention for the health of the infant as well as the mother in the long run.

26.5.5 Violence and health issues over the life cycle

The health issues for women take roots even before they are born. As unborn children, they face covert violence in terms of sex-selection and overt violence in the form of female foeticide after the use of amniocentesis, chorion villi biopsy, sonography, ultrasound, and imaging techniques.

The social preference for a male child leads to infertile couples approaching the IVF (In Vitro Fertilization) clinics for assisted reproduction. Aggressive advertisements such as, “Invest Rs 500 now and save Rs 50000 later” add to the booming market for tailor-made sex of the child. The message delivered is, “if you get rid of your daughter now, you will not have to spend money on dowry”.

As girls under five years of age, women face neglect of medical care and education, sexual abuse and physical violence. As adolescent and adult women in the reproductive age group, they face early marriage, early pregnancy, sexual violence, domestic violence, dowry harassment and infertility. If they fail to produce children, they face desertion, witch hunt. All these forms of discriminating practices lead to a high maternal mortality rate. The common causes of maternal deaths in India are haemorrhage, abortion, infection, obstructed labour, eclampsia (blood pressure during pregnancy), sepsis and anaemia.

Due to an increasing number of cases of domestic violence, dowry deaths and bride burning, the Bombay Municipal Corporation (BMC) has launched a project, Dilaasa (meaning reassurance) in K.B. Bhabha Municipal General Hospital to provide psychological and social support to women facing domestic violence. This programme has been launched in collaboration with an NGO, CEHAT.

26.5.6 Home and work conditions

The National Perspective Plan for Women called for a need to identify and give due consideration to the special housing needs of women. It recognized the need to provide necessary facilities in homes in order to lessen the burden and drudgery of women in performing the productive and reproductive roles.

Lack of space at home forces women to perform multiple tasks within limited 'shared space'. The reproductive tasks such as child care, breast feeding are simultaneously performed within the 'public space' at home. There remains no concept of privacy in this situation.

On home front, scarcity of fuel-wood, fodder, water and herbs due to deforestation has taken a heavy toll on women's health. The rural and tribal women have to walk for miles for these basic survival needs of human beings and animals. Desertification in Western India has accentuated women's survival struggles as they have to depend on adhoc public works

programmes. The environmental phenomena, i.e., global warming has brought back older epidemics such as cholera, typhoid, malaria, dengue and haemorrhagic fever. The commercially burgeoning sex trade has made two million sex-workers potential carriers of HIV, STD and AIDS. The women in prostitution invariably suffer from T.B., STDs, malnutrition, malaria and skin diseases due to dilapidated living conditions. Married women are prone to HIV infections occurred from their husbands. The data from ante-natal clinics across seven cities in India reveals that HIV-AIDS prevalence rates among pregnant women are 2 percent to 3.5 percent in Mumbai and 1 percent in Hyderabad, Bangalore and Chennai.

The contemporary modern lifestyle and environment has increased breast and uterine cancer among Indian women. The techniques meant for detecting cancer such as self-examination of breast and pap smear are rarely used by women. As a result, detection of cancer and its treatment at earlier stage becomes impossible.

With commercial interests, the liquor industry aggressively promotes alcoholism among the toiling poor. Due to addiction, the men do not contribute to the daily running of the household. The women have to shoulder the major burden of household expenditure. Use of bio-fuels such as wood, dung, crop residue resulting into indoor pollution takes away the lives of 5 lakh women annually.

For working women, office or place of work occupies a very important place. Since the respondents spend most of their daytime in office, its physical environment has a direct bearing on their health and well being. Neat and airy work stations improve physical health and are soothing for mental well-being. On the other hand, cluttered, dingy and crowded work areas have an adverse effect on health. The offices in the contemporary private sector

provide better working conditions than those in the conventional government sector. The toilet and drinking water facilities add to the quality of working conditions.

Sexual harassment at the work place should be treated as an occupational health hazard as it causes damage to both the physical as well as mental health of women. All the professions carry one or the other form of this kind of hazard for the women.

Check Your Progress Exercise 3:

Note: i. Use the space given below to answer the questions.

ii. Compare your answer with the one given at the end of this unit.

1. How is women's health affected by frequent illnesses?

2. How does violence affect women's lives?

26.6 THE REPRODUCTIVE HEALTH OF WOMEN

An important component of physical well-being of women is their reproductive health. It includes information about their fertility behaviour such as age at marriage, number of

children, spacing between pregnancies, location period and usage of family planning measures.

26.6.1 Adoption of Family Planning Measures

Family planning measures have a direct bearing upon a woman's health. Too many pregnancies and children have a negative effect on a woman's health. There are temporary as well as permanent family planning measures available in the market. The temporary measures are physical and chemical methods.

The surgical method, tubectomy, is the only measure for women which is permanent in nature. For the male members, vasectomy is the permanent method. The family planning measures work with dual purpose- (1) prevent unwanted conception, and, (2) space between two pregnancies/children.

A majority of our population does not use any contraceptive methods for birth control. Female sterilization is the most widely prevalent method of contraception. Usage of pill, Intra Uterine Device (IUD) and male sterilization is 2 percent for each of the three. Condom use constitutes only 3 percent of the total.

Table 26.2 Use of contraceptive methods

Contraceptive method	Use
Pill	2.00%
IUDs	2.00%
Condom	3.00%
Male sterilization	2.00%
Female sterilization	34.00%

Any traditional method/other method	5.00%
Not using any method	52.00%

Source: National Family Health Survey: 1998-99

Contraceptives targeted at women with serious effects are Quinacrine, Norplant, Depo-Provera, anti-fertility vaccine, RU 486. The side effects of long acting hormonal contraceptives are menstrual disturbance, circulatory and cardio-vascular problems, thyroid, chest pain, giddiness, migraine, increased risk of cancer and infertility. Contraceptive research in Asian countries treats coloured women as raw material for experimentation on eugenics.

Women resort to abortion when faced with unwanted pregnancy due to failure of contraceptives or due to non-utilization of contraceptive methods. According to UNICEF, about 50 lakh abortions are performed under the health services network while 45 lakh by the illegal practitioners/quacks. 10 percent of all maternal deaths are due to unsafe abortion, which result in haemorrhage, infection, incomplete evacuation, cervical lacerations, uterine perforations, thromboembolism and anaesthetic complications. A spontaneous abortion often results in severe blood loss and is therefore considered very harmful as it can cause anaemia and weakness.

26.6.2 Emotional and Mental Well-being

The socially constructed differences between men and women in roles and responsibilities, status and power interact with biological differences between the sexes to contribute to differences in the nature of mental health problems suffered, health-seeking behaviour of those affected and responses of the health sector and society as a whole.

Emotional well-being refers to the ability of a person to cope with a certain situation without showing signs of anxiety or aggression. In the case of working women, stress may be manifested in three forms: job-induced tension, somatic (physical) tension and general fatigue and unhappiness. These types of stress may be evident in the day-to-day life of women. The stress may bring instability or low emotional well-being among the women.

However, mental and emotional health has been the most neglected as far as women are concerned. The stress generated due to major life instances such as divorce, widowhood, family illness, financial hardship and substance abuse destroy an individual's ability to cope with and function effectively. Suppression of the extremities of an abusive relationship results in acute mental stress and trauma. In countries like India, economic dependency along with social and financial pressures trap women in abusive relationships, both physical and mental, forcing them to hide their anguish. In many instances, social workers and psychiatrists are approached by husbands to issue 'mentally unfit' certificates so that they can flash them in the court of law to demand divorce.

The mentally ill women do not find a place in homes. Even after their recovery, they have to languish in the mental asylum. There is a need for half way-homes where mentally ill women can work for a few hours under the supervision of professional workers and then go home in the evening. Psychotherapy, mutual and group counselling should be promoted. Shock therapy and chemical treatment should be avoided as it negatively impact women already in distress.

26.6.3 Modern health care facilities for women

Women are perceived as mothers and not individuals in their own right. They are therefore covered under MCH (mother and child programme). However, MCH does not cover a majority of Indian women. Only 49.2 percent of the pregnant women received antenatal check-up by health professionals. The health workers visited only 21 percent of pregnant women. Tetanus toxoid coverage of pregnant women was 53.8 percent and Anaemia prophylaxis coverage among pregnant women was 50.5 percent.

Institutional deliveries are still a remote reality with a majority of women delivering at home. They constituted only 22 percent of deliveries at the national level. Urban areas were better covered: 55 percent as against a meagre 18 percent in rural areas. Every 5000 population has an auxiliary nurse midwife (ANM) with the responsibility to attend child birth. Only a negligible part of home-births are attended by ANMs.

26.6.4 New Reproductive Technologies (NRTs) and Assisted Reproduction

NRTs perform four types of functions:

In Vitro Fertilization and subsequent embryo transfer, GIFT (Gamete Intra Fallopian Transfer), ZIFT (Zygote Intra Fallopian Transfer), Cloning assisted reproduction.

Contraceptive technologies prevent conception and birth. Amniocentesis, chorion villi biopsy, ultrasound are used for prenatal diagnosis. It is important to examine scientific, social, juridical, ethical, economic and health consequences of the NRTs. These technologies have made women's bodies a site for scientific experimentation.

NRTs in the neo-colonial context of the third world economies and the unequal division of labour between the first and the third world economies has created a bizarre scenario and cut throat competition among body chasers, clone chasers, intellect chasers and supporters of femicide. It is important to understand the interaction among NRT developers, providers,

users, non-users, potential users, policy makers and representatives of international organizations.

26.6.6 Selective elimination of females at the pre-conception stage

The Human Development Report in South Asia 2000 focusing on the gender question recorded 3178 cases of female infanticide in six districts of Tamil Nadu in 1995. In Mumbai only, in 1984, 84 percent of gynaecologists admitted that they were performing amniocentesis and there were 40000 known cases of female foeticide. The supporters of sex-selection tests for selective elimination of girls/female foetuses, apply law of demand, i.e., reduction in the supply of girls will enhance their status but historical evidences do not support this argument. There had been a continuous decline in the sex ratio since 1901 to 1971, from 972 per 1000 men to 930 per 1000 men respectively. In 1981, the sex ratio was 933 women per 1000 men, a slight increase but in 1991, it became the lowest in the history of the Census, 929 women per 1000 men. In 2001, the sex ratio for the total population was again 933 per 1000 men.

The regional trends are reflected in the sense that Haryana had the most depressive scenario as a result of misuse of these tests. According to 2001 Census the sex ratio in Haryana is 861 women for a thousand men, the lowest among the major states in India. The current slogan is 'Sons are rising and daughters are setting'. As per the UNFPA study, female foeticide has been the main cause of the widening sex ratio in Haryana. As per a report (Hindu:19-10-2001), 'In the last six years, the number of sex-selective abortions have increased from 62000 to 69000 in Haryana and from 51000 to 57000 in Punjab. This reckless scale has pushed the fertility rate down from 3.3 to 2.9 in Haryana and from 2.9 to 2.2 in Punjab leading to reduction of birth rate but at what cost?

A study conducted in nine provinces viz. Andhra Pradesh, Bihar, Gujarat, Haryana, Madhya Pradesh, Punjab, Rajasthan, Tamil Nadu and Uttar Pradesh which were known for

high rates of abortion. This study revealed that the impact of sex-selective abortion is seen in terms of widening gender gap among the 0-6 years age group, in Punjab and Haryana, two of the most economically prosperous states.

Table 26. 3 Sex Ratio among the states with widespread use of sex determination tests (0-6 years age group)

States	1991	2001
Punjab	875	793
Haryana	879	820
Gujarat	928	878
Maharashtra	946	917

Source: Census of India, 2001

The argument that prenatal diagnostic tests give women a choice to select a child of desired sex is unacceptable as women's 'choices' are made within the patriarchal compulsions to produce sons. The women are not taking these decisions autonomously. Threat of desertion, divorce and ill-treatment force them to opt for sex determination and sex pre-selection tests.

Between 1975 and 2001, there was gross violation of The Medical Termination of Pregnancy Act (1972) and Prenatal Diagnostic Techniques Regulation and Prevention of Misuse Act (1994). Amniocentesis, chorion villi biopsy and pre-conception sex selection tests were provided by the technodocs on the door-to-door service basis in some states. Several towns and cities in Maharashtra, Punjab, Gujarat, Uttar Pradesh, Tamil Nadu

provided these tests on payment. As a result there is a decline in sex-ratio in the 0-6 years age group, i.e., there are 927 girls per 1000 boys in our country as per 2001 census.

The issue here is: At this rate, can we allow Indian women to become an endangered species? We need to counter those who believe that it is better to kill a female foetus than to give birth to an unwanted female child. This logic is not only short-sighted but fatalistic too. The technodocs do not challenge anti-women practices such as dowry; they instead display an advertisement, 'Better Rs 5000 now than Rs 5 lakhs later'. i.e., better spend Rs 5000 on female foeticide than Rs 5 lakhs as dowry for a grown up daughter. By this logic, it is better to kill poor people or third world masses rather than let them suffer in poverty and deprivation. This logic also presumes that social evils such as dowry are God-given and that we cannot do anything about them. Hence victimize the victim.

The population control policies need to be seriously looked at to ease the burden on women caused due to unfriendly and biased NRT experimentation. To achieve population stabilization, 2.1 percent growth rate of population and NRR-net reproduction rate of 1 (i.e., one mother should be replaced by one daughter only) are envisaged. These have inherent sexist bias because of the desire for sons. This would further widen the gap between number of girls and number of boys in the country.

26.6.7 Effects of contraceptive research

Women have been the main target for population control programmes. Hormonal pills (Estrogen-Progesterone combinations), injectible contraceptives (Depo-Provera, Depot Medroxy Progesterone acetate, Net En-Norethisterone Enanthate) and anti-fertility vaccine have been foisted on Indian women's bodies without any concern for collateral damage in terms of thyroid, migraine, chest pain, giddiness, upsetting of regular cycle of the women's body. Research by scientists and doctors of women's groups have shown 78 side effects of these hormone-based contraceptives.

Latest in the list and still more harmful is Quinacrine as a contraceptive, which is being supplied through private routes without the permission of the drug controller or approval of the Indian Council of Medical Research.

Check Your Progress Exercise 3:

Note: i. Use the space given below to answer the questions.

ii. Compare your answer with the one given at the end of this unit.

1. Why is reproductive health of women important?

2. How do new reproductive technologies affect women?

26.6.7 Social Well-being

Social well-being deals with social life: interaction with kinship groups and indulgence in entertainment activities. It forms a part of non-working outdoor life, which excludes the home and office time of working women. These activities help one get rid of

routine boredom and refreshes the mind and body. These activities release renewed energy in the routine life of working women and they may get better prepared to face everyday routine. Interaction with friends and relatives helps one adjust to difficult situations through interactive talks and discussions. Solutions to personal problems may even be found in certain situations.

The participation in interpersonal linkages and networks strengthen social health of a person. It indicates acceptance of the person in the kinship groups that she has formed around her

Growth in profession may add to high levels of emotional well being among the working women. For instance, the corporate sector is characterized by a flat organizational set up. It does not have a well defined, hierarchical structure with too many ranks and positions. However, there is a lot of scope for growth in terms of responsibility and number of tasks to be handled by an employee. In the public sector, promotions in rank and position are done on the basis of performance in work. There is no time-bound scheme of promotions in the corporate sector, which would ensure them a rise in their position within the organization. Every year, Work Appraisal Reports are written and work is evaluated in the light of a company's performance and work targets. Personality traits like commitment and attitude to work, behaviour at work and spirit of team work and mutual growth are also considered here. Growth in profession or job leads one to be happy and contented.

Check Your Progress Exercise 4:

Note: i. Use the space given below to answer the questions.

ii. Compare your answer with the one given at the end of this unit.

1. What is social well-being?

2. Why is social well-being important?

26.7 SUMMING UP

There is a need to situate women's health in the overall macro parameters. The gender divide in the access of health care and health cost is so sharp that women have to access informal providers and informal care. Gender audit in health should be done on the basis of identifying issues for re-orientation at each stage of women's life cycles, focussing on the problems of each group of women.

In order to address the problems concerning women's health, a wholistic life span approach is needed. Women as growing human beings, homemakers, mothers and elderly citizens face different types of health related issues. Women's health is determined by the material reality generated by socio-economic cultural forces as well as gender relations based on subordination of women. Failure to recognize the relationship between gender and culture and refusal to tackle these issues result in poorer health status of women. It is important to make men aware about women's specific health needs.

Women and health movement in India has come of age. Women's groups are examining health issues of women from political economy perspective. With the worsening economic crisis, nutritional needs of women are not fulfilled. Structural adjustment programmes have affected budgetary allocation for women's overall health needs. Heavy funding is available only for the population control policy. People's health movement is highlighting the issues of the public distribution system, public health and sanitation.

The National Health Policy has become a rallying point for heated debates on socio-psychological health needs of Indian women. Demystification of medical knowledge and campaign against over-medicalization of women's health needs have been the top most priority for the women's health movement in India. The campaign for people's right to health has criticized the Draft National Health Policy stating that the health needs of women, children, the aged and the handicapped are hardly addressed in the draft.

26.8 GLOSSARY

Malnutrition: Refers to both under nutrition and over nutrition. People are malnourished if their diet does not provide adequate nutrients for growth and maintenance or if they are unable to fully utilize the food they eat due to illness. They are also malnourished if they consume too many calories (over nutrition).

Biopsy: It is a medical test involving the removal of cells or tissues for examination. It is the medical removal of tissue from a living subject to determine the presence or extent of a disease.

26.9 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1:

1. Feeling good, disease, infirmity

2. Physically healthy, interacting and mentally sound

Check Your Progress Exercise 2:

1. Neglect, childbearing, poor food intakes
2. Family responsibilities, lack of time, household drudgery, lower status

Check Your Progress Exercise 3:

1. Pregnancy, miscarriage, socio-cultural constraints
2. Mental agony, torture, fear

Check Your Progress Exercise 4:

1. Age at marriage, family size
2. Body chasers, foetecide

Check Your Progress Exercise 5:

1. Social life, network
2. Acceptance, group spirit

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26.11 QUESTIONS FOR REFLECTION AND PRACTICE

1. Explain Health in the context of women.
2. Indian women suffer in health due to socio-cultural practices. Discuss.
3. Define Mental Health. Why is it important for women?
4. What is the role of new technology in reproductive health of women?

UNIT 27 SEXUAL HARASSMENT (HOME, WORKPLACE, MULTIPLE SITES)

Structure

27.1 Introduction

27.2 Objectives

27.3 Definition of Sexual Harassment

27.4 Nature or Forms of Sexual Harassment

27.4.1 Quid Pro Quo Sexual Harassment

27.4.2 Harassment that creates a hostile work environment

27.5 Eve-teasing and Sexual Harassment

27.6 International Human Rights Instruments vis-a-vis the Issue of Sexual Harassment

27.6.1 International Labour Organization

27.6.2 CEDAW

27.6.3 The Nairobi Forward Looking Strategies for the Advancement of Women

27.6.4 The Vienna Declaration and Programme for Action

27.6.27 Beijing Declaration and Platform for Action

27.6.6 United Kingdom

27.6.7 The European Union

27.7 Indian Scenario

27.7.1 Other Domestic Law on Sexual Harassment

27.7.2 Vishaka Judgement

27.8 Initiatives of the National Human Rights Commission

27.9 Summing Up

27.10 Glossary

27.11 Answers to Check Your Progress Exercises

27.12 References

27.13 Questions for Reflection and Practice

27.1 INTRODUCTION

Sexual harassment is a complex issue involving women, their perceptions and behaviour, and the social norms of the society. It may be an expression of power or desire or both. It is the policy of all work places that all employees will enjoy a work environment free from all forms of discrimination, including sexual harassment. In order to understand the issue of sexual harassment at the work place, attention must be paid to prevalent socio-cultural issues, of gender and sexuality, and how it impacts upon the status of women.

27.2 OBJECTIVES

After studying this Unit, you should be able to:

- Describe the menace of sexual harassment against women;
 - Analyze the different situations that constitute the offence, relating to sexual harassment;
 - Assess the various International Human Rights Instruments that deal with the problem of sexual harassment;
 - Examine various provisions relating to sexual harassment in some leading countries; and
 - Explain various rights guaranteed to women under the Constitution of India.
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27.3 DEFINITION OF SEXUAL HARASSMENT

Sexual harassment is both a legal and psychological phenomenon. There is no simple or universally accepted definition of sexual harassment. Different attempts have been made to discuss the concept of sexual harassment from a different perspective. For this purpose, sexual harassment includes such unwelcome sexually determined behaviour, whether directly or indirectly, as:

- a. physical contact and advances;
- b. a demand or request for sexual favours;
- c. sexually coloured remarks;
- d. showing pornography;
- e. any other unwelcome physical, verbal or non-verbal conduct of sexual nature.

Where any of these acts are committed in circumstances where the victim of such conduct has a reasonable apprehension that in relation to the victim's employment or work, whether she is drawing salary, or honorarium or voluntary, whether in government, public or private enterprise, such conduct can be humiliating and may constitute a health and safety problem. It is discriminatory when the woman has reasonable grounds to believe that her objection would disadvantage her in connection with her employment or work including recruitment or promotion or when it creates a hostile work environment. Adverse consequences might be visited if the victim does not give consent to the conduct in question or raises any objection thereto. Therefore, while describing sexual harassment we feel that how a woman perceives an action is more significant than the stated intent of the man.

27.4 NATURE OR FORMS OR WAYS OF SEXUAL HARASSMENT

The following are the two types of conduct that have been prohibited:

- a. *Quid pro quo* sexual harassment, and
- b. Harassment that creates a hostile work environment.

27.4.1 *Quid pro quo* sexual harassment

Quid pro quo is a Latin phrase meaning ‘something for something’. *Quid pro quo* sexual harassment refers to a demand of sexual favour and the threat of adverse job consequences if the demand is refused. This occurs when an employee’s submission to unwelcome sexual conduct becomes an explicit condition of employment, or when personal actions such as promotion and transfers are determined on the basis of an employee’s response to such conduct.

To establish a *prima facie* case of *quid pro quo* sexual harassment, a plaintiff must show that:

- i. the employee belongs to a protected class;
- ii. the employer subjected the employee to unwelcome conduct in the form of sexual advances or requests for sexual favours;
- iii. the harassment was based upon sex; and
- iv. the employee’s acceptance or rejection of the harassment was an express or implied condition to the receipt of a job benefit or the cause of a tangible job detriment.

If a plaintiff in a sexual harassment case is able to establish each of the above elements, then the burden of proof otherwise shifts to the employer. If the employer is able to provide a legitimate reason for its actions, the employee must then establish that the reasons provided by the employer are not real reasons for the employment decision and are merely a pretext for unlawful discrimination.

27.4.2 Harassment that creates a hostile work environment

This is a more subtle and insidious yet more pervasive form of sexual harassment. It commonly involves hostile conditions of work or behaviour towards a woman worker, which makes it unbearable for her.

In order to establish a prima facie case of sexual harassment based on hostile work environment, a plaintiff must show that:

- i. the plaintiff belongs to a protected class;
- ii. the plaintiff was subjected to unwelcome sexual harassment;
- iii. the harassment was based on sex;
- iv. the harassment affected a term, condition, or privilege of employment; and
- v. the employer knew or should have known the conduct was occurring.

Check Your Progress Exercise 1:

Note: i) Use the space given below for your answers.

ii) Check your answers with those given at the end of the Unit.

1. What is sexual harassment?

27.5 EVE-TEASING AND SEXUAL HARASSMENT: A QUESTION AS TO SAME OR DIFFERENT BEHAVIOUR

Women face different forms of sexual harassment in their work place. There are other forms of sexual harassment which is generally known as 'eve-teasing'. Concerning with the problem of sexual harassment women face, it is curious about the perceptions of this phenomena held by the men and women in a survey in Delhi University.

Accordingly, most respondents, women and men, describe 'eve-teasing' as 'verbal harassment' and contrasted that with 'physical harassment' which has been seen as sexual harassment. They also try to distinguish between the two on the basis of 'harm' caused by each. The people in general describe 'eve-teasing' as relatively harmless behaviour committed usually by 'strangers', while sexual harassment would be grievous behaviour committed by 'acquaintances or men in positions of institutional power'. In addition, most men and women describe 'eve-teasing' as 'isolated incidents' while sexual harassment would typically be 'repetitive and sustained over a period of time'.

27.6 INTERNATIONAL HUMAN RIGHTS INSTRUMENTS VIS-À-VIS THE ISSUE OF SEXUAL HARASSMENT

The United Nations have adopted a plethora of human rights instruments that directly or indirectly addresses the issue of sexual harassment. As sexual harassment violates the right to just and favourable conditions of work, this fact has been recognized by the United Nations in the Universal Declaration of Human Rights (UDHR, 1948), the International Covenant on Civil and Political Rights (ICCPR, 1966), the International Covenant on Economic, Social and Cultural Rights (ICESCR, 1966) and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW, 1979).

27.6.1 International Labour Organization

International Labour Organization, one of the specialized agencies of the United Nations, has been in the forefront to highlight the issue of sexual harassment by adopting the Discrimination (Employment and Occupation) Convention, 1958. The ILO's concern is also manifested in a number of non-binding instruments: the 1985 International Labour Conference Resolution on Equal Opportunity and Equal Treatment for Men and women in Employment, the Conclusions of the 1989 ILO Meeting of Experts on Special Protective Measures for Women. The Conclusions of the 1992 Tripartite Symposium on Equality of Opportunity and Treatment for Men and Women in Employment in Industrialized Countries referring specially to sexual harassment as well as the 1991 International Labour Conference Resolution concerning ILO action for women workers, requesting the International Labour Office to develop guidelines, training and information materials on issues of specific and major importance to women workers, such as sexual harassment at the work place.

27.6.2 The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

The CEDAW, adopted by the United Nations in 1979, does not categorically mention violence against women or sexual harassment. It does, however, prohibit discrimination in employment. Article 1 of the Convention states that State parties shall take all appropriate measures to eliminate discrimination against women in the field of employment in order to ensure, on a basis of equality of men and women, the same rights, in particular;

The right to work as an inalienable right of human beings;

- ii. The right to the same employment opportunities;
- iii. The right to protection of health and to safety in working conditions.

The CEDAW has created a Committee on the Elimination of Discrimination Against Women to monitor States' parties implementation of the Convention (Article 7). As per Article 18, States parties to CEDAW are required to submit a report to the Committee within a year of

ratifying or acceding to the Convention and, thereafter, they must submit additional reports every four years and when specifically requested by the Committee.

In 1992, the Committee issued **General Recommendation 19**, which addresses violence against women and sexual harassment in employment. It observes that equality in employment can be seriously impaired when women are subjected to gender-specific violence, such as sexual harassment in the work place (Para 17). **General Recommendation 19** recognizes both *quid pro quo* sexual harassment and hostile work environment sexual harassment as forms of discrimination. It also recognizes that sexual harassment may constitute a health and safety problem. It calls on State parties to implement effective procedures for filing complaints and remedies, including compensation, for sexual harassment. The Committee recommends that State parties should take all legal and other measures necessary, including preventive measures and penal provisions to protect women against sexual harassment in the work place.

27.6.3 The Nairobi Forward Looking Strategies for the Advancement of Women

The Nairobi Forward Looking Strategies for the Advancement of Women adopted in July 1985 was the first United Nations document to directly address the issue of sexual harassment. It states that the working conditions of women should be improved in all formal and informal areas by the public and private sectors. Occupational health and safety and job security should be enhanced and protective measures against work-related health hazards effectively implemented for women and men. Appropriate measures should be taken to prevent sexual harassment on the job or sexual exploitation in specific jobs. Appropriate measures for redress should be provided by governments and legislative measures guaranteeing these rights should be enforced. In addition, governments and the private sector should put in place mechanisms to identify and correct harmful working conditions (Paragraphs 139 and 287).

27.6.4 The Vienna Declaration and Programme of Action

At the World Conference on Human Rights in Vienna in 1993, immense progress was made in the recognition of women's human rights with the adoption of the Declaration and Programme of Action. It recognizes that sexual harassment is a practice incompatible with human dignity. It stresses the importance of working towards the elimination of violence against women in "public and private life."

The World Conference on Human Rights further called upon the General Assembly to adopt the draft Declaration on Violence Against Women and urged States to combat violence against women in accordance with its provisions. The Vienna Declaration thus reflects a new understanding that violence against women, including sexual harassment, is a violation of women's human rights. It further observed that sexual harassment should be examined within the context of human rights standards and gender discrimination.

27.6.5 Beijing Declaration and Platform for Action

The Beijing Declaration and Platform for Action, adopted in 1995 at the United Nations Fourth Conference on Women, also condemns sexual harassment of women. It declares that violence against women is an obstacle to the achievement of the objectives of equality, development and peace as it violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms.

The Beijing Declaration concedes that the lack of documentation and research on domestic violence, sexual harassment and violence against women and girls in private and in public, including the work place, impedes efforts to design specific intervention strategies **(Paragraph 121)**.

The Declaration further gives details of the integrated measures that need to be taken by the governments, including local governments, and community organizations, educational institutions, the public and private sectors, particularly enterprises, and the mass media, to

prevent and eliminate violence against women. This includes developing programmes and procedures to eliminate sexual harassment and other forms of violence against women in all educational institutions, work places and elsewhere (**Paragraphs 126 and 127**).

With respect to women in paid work, **Paragraph 163** of the Declaration states that the experience of sexual harassment is an affront to a worker's dignity and prevents women from making a contribution commensurate with their liabilities.

27.6.6 United Kingdom

In the United Kingdom the main statute which outlaws sexual harassment is the Sex Discrimination Act, 1975 (SDA). Under the SDA, employers are responsible not only if they break the law themselves but also if their staff do it in the course of their jobs even if the employer did not know about it. The employer could be held liable if they were informed about it. Damages may be awarded and compensation can cover both financial loss and injury to feelings.

27.6.7 The European Union

The European Union has been the most active international organization in dealing with the specific obligations of its member countries to provide legal protection against sexual harassment. Through a series of recommendations and resolutions, the Council of Ministers, the European Parliament and the European Commission have developed a comprehensive definition of sexual harassment and enumerated specific steps that member states can take to work towards the elimination of sexual harassment. In 1990, the Council of Ministers adopted the Resolution on the Protection of the Dignity of Women and Men at work. The Resolution affirms that sexual harassment is unacceptable and violates the protection of the dignity of women at work.

The European Commission developed a detailed Code of Practice on Measures to Combat Sexual Harassment. This Code of Practice provides practical guidance to employers, trade

unions and employees to clamp down on sexual harassment, and ensures that adequate procedures are readily available to deal with the problem and prevent its occurrence. Besides, it encourages men and women to respect one another's integrity.

27.7 INDIAN SCENARIO

The Constitution of India ensures gender equality by making it a fundamental right. Fundamental Rights are enshrined in Part III of the Constitution. When Fundamental Rights are infringed, the natural basic human rights, inherent in human beings are violated. In the event of violation of Fundamental Rights, the aggrieved person can move the Supreme Court and High Courts under Articles 32 and 226 respectively for restoration of these rights. The relevant articles conferring constitutional rights upon women are as follows:

- i. Article 14 ensures equality before law and equal protection of laws to every person. It not only prohibits discrimination but also makes various provisions for the protection of women.
- ii. Article 127(1) provides that the state shall not discriminate against any citizen on ground only of religion, race, caste, sex, place of birth or any of them. Article 127(3) empowers the state to make special provision for women.
- iii. Article 16 guarantees equality of opportunity for all citizens on matters relating to employment or opportunity to any office under the state and forbids discrimination on the grounds only of *inter alia* sex.
- iv. Article 19 ensures, *inter alia*, two basic freedoms -- freedom of speech and expression [Article 19(1)(a)], freedom to practise any profession or to carry out any occupation, trade or business [Article 19 (1)(g)] .

- v. Article 21 stipulates that no person shall be deprived of his life or personal liberty except according to procedure established by law. Women workers have a right to lead a dignified and honourable life with liberty.
- vi. Article 23 guarantees the right against exploitation. It prohibits traffic in human beings and other similar forms of forced labour and makes contravention of this provision to be an offence punishable under law.
- vii. Such violations, therefore, attract the remedy under Article 32 for the enforcement of these above mentioned fundamental rights of women.

In addition to these Fundamental Rights, Part IV of the Constitution which incorporates Directive Principles of State Policy also ensures dignified life to working women. The important provisions are:

- Article 39 (a) ensures that the citizens, men and women equally have the right to an adequate means of livelihood.
- Article 39 (d) states that there will be equal pay for equal work for both men and women.
- Article 39 (e) states that the health and strength of workers, men and women should not be abused.
- Article 42 ensures that the State shall make provision for securing just and humane conditions of work and for maternity relief.
- Article 271 A (e) makes it a fundamental duty of every citizen to renounce practices derogatory to the dignity of women.

These are the guidelines to be followed by all the three organs of the State-- legislature, executive and judiciary that are committed to make, interpret and enforce law.

27.7.1 Indian Penal Code Provisions related to Sexual Harassment

The Indian Penal Code (IPC), which contains laws for punishment of offences committed within India, lacks specific provisions to deal with instances of sexual harassment of women

at the work place. Except for certain sections in the IPC such as Section 294 (obscene acts or songs), Section 3274 (assault or criminal force to woman with intent to outrage her modesty), Section 3727 (rape), Section 2709 (word, gesture or act intended to insult the modesty of a woman) etc. and the relevant provisions of the Acts like the Industrial Disputes Act, 1947; Factories Act, 1948; Plantation Labour Act, 19271; Mines Act, 19272; Maternity Benefit Act, 1961; Beedi And Cigar Workers (Conditions of Employment) Act, 1966; Equal Remuneration Act, 1976; Indecent Representation of Women (Prohibition) Act, 1987; Delhi Prohibition of Eve-Teasing Act, 1988 etc. However, there does not exist any specific complaint mechanism to deal with cases of sexual harassment of women at the work place. As such, any woman who is victimized has no recourse but to take shelter under the Indian Penal Code.

27.7.2 Vishaka Judgement

In India, the role of the judiciary assumes great importance in dealing with cases of sexual harassment. In the absence of enacted law to provide for effective enforcement of the basic human rights of gender equality and guarantee against sexual harassment and abuse, more particularly against harassment at the work place, the Hon'ble Supreme Court in **Vishaka v. State of Rajasthan and Others, AIR 1997 SC 3011** has laid down guidelines and norms that should be observed at all work places or other institutions, until a legislation is enacted in this regard.

While formulating the guidelines and norms, the judges had due regard to the International Conventions and norms to achieve the object of protection of women workers from sexual harassment and to make their fundamental rights meaningful. They clearly perceived the nexus and observed that in the absence of domestic law occupying the field to formulate effective measures to check the event of sexual harassment of working women at all work places, the contents of International Conventions and norms are significant for the purpose of

interpretation of the guarantee of gender equality, right to work within human dignity provided in Articles 14, 127, 16, 19 (1) (g) and 21 of the Constitution and the safeguards against sexual harassment implicit therein.

Any International Convention not inconsistent with the fundamental rights and in harmony with its spirit must be read with these provisions to enlarge the meaning and content thereof to promote the object of the constitutional guarantee. This is implicit from Article 271(c) and the enabling power of Parliament to enact laws for implementing the International Conventions and norms by virtue of Article 253 read with entry 14 of the Union List in the Seventh Schedule of the Constitution.

The Supreme Court further stated that gender equality includes protection from sexual harassment and right to work with dignity, which is a universally recognized basic human right. The common minimum requirements of this right have received global acceptance. The Apex Court has emphasized that the following guidelines and norms be treated as the law under Article 141 of the Constitution:

A. Duty of the employer or other responsible persons in work places and other

institutions: It shall be the duty of the employer and other responsible persons in work places and other institutions to prevent or deter the commission of acts of sexual harassment and to provide the procedures for the resolution, settlement or prosecution of acts of sexual harassment by taking all steps required.

B. Preventive steps: All employees or persons in charge of work place whether in the public or private sector should take appropriate steps to prevent sexual harassment.

C. Criminal proceedings: Where such conduct amounts to specific offence under the Indian Penal Code or under any law, the employer shall initiate appropriate action in accordance with law by making complaint with the particular authority. In particular, it should ensure that victims or witnesses are not victimized or discriminated against

while dealing with complaints of sexual harassment. The victims of sexual harassment should have the option to seek transfer of the perpetrator or their own transfer.

D. Disciplinary action: When such conduct amounts to misconduct in employment as defined by the relevant service rules, appropriate disciplinary action should be initiated by the employer in accordance with the rules.

E. Complaint mechanism: Whether or not such conduct constitutes an offence under law or a breach of the service rules, an appropriate complaint mechanism should be created in the employer's organization for redress of the complaint made by the victim. Such complaint mechanism should ensure time bound treatment of complaints.

F. Complaints Committee: The complaint mechanism should be adequate to provide, where necessary, a Complaints Committee, a special counsellor or other support services, including the maintenance of confidentiality. The Complaints Committee should be headed by a woman and not less than half of its members should be women. Further, to prevent the possibility of any pressure or influence from the senior levels, such a complaints committee should involve a third party, either NGO or other body who is familiar with the issue of sexual harassment. The Complaints Committee must make an annual report to the government department concerned of the complaints and actions taken by them.

G. Workers' initiative: Employees should be allowed to raise the issue of sexual harassment at workers' meetings and in other appropriate forum and it should be affirmatively discussed in employer-employee meetings.

H. Awareness: Awareness of the rights of female employees in this regard should be created in particular by prominently notifying the guidelines (and appropriate legislation when enacted on the subject) in a suitable manner.

- I. **Third party harassment:** Where sexual harassment occurs as a result of an act or omission by any third party or outsider, the employer and person in-charge will take all steps necessary and reasonable to assist the affected person in terms of support and preventive action.
- J. The Central/ State Governments are requested to consider adopting suitable measures including legislation to ensure that the guidelines laid down by this order are also observed by the employers in the private sector.
- K. These guidelines will not prejudice any rights available under the Protection of Human Rights Act, 1993.

In the absence of enacted law to provide for the effective enforcement of the basic human right of gender equality and guarantee against sexual harassment and abuse, more particularly against sexual harassment at work places or institutions, the **Vishaka** guidelines are to be treated as the law of the land under Article 141 of the Constitution which states that the law declared by the Supreme Court shall be binding on all Courts within the territory of India.

Other landmark judgements on sexual harassment:

The law declared by the Supreme Court in **Vishaka's** case was again reiterated in **Apparel Export Promotion Council v. A.K.Chopra (AIR 1999 SC 6227)** by emphasizing that the term sexual harassment as defined in earlier case shows that sexual harassment is a form of sex discrimination projected through unwelcome sexual advances, request for sexual favours and other verbal or physical conduct with sexual overtones whether directly or by implication, particularly when submission to or rejection of such a conduct by the female employee was capable of being used for effecting the employment of the female employee and unreasonably interfering with her work performance and had the effect of creating an intimidating or hostile working environment for her. The **Apparel case** enlarged the definition of sexual harassment by holding that physical contact is not essential to constitute

sexual harassment at the work place. It further observed that there is no gain saying that each an incident of sexual harassment at the place of work results in violation of the fundamental right to gender equality and the right to life and liberty-- the two most precious fundamental rights guaranteed by the Constitution of India.

The issue of sexual harassment has assumed larger dimensions with the decision of the Supreme Court in **Chairman Railway Board & Others v. Chandrima Das & Others (AIR 2000 SC 988)**, wherein the employer was vicariously held liable to compensate the victim of a gang rape who happened to be a stranger and a foreigner, committed by its employees within its premises having far reaching implications. Thus, if a woman employee or even a stranger is subject to acts of sexual harassment of grave nature wherein the offender is another employee, the prospect of the employer being held vicariously liable for the acts of his servants committed on or within his premises appears to be real and opening the eyes of the employer.

The Apex Court has ever remained vigilant of the issue of sexual harassment and from time to time dealt with cases of sexual violence more sternly. Again in **State of Punjab v. Ramdev Singh (AIR 2004 SC 1290)**, it was held that sexual violence apart from being a dehumanizing act is an unlawful intrusion of the right of privacy and sanctity of a female. It is a serious blow to her supreme honour and offends her self-esteem and dignity. It degrades and humiliates the victim and more so where the victim is a helpless innocent child or a minor.

27.8 INITIATIVES OF THE NATIONAL HUMAN RIGHTS COMMISSION

The National Human Rights Commission receives a number of complaints alleging sexual harassment at the work place. Hence the Commission considered it essential not only to deal

with the individual complaints and provide redresses in those instances, but also to take up the issue of sexual harassment at the work place seriously.

The Commission observed that the guidelines issued by the Supreme Court in its landmark judgement in the case of **Vishaka** were not being implemented adequately. Many of them had not set up the Complaints Committees required under the judgement, to deal with complaints of sexual harassment at the work place.

In order to consider and clarify these issues the Commission convened meetings with various departments of the Government of India like the Department of Personnel and Training (DOPT), educational departments/institutions like the Department of Secondary and Higher Education, Department of Elementary Education and Literacy of the Ministry of Human Resource Development, University Grants Commission (UGC), Central Board of Secondary Education (CBSE), Directorate of Education, National Capital Territory (NCT) of Delhi, etc. besides meetings with the legal fraternity.

Legislative efforts: Looking into the gravity of the issue, several attempts have been made by the Central Government to comply with the directions and guidelines laid down by the judiciary proposing Bills on sexual harassment right from the year 2000. Various attempts have been made in the form of the Sexual Harassment of Women at their Work Place (Prevention) Bill, 2000 ; the Prevention of Sexual Abuse and Harassment of Women and Girls at Work Place Bill, 2002; the Sexual Harassment at the Work Place (Prevention) Bill, 2003 and the Sexual Harassment of Women at the Work Place (Prevention and Redresses) Bill, 2004, drafted by the National Commission for Women at the instance of the Central Government showing its seriousness in getting a law enacted on the subject. However, this Bill is yet to see the light of the day.

The 'Shramshakti' report of the National Commission on Self-employed Women and Women in the Informal Sector has also recommended the establishment of a permanent Equal Opportunities Commission and also of tripartite boards to settle disputes.

Precautionary measures: All employers or persons in charge of the work place whether in public or private sector are required to take the following appropriate steps to prevent sexual harassment:

- † Express prohibition of sexual harassment at the work place should be notified, published and circulated in appropriate ways.

- † The Rules/ Regulations of Government and Public Sector bodies relating to conduct and discipline should include rules/ regulations prohibiting sexual harassment and provide for appropriate penalties in such rules against the offender.

- † As regards private employers, steps should be taken to include the above mentioned prohibitions in the standing orders under the Industrial Employment (Standing Orders) Act, 1946.

- † Appropriate work conditions should be provided in respect of work, leisure, health and hygiene to further ensure that the Government is not hostile towards women at work places and no woman employee should have reasonable grounds to believe that she is disadvantaged in connection with her employment. Companies that want to manage their risk prudently must act *before* a problem occurs.

Pursuant to the **Vishaka** judgment, the Central Civil Services (Conduct) Rules 1964, were amended in 1998 to incorporate Rule 3-C which prohibits sexual harassment of working women.

Presently a woman, in case of sexual harassment at the work place can either approach the Complaints Committee at her work place, or in the absence of it, may file a First Information Report (FIR) against the harasser with the Police Station under whose jurisdiction the work

place falls. The police would thereafter take measures under the relevant sections of the IPC, which have already been mentioned above. Such a procedure is extremely time consuming and it may take years for a woman to get justice. The other option available to her is to approach a non-governmental organization that will then fight on her behalf or she may approach the National Commission for Women or the National or State Human Rights Commission.

Check Your Progress Exercise 2:

Note: i) Use the space given below for your answers.

ii) Check your answers with those given at the end of the Unit.

1. What are the indices of legal prohibition on sexual harassment?

27.9 SUMMING UP

Sexual harassment may take a multitude of forms including: “comments about appearance/ body/ clothes; staring at a person’s body; abusive, degrading, patronising or belittling remarks or behaviour, sexist remarks or jokes; unwelcomed sexual invitations or pressure; promise or threats concerning employment conditions in exchange for sexual favours; display

of sexually explicit material; touching, caressing, hugging, even indecent assault or rape.”
(Women against Sexual Harassment, campaign leaflet, WaSH and UNISON South East
Region Women’s Group, Surrey)

Sexual harassment at the work place is a serious and widespread problem. Millions of women are faced with working environment being polluted by sexual misconduct. Such conduct interferes with their job performance and their working relationship. It threatens their dignity, safety and health. This Unit discussed laws and legal redressal mechanism.

27.10 GLOSSARY

European Union: It is a economic and political union of 27 member states which are primarily located in Europe. Committed to Regional integration, the EU was established by the treaty of Maastricht in 1993 upon the foundation of the European communities.

FIR (First Information Report): It is a written document prepared by the police when they receive information about the commission of a cognizable offence. It is a report of information that reaches the police first in point of time and that is why it is called First Information Report. It is generally a complaint lodged with the police by the victim of a cognizable offence or someone on his/her behalf. A cognizable offence is one in which the police may arrest a person without warrant. They are authorized to start investigation into a cognizable case on their own and do not require any orders from the court to do so. Non-cognizable offence is a offence in which a police officer has no authority to arrest without warrant. A police cannot investigate such an offence without the court’s permission. (Source: commonwealth human rights initiatives www.commonwealthinitiative.org)

IPC (Indian Penal Code): It is a document that covers almost all the crimes happening in the society. It is a piece of British Colonial legislation dating from 1860. Now it provides a

penal code for all of India. The code applies to any offence committed by an Indian citizen anywhere and on any Indian registered ship or aircraft.

27.11 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1:

Sexual harassment in its broader sense refers to the unwanted imposition of sexual requirements in the context of a relationship of unequal power. It is defined as unwelcome sexual advances, requests for sexual favours, activities, or displays or other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made a term or condition of employment;
- Submission to or rejection of such conduct is used as a basis for an employment decision affecting the employee;
- The conduct, activities or displays have the purpose or effect of unreasonably interfering with the individual's work performance or creating an environment that is intimidating, hostile or offensive to others.

What behaviour constitutes sexual harassment is very difficult to pinpoint. Sexual behaviour that a person may find personally offensive could be considered as sexual harassment. Such behaviour may be subtle or obvious, verbal or non-verbal. Its scope may cover a wide range of behaviour, from patting a woman's bottom, pinching, verbal sexual jokes or innuendoes, constant leering or ogling, to repeated, intrusive, insistent arms around the shoulder all the way to the explicit propositions that require a woman to engage in sexual relations, or be terminated or lose deserved promotions.

Check Your Progress Exercise 2:

Sexual harassment can be classified into two types. The first is **quid pro quo**, which means ‘*something for something*’. This occurs when an employee’s submission to unwelcome sexual conduct becomes an explicit or implicit condition of employment, or when personal actions such as promotion and transfers are determined on the basis of an employee’s response to such conduct.

The second type of sexual harassment or sexual annoyance is known as the ‘**hostile environment**,’ which occurs when unwelcome sexual conduct interferes with an individual’s job performance or creates an intimidating, hostile, or offensive work environment. It has no direct link to any tangible job benefit or harm. Rather, this annoying conduct creates a bothersome work environment. Sometimes the employee is subjected to persistent requests for sexual favours and is persistently refused. Although such refusal does not cause any loss in job benefits, the very persistence of the demands creates an offensive work environment, which the employee should not be compelled to endure. So also such conduct of a sexual nature demeans and humiliates the person addressed. Thus, sexual harassment can manifest itself both physically and psychologically. All working women, regardless of their age, physical appearance, social status and job security may encounter sexual harassment.

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27.13 QUESTIONS FOR REFLECTION AND PRACTICE

1. Give an account of the rights of women guaranteed in the Indian Constitution.
2. Critically examine various International Human Rights Instruments that deal with the problem of sexual harassment.
3. Analyze the different situations that constitute the offence relating to sexual harassment.

UNIT 28 GENDER AND OCCUPATIONAL SAFETY AND HEALTH

Structure

28.1 Introduction

28.2 Objectives

28.3 Definitions

28.3.1 Occupational Health

28.3.2 Occupational Safety and Health (OSH)

28.3.2.1 Scope and Aims of OSH

28.3.3 Hazards and Risks

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28.5 Gender Perspectives in OSH

28.5.1 OSH and Gendered Division of Labour

28.5.1.1 OSH Concerns within Paid Work

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28.6 The Gender-Neutral approach

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28.7 Occupational Health Related Biological, Psychological and Social Differences

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28.7.2 Specific Problems for Men

28.8 Taking Action to Improve Gender sensitivity in Risk prevention

28.9 Summing Up

28.10 Glossary

28.11 Answers to Check your Progress Exercises

28.12 References

28.13 Questions for Reflection and Practice

28.1 INTRODUCTION

Historically issues on OSH have been present since the 1700s when the Industrial Revolution took place in England. Recognition that work is risky to life, safety and health occurred when work moved into factories and organizations—that is around the time when the Industrial revolution began. Public concern about these issues led to legislation and the setting up of special agencies to protect workers. Rapid global socio-economic development over the past 50 years, in combination with scientific and technical progress has resulted in the emergence of a vast volume of knowledge and research pertaining to risk management in general and the control of public and workplace hazards and risks in particular. **Yet every year more than two million people die from occupational accidents or work-related diseases.** It must be kept in mind that information for most developing countries is scarce, and not all problems are reported, so these figures probably underestimate the actual figures.

The International Labour Organization has recognised that the safety of work varies enormously between countries, economic sectors and social groups. Deaths and injuries take a particularly heavy toll in developing nations, where large numbers of people are engaged in hazardous activities such as agriculture, construction, logging, fishing and mining. Throughout the world, the poorest and least protected – **often women, children and migrants – are among the most affected.**

In fact, women's work related injuries and diseases are even less accurately reported, since women's work is generally regarded as 'safe.' Women's occupational health problems are under diagnosed and women's claims for compensation for some health problems are preferentially refused. This Unit looks at what encompasses occupational safety and health, and why it is imperative to incorporate a gender perspective into the study of OSH issues.

28.2 OBJECTIVES

After completing this Unit, you should be able to:

- Explain the definition, scope and aim of OSH;
- Critique the gender-neutral approach towards OSH; and
- Analyze the significance of implementing the gender perspective into occupation risk assessment.

28.3 DEFINITIONS

Workers safety and health issues, have over the years led to the emergence of studies in occupational health and safety, which is widely known by its abbreviation OSH. Before we attempt to define OSH it is important to understand a few related terms.

28.3.1. Occupational Health

Occupational Health is the **promotion and maintenance** of the highest degree of physical, mental and social well-being of workers in all occupations by preventing departures from health, controlling risks and the adaptation of work to people, and people to their jobs (ILO, 1950).

28.3.2. Occupational Safety and Health (OSH)

OSH is generally defined as anticipation of , recognition, evaluation and control of hazards arising in or from the workplace that could impair the health and well-being of workers. Thus OSH is concerned with **protecting** the safety, health and welfare of people engaged in work or employment.

28.3.2.1 Scope and Aim of OSH

Occupational Safety and Health is cross-disciplinary in its scope involving interactions among many subject areas, including occupational medicine, occupational (or industrial) hygiene, public health, safety engineering, chemistry, health physics, ergonomics, toxicology, epidemiology, environmental health, industrial relations, public policy, sociology, and occupational health psychology. According to ILO, Occupational Health and Safety is a discipline with a broad scope that involves the specialized fields mentioned above and in its broadest sense, it should aim at:

- the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations;
- the prevention among workers of adverse effects on health caused by their working conditions;
- the protection of workers in their employment from risks resulting from factors adverse to health;
- the placing and maintenance of workers in an occupational environment adapted to physical and mental needs;
- the adaptation of work to humans.

In other words, occupational health and safety encompasses the **social, mental and physical well-being of workers**, that is, the “whole person”.

When we discuss OSH, the assumption is “safety first”, meaning the priority should be prevention of accidents to avoid fatalities and injuries, followed by health issues. The

ultimate aim of OSH is to eliminate **hazards and risks** and if this is not possible, to reduce them. OSH is based on the principles that were developed to manage the risks generated by increasing industrialization and its demand for production using increasingly complex technologies.

28.3.3. Hazards and Risks.

A hazard may be defined as a substance, agent or physical situation with a potential to cause an effect in terms of ill health, injury or damage to a human being, animal, property or environment. The presence of a harmful chemical (even if it is not used), or an uncovered hole in a floor are examples of a chemical and a physical hazard. Hazards can also be of biological or psychological nature.

The term risk expresses the likelihood of an event to occur and its severity. The term hazard expresses quality, while risks express a quantity. The concepts of hazards and risks are often used without distinction, sometimes causing confusion.

28.4 REASONS FOR ESTABLISHING SAFETY AND HEALTH STANDARDS

The importance of OSH was brought out in ILO (2009) when it met to discuss global estimates that brought to the forefront the magnitude of the human and economic burden of work-related accidents and diseases, and thus the importance of implementation of OSH. ILO global figures for 2003, estimated that there were about 358,000 fatal and 337 million non-fatal occupational accidents in the world, and 1.95 million died from work-related diseases. The number of deaths caused by hazardous chemicals alone was estimated at 651,000. Although the cost of these injuries and deaths is incalculable in terms of human suffering, their economic costs were recognized as colossal at the enterprise, national and global levels. When taking into account compensation, lost working time, interruption of

production, training and retraining, medical expenses, social assistance, etc., these losses are estimated annually at 5 per cent of the global gross national product (GNP). The annual economic cost of major industrial accidents is estimated at US\$ 5 billion. It must be recognized that the best estimates may well underestimate the true economic and social costs because of the under-reporting of occupational accidents and the failure to recognize the work-related origins of certain diseases.

The reasons for establishing good occupational safety and health standards are frequently identified as:

- **Ethics:** An employee should not have to risk injury or death at work, nor should others associated with the work environment.
- **Economic:** Many governments realize that poor occupational safety and health performance results in cost to the State (e.g. through social security payments to the incapacitated, costs for medical treatment, and the loss of the "employability" of the worker). Employing organizations also sustain costs in the event of an incident at work (such as legal fees, fines, compensatory damages, investigation time, lost production, lost goodwill from the workforce, from customers and from the wider community).
- **Legal:** Occupational safety and health requirements may be reinforced in civil law and/or criminal law; it is accepted that without the extra "encouragement" of potential regulatory action or litigation, many organizations would not act upon their implied moral obligations.

Successful OSH practice requires the collaboration and participation of both employers and workers in health and safety programmes, and involves the consideration of issues relating to occupational medicine, industrial hygiene, toxicology, education, engineering safety, ergonomics, psychology, etc.

Often occupational **health** issues are often given less attention than occupational **safety** issues because the former are generally more difficult to confront. However, when health is addressed, so is safety, because a healthy workplace is by definition also a safe workplace. The converse, though, may not be true—a so-called safe workplace is not necessarily also a healthy workplace. The important point is that **issues of both health and safety must be addressed in every workplace**. By and large, the definition of OSH given above encompasses **both health and safety** in their broadest contexts.

Check Your Progress Exercise 1:

Note: i) Use the space given below for your answers.

ii) Check your answers with those given at the end of the Unit.

1. Define OSH. State its scope and aim.

2. Define the concepts of Hazards and Risks.

28.5 GENDER PERSPECTIVE IN OSH

Traditionally production was organized on the assumption that its workers had a woman's support at home. The household and family with a woman in the home was the basis for the first welfare policies. It was important for the man to receive financial compensation for income lost due to unemployment, injury, or death, to ensure his and his family's survival. Today, women's labour force participation rates have increased steadily world wide, especially in the newly industrialized countries. The economic successes of some of the Asian states, for example, are a reflection of increasing feminization of labour in this region. In these economies, female workforce participation rates increased far more rapidly than male from the 1960s, although their jobs were largely less-skilled and poorly paid.

28.5.1 OSH and Gendered Division of Labour

There is a growing awareness that women and men are exposed to different hazards at work that lead to different health outcomes. And yet, women are reported to be at much lower risk of occupational injuries and accidents than men, as their work is assumed to be 'safe'. This erroneous assumption is probably one of the reasons for the neglect of women's occupational health issues and has its roots in the gendered division of labour. In all cultures, society has traditionally divided work roles for women and men, where women's work was regarded less hazardous and prone to risks.

28.5.1.1 OSH Concerns within Paid Work

Discourses on definitions of women's work and men's work mostly involve differences in status, in pay and in career opportunities. Because women's paid work is generally regarded as safe, their occupational injuries and illnesses are under diagnosed. Underestimation of women's work-related injuries and diseases, is even more serious than that of men because both research and prevention activities have traditionally targeted risks in jobs dominated by men, overlooking women's risks at the workplace.

This sexual division of labour affects women's health in at least six ways:

- 1) Women's jobs have specific characteristics (repetition, monotony, static effort, multiple simultaneous responsibilities) which may lead over time to changes in physical and mental health;
- 2) Spaces, equipment and schedules designed in relation to the average male body and lifestyle may cause problems for women;
- 3) Occupational segregation may result in health risks for women and men by causing task fragmentation, thereby increasing repetition and monotony;
- 4) Sex-based job assignment may be vaunted as protecting the health of both sexes and thus distract from more effective occupational health promotion practices;
- 5) Discrimination against women is stressful by itself and may affect mental health;
- 6) Part-time workers are excluded from many health-promoting benefits such as adequate sick leave and maternity leave.

As women move beyond their traditional occupations, they meet new health hazards which may either replace or add to their existing occupational exposure.

Despite considerable progress in integrating women into the labour force, women are still found in jobs where employment conditions are relatively unfavourable. The organization

and design of paid labour, for example, historically have tended to be sex-typed. Equipment, tools and spaces used for paid labour have tended to be designed for men. Work scheduling has presumed constant availability of the worker, with no constraints arising from responsibility for child care or elder care. Occupational health and safety standards have often used male models; for example, most toxicological data come from males.

28.5.1.2 OSH Concerns within Unpaid Work

Within unpaid work, it is vital to investigate the occupational environment in which many women—particularly rural women in developing countries— work today. As mentioned above, much of women's work has traditionally been carried out within the context of the family: growing food on a family plot; finding fuel, gathering water and preparing foods for family members; spinning, weaving and sewing the garments worn by family members; cooking and washing for the family and looking after its children and its sick and elderly members. Surprisingly little is known about the health hazards of this environment, in part because women's household work has been ill-researched, underestimated and undervalued, and hence there has been little incentive to examine it in detail.

Women also form the bulk of workers in the informal economy, which typically is not covered by national OSH legislation and in which workers often have to face the most unsafe and unhealthy conditions of work. For example, the CITU Trade Union states that 94 per cent of the workforce in India, the bulk of which are women, is employed in the informal economy and thus not covered by any OSH legislation. Informal sector employment, including that of migrant workers, is generally excluded from protective legislation, leaving

women vulnerable to workplace hazards, such as industrial toxins, inhaled particles, excessive noise, musculo-skeletal strain, and physical and sexual abuse.

28.6 THE GENDER-NEUTRAL APPROACH

In the past, most research within the sphere of working life had a gender-neutral perspective, in which gender as a social category has no significance. It is now acknowledged that the assumption that the conditions in working life are the same for women and men is erroneous, and needs to be corrected. Mainstreaming gender into work safety and health, has now become a key aspect in the developed world with the aim of achieving gender equality, and is gaining importance in the developing world as well. It is a matter of rights, but it is also a matter of sound economic policy — especially considering the human and economic costs of injuries and ill health caused or made worse by work.

28.6.1 The Risks of Ignoring Gender

There is evidence that taking a gender-neutral approach to occupational safety and health is contributing to the maintenance of gaps in knowledge and to less effective prevention. For example, it contributes to:

- gender differences being obscured or overlooked;
- less attention being paid to some research areas more related to women;
- the extent of risks to women being underestimated;
- reduced participation of women in occupational safety and health decision-making, as positive action is not taken to ensure that they are included;
- Inappropriate preventive solutions being selected.

Policy decisions on priorities for legislative action or labour inspectorate support and enforcement activities, are increasingly based on risk analysis. Therefore, to ensure equality of treatment, it is very important that risks to women are not underestimated. On the other hand, where gender has been taken into account, the focus has been on women as child bearers, which has led to a neglect of other reproductive hazards to both men and women.

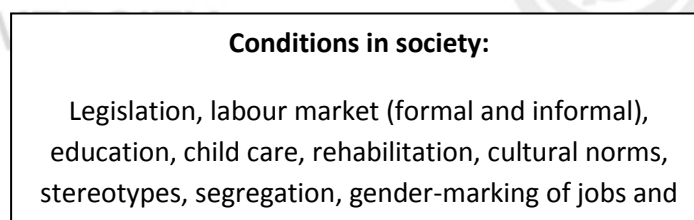
Men and women are not the same and the jobs they do, their working conditions and how they are treated by society, are not the same either. These factors can affect the hazards they face at work and the approach that needs to be taken to assess and control them. **Figure 28.1**

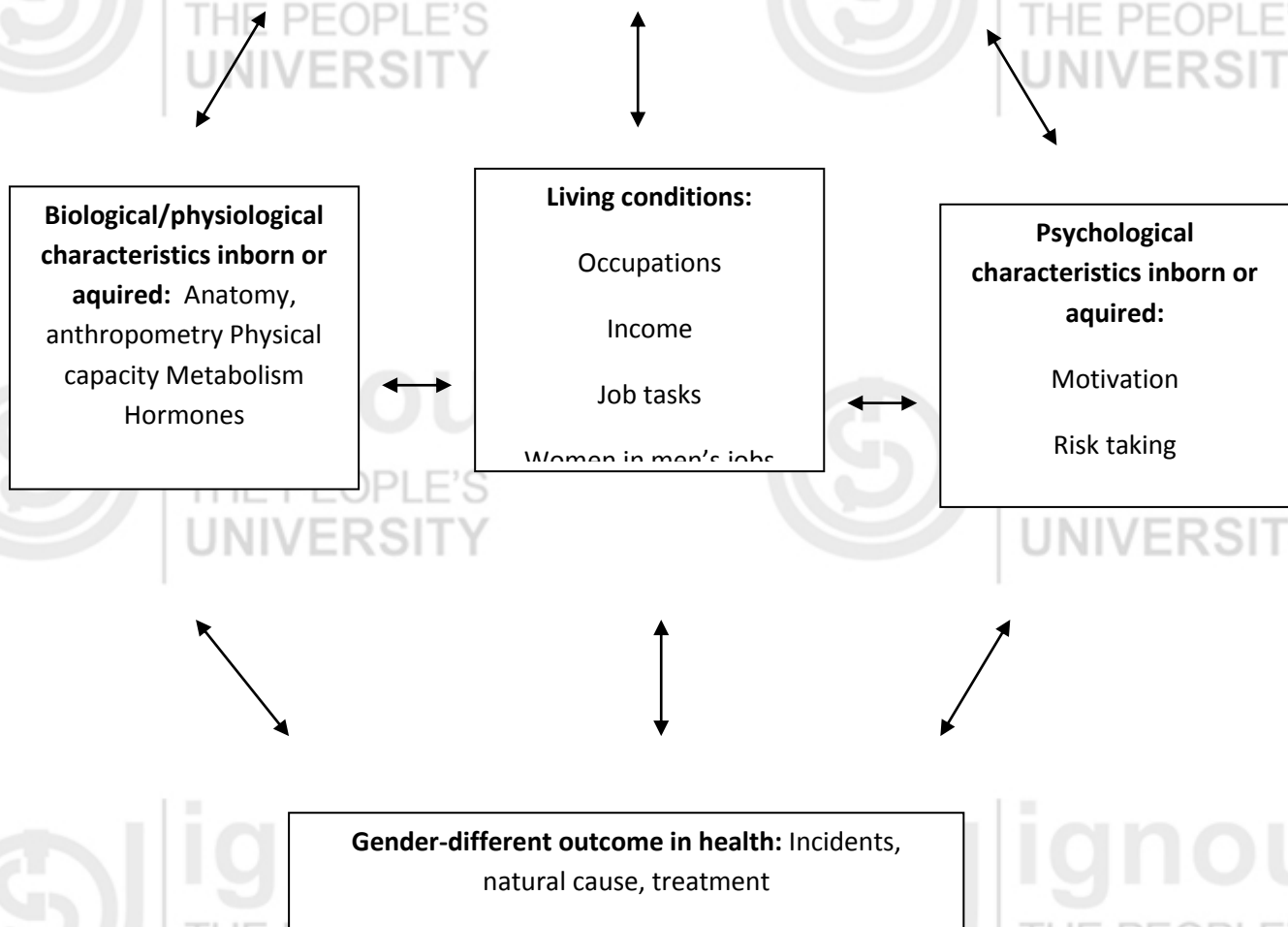
below is a graphic expression of the multiple factors that have an impact on gender-related ill health. It is important to take into account the following:

- women and men are concentrated in certain jobs, and therefore face hazards particular to those jobs ;
- women and men are physically different, including in regard to reproduction;
- women and men have different responsibilities in the home. Working women may have two jobs, at work and in the home.

It is, therefore, important to recognize these differences and take a "gender sensitive" approach to health and safety at work.

Figure 28.1. Factors interacting with gender-related ill-health.





Source: Hanna Westberg, Gender and Work. In OSH for development: occupational safety and health for development.

Check Your Progress Exercise 2:

Note: i) Use the space given below for your answers

ii) Check your answers with those given at the end of the Unit.

1. How does gender division of labour affect women's health within paid work.

2. State some risks of ignoring gender in OSH.

28.7 OCCUPATIONAL HEALTH-RELATED BIOLOGICAL, PSYCHOLOGICAL AND SOCIAL DIFFERENCES

The World Health Organization (WHO) defines health as a state of complete physical, mental and social well-being. Health is recognized as an important resource that enables individuals to achieve their goals in life. The issue of occupational health in particular gets more complex as a number of occupational diseases and disorders are chronic—they take long years of exposure to manifest themselves. Also non-occupational risk factors may also play an important role in causing or exacerbating them. Thus identifying and understanding the relationships between health hazards on the job and the development of disease in both men and women workers, is challenging for methodological and practical reasons stated above.

Health and ill-health in a population develops through interaction between different social, economical and medical conditions. Thus the reasons for gender differences in health are complex and have to do with biological, psychological and social factors. Investigating the

complex ways in which these factors interact to impact the health of women and men should be a basic element of all health research, including research on work and health.

Differences:

The reproductive systems of women and men differ. Women menstruate, become pregnant and nurse children, and these processes may be affected by workplace exposures; for instance, prolonged standing can affect birth weight and many chemicals can produce abnormalities. Men produce sperm, and this process is also very sensitive to exposure to chemicals, vibration and radiation.

Men are on the average taller, larger and heavier than women, contributing to sex differences in a number of other important health-related variables such as average blood volume and oxygen consumption. The same physical load may exert greater strain on the average woman than on the average man, since women's average lifting strength is only 50 % of men's. However, the difference for pushing and pulling in the horizontal plane is smaller, and there is considerable overlap in size, shape and strength between the sexes. Both the differences and the degree of overlap are important, for example, when designing tools so as to minimize repetitive strain injuries in both sexes.

Thus, differences in exposure to risk factors may combine with biological, psychological and social differences to produce sex-specific patterns of occupational health problems. It is therefore, important to examine occupational health research, implementation, policies, programmes and projects with a gender lens.

28.7.1 Specific Problems for Women

Despite the positive effects of women's employment on their health, many jobs, especially those available to women in low-income countries or to poor, less-educated women in high-income countries, expose women to harmful working environments. In developed countries, women are more often exposed to some physical risks, such as highly repetitive movements, awkward postures, and biological agents in jobs where there is higher exposure.

Increasingly, women in the developing countries, particularly in Latin America and Asia, work in office and factory jobs. The low status of this work can be a source of stress. Within the work place, women are exposed more often to some psychosocial risk factors, such as psychological and sexual harassment and monotonous work. Because of their low status, women exert less control over their work environment, leading to conditions associated with cardiovascular, mental and musculoskeletal ill health. Sexual harassment at work is common and may result in guilt, shame, anxiety, depression and other health consequences.

Exposure to pesticides, solvents and organic pollutants, heavy workload, postural factors and shift work leading to reproductive problems such as miscarriages, low birth weight and malformations can arise. Breast milk can also be contaminated by chemical exposures, leading to difficulties with breastfeeding. Anything that limits breastfeeding is of concern in poor populations, since breast milk is vital for infant health. Chemicals can also interfere with the fertility-suppressing effects of breastfeeding and increase a woman's chance of conceiving before she is ready.

28.7.2 Specific Problems for Men

A large body of literature indicates that employment is beneficial for men's health and survival. However, men have many more occupational accidents than women, and more fatal injuries in all jurisdictions where data are available. In addition, men in the developed countries report more exposure than women to noise, vibrations, extreme temperatures, chemicals and lifting heavy weights. Many societies accept the idea that men can be asked to do more dangerous jobs, although in others, men resist if they feel they are asked to do harder jobs. In still others, it is taken for granted that women will do most heavy lifting and carrying. Since reproduction has been viewed as women's domain, male reproductive health related to occupational exposures has been neglected. However, many chemicals, ionizing radiation, toxic contamination, high temperatures and sedentary work have been identified as hazardous to the male reproductive system.

The assumption that women's participation in the labour force was marginal to the economy, and that women worked just for 'pin money' - to collect savings for marriage, or have a little pocket money of their own - is clearly no longer tenable. It was an assumption which carried the corollary that women were only in the labour force for short periods, and were therefore not much exposed to any occupational hazards which those workplaces might present. In fact, however, women are also remaining in the labour force for longer periods, and returning to it after the birth of their children.

Recommendations proving important for the health and safety of both men and women at work included:

- examining the possibilities of combining paid work with the rest of life, i.e. family, unpaid work and leisure time;

- Studying the mental and physical demands of work, the extent and location of work in time and space;
- examining the possibilities for relaxation and recovery, at and away from work;
- viewing the connection between chemical/ physical occupational health problems, physical load and the individual's influence and attractiveness on the labour market;
- investing organizational changes and changes of work conditions.

28.8 TAKING ACTION TO IMPROVE GENDER-SENSITIVITY IN RISK PREVENTION

Gender-sensitivity encompasses the taking account of gender issues, differences and inequalities in strategies and actions and there are credited actions that can be taken towards achieving a more gender-sensitive approach to risk prevention. The European Agency for Safety and Health at Work stresses that what is particularly important is that, during risk assessment, the jobs of both women and men are considered. The agency recommends the following steps:

Measures at The Workplace

- Take a gender-sensitive approach to risk assessment, and ensure that information and training on gender issues in OSH are provided.
- Make links between equality activities and OSH activities: for example, include working conditions in equality policies and actions, and include issues such as sexual harassment and work-life balance in OSH activities, for example in stress prevention. Look at issues such as

flexibility and enrichment of jobs, and working schedules of both women and men in order to improve work–life balance.

- Facilitate the participation of women in OSH consultation, decision-making activities and safety committees.

Social Partners

- Take account of gender in all OSH activities.
- Raise awareness of gender issues in OSH.
- Develop guides and training resources and encourage more women to be involved as worker representatives or on safety committees, etc.
- Include OSH in equality activities.

OSH authorities (usually The National Ministry of Labour)

- Ensure that occupational safety and health policies and programmes contain a well defined and transparent gender dimension.
- Provide training and awareness raising for labour inspectors and for workplaces.
- Ensure that resources and intervention activities are directed towards jobs of both women and men.
- Promote research into risks or jobs of particular relevance to women, where these have been neglected.

Policy level

- Apply gender impact assessments to OSH directives, legislation, limits and standards, benchmarking, priority setting, compensation arrangements, etc.

- Develop new OSH policies in a gender sensitive way.
- Include OSH in equalities policy activities.
- Promote the involvement of women in OSH policy setting.
- Promote a holistic approach to OSH that covers the work–home interface.

28.9 SUMMING UP

Recent years have seen an increase in the number of women in the labour force. Public health practitioners, workers and scientists are starting to include women's concerns in their occupational health activities. Methodological questions are emerging, such as how to analyze data by gender; how to take into account the different life patterns of women and men; how to identify health problems which arise in women's traditional work and for which preventive strategies may not have been developed. Related social issues arise and must also be dealt with, such as how to make sure that recognition of health hazards in women's work does not lead to denial of employment opportunities for women; should men and women be distributed in a more random way across employment categories or is each gender more 'suited' to a specific type of work?

28.10 GLOSSARY

Vasectomy: Vasectomy is a surgical procedure designed to make a man sterile by cutting or blocking both the right and left vas deferens, the tubes through which the sperm pass into the ejaculate.

Tubectomy: Tubal ligation known as getting fallopian tubes tied is a form of female sterilization in which the fallopian tubes are severed or sealed or pinched shut in order to prevent fertilization.

Haemorrhage: Bleeding technically known as haemorrhage. It is a loss of blood or blood escape from the circulatory system. Bleeding can occur internally where blood leaks from blood vessels inside the body or externally either through a natural opening such as the vagina, mouth, nose, ears or anus or through a break in the skin.

28.11 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1:

1. OSH is generally defined as anticipation of, recognition, evaluation and control of hazards arising in or from the workplace that could impair the health and well-being of workers. Thus OSH is concerned with **protecting** the safety, health and welfare of people engaged in work or employment.

Occupational safety and health includes:

- the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations;
 - the prevention among workers of adverse effects on health caused by their working conditions;
 - the protection of workers in their employment from risks resulting from factors adverse to health;
 - the placing and maintenance of workers in an occupational environment adapted to physical and mental needs;
 - the adaptation of work to humans.
2. A hazard may be defined as a substance, agent or physical situation with a potential to cause an effect in terms of ill health, injury or damage to a human being, animal, property or environment. The presence of a harmful chemical (even if it is not used),

or an uncovered hole in a floor are examples of a chemical and a physical hazard.

Hazards can also be of biological or psychological nature.

Check Your Progress Exercise 2:

1. There is a growing awareness that women and men are exposed to different hazards at work that lead to different health outcomes. And yet, women are reported to be at much lower risk of occupational injuries and accidents than men, as their work is assumed to be 'safe'. This erroneous assumption is probably one of the reasons for the neglect of women's occupational health issues and has its roots in the gendered division of labour. In all cultures, society has traditionally divided work roles for women and men, where women's work was regarded less hazardous and prone to risks.
2.
 - gender differences being obscured or overlooked;
 - less attention being paid to some research areas more related to women;
 - the extent of risks to women being underestimated;
 - reduced participation of women in occupational safety and health decision-making, as positive action is not taken to ensure that they are included;
 - inappropriate preventive solutions being selected.

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28.13 QUESTIONS FOR REFLECTIONS AND PRACTICE

- 1) Give reasons for the need to establish good OSH standards.
- 2) Write in your own words the impact that gendered division of labour has on OSH.

UNIT 29 REPRODUCTIVE RIGHTS AND REPRODUCTIVE HEALTH

Structure

29.1 Introduction

29.2 Objectives

29.3 Reproductive Rights

29.4 Reproductive Health as a Concept

29.5 Reproductive Health and RCH Policy in Indian Context

28.6 Policy Critique

28.7 Summing Up

28.8 Glossary

28.9 Answers to Check Your Progress Exercises

28.10 References

28.11 Questions for Reflection and Practice

29.1 INTRODUCTION

The biological fact that women take the burden of reproduction has been instrumental in shaping their role in the society. The role of women as child-bearers and mothers have formed an essential part of women's nurturing and accepting the defined role in society. These roles have been constituted as an integral part in women's domain of activities. The beginning of the women's movements in 1960s and 1970s saw feminists analyzing and subsequently challenging the definitive roles of women as child-bearers and nurturers. In this process, various women's groups politicized the sphere of reproduction by arguing that women's association with reproduction has actually contributed towards women's oppression

and subjugation in society. In this context, feminists have brought the issue of women's reproductive rights as a matter of choice and self-determination, but not a social compulsion. Eventually, various women's health groups have called for a comprehensive health approach to bring gender equity in the public health programmes and policies. With this background, the present Unit will focus on the debates defining reproductive rights and health, understanding reproductive health in the context of population control, and ultimately focusing on the Reproductive and Child Health Policy (RCH).

29.2 OBJECTIVES

After studying this Unit, you should be able to:

- describe what is the meaning of reproductive rights and health;
- discuss the development of the concept of reproductive rights and health;
- analyze the Reproductive and Child Health (RCH) policy in the context of India; and
- critically examine the concept of reproductive health with reference to RCH policy.

29.3 REPRODUCTIVE RIGHTS

Feminists have brought the issue of reproductive rights in the context of women's human rights and as part of their criticism towards state-sponsored programmes on population control. Reproductive rights explain the freedom and right of women to choose and make a decision on whether to have a child or not to have a child, and argue for a safe and coercion-free sexual life. Reproductive rights as a concept have its origin from women's birth control movements, feminist political thought and various human rights advocacy movements. The basic premise upon which all these groups laid down the base of their movement was that

every individual especially women have the right to take decisions on matters affecting their personal life in areas of pregnancy, child-bearing, and sexuality. For example, a woman has every right to make a decision on her marriage, whether or with whom to have sex with safety, whether to carry or terminate a pregnancy, freedom to raise a child and possessing full knowledge on how to care for sexual and reproductive capacities of her body (see International Encyclopedia of Women's Studies 2000).

The politics of reproduction: Margaret Sanger, a socialist feminist, coined the term birth control. Birth control was defined as a way towards women's "liberation" from pregnancy and childbirth. In the politics of reproduction, birth control has never remained an aspect of the private sphere and it had conceptualized as a step towards eugenics, which means the society can be improved by the principle of selective breeding. Since the reproduction has become a state project under which the state imposed limitation of birth control on the poor and ethnic minorities. Eugenicists feel that poverty was caused by increasing growth of the poor and disabled population; therefore, the rate of child birth of the poor and inferior people needs to be controlled for the progress of the nation. Since then, the eugenicists became a powerful force in the politics of population control and started to see reproduction as part of the state project.

In 1933 Germany passed sterilization laws that led to 200,000 sterilizations of 'genetic inferiors' and the murder of millions of Jews, gypsies and homosexuals in Nazi gas chambers (New Internationalists). In Germany, research on reproductive technology was guided by two principles: 1. to promote those who were worthy of reproduction and 2. to eliminate those unworthy of reproduction. The focus on the extinction of undesired forms of life and promotion of desired forms of life has become an inseparable entity of reproduction

technology. Women have become target groups for Nazi Obstetrics and subjected to selective breeding, sterilization and castration. The experimentation on the human selective breeding has shifted women and their lives more into laboratory and the control of the state. In states like England, United States and Germany, eugenic movement and the population control policies has always been at the centre in the creation of a progressive nation-state. Eugenic theorists argued for the enhancement of patriarchal dominance in a way where they promoted the talented men to succeed in careers and produce many more off springs for the healthy growth of the population. Women have always been seen as the passive elements in the sphere of reproduction and the reproductive success was considered correlated with their beauty. This form of reproductive pattern entirely believes in the economic subjugation of women for the reproduction of a superior breed of human being. Similarly, in Singapore, with the decrease of population among the educated couples, the country has started to initiate aggressive eugenic steps towards nation building. During 1980, the country's population policy focused only on increasing population among the groups of university educated or graduate parents.

Box 1: Case Studies

The Chinese family system which totally subordinated the individual to dynastic interests, regarded breeding as the most important and the only function of women. The strongest males are to impregnate a large number of females as the most favourable practice, and proposed the replacement monogamy by collective forms of the family in which communities of women would periodically be visited by men previously screened for "fitness".

In case of Singapore, between 1969 and 1972, government came with policies like "population disincentives" in which the government raised the cost of bearing the third,

fourth and the subsequent children. For example, women civil servants were not given the maternity leave for the third and subsequent children. Policies were accompanied by public campaigns like “Stop at Two” and large families can challenge the livelihood and social security of parents. By 1980s, government became concerned with the low rate of population growth among the educated and projected this as a serious matter of concern. In this context, the government created a Social Development Unit to initiate matchmaking among the university educated mass. The old family planning slogan was replaced by new slogans like “Have Three or More If You Can Afford It”.

Reproduction since the beginning has always been seen as the state objective. Reproduction and child birth being the private domain has often been the under the control of public domain, i.e., by the state and scientific research. For instance, in 19th century Europe, obstetricians begun to differentiate between the practices of physicians and midwifery towards childbirth. Physicians became the service providers for the affluent women and on the contrary, midwifery cared for the poor women. The practice of midwifery became exclusively associated with care of the foreign born or the non-white. In 1915 40% of all births were attended by midwives and it was decreased to 10.7%, in 1935 of whom 54% were non-white. Eventually, midwifery started losing public image and popularity in US with the developing of nurse-midwives (History of midwives in US). The history of reproduction reflects the continuous struggle and negotiation between women and the state on various issues related to the sphere of reproduction.

The underlying principle of the term Reproductive Rights that had emerged from the Owenite socialists movement of England got disseminated across the world over a period of time.

During the decade of the 1920s and 30s, both the leaders of Western and Southern colonial countries spoke of women's needs and began to perceive that women having control over their body and reproductive functions form the basis of their empowerment and liberty. In India, Kamaladevi Chattopadhyaya invoked the idea of women's reproductive needs in the context of women's liberation and emancipation. The term is widely used by women's movements to assert women's right to abortion and contraception. In the decade of 1970s and 80s, international organizations such as CARASA, R2N2, Women's Global Network for Reproductive Rights in Netherlands emerged worldwide to express the thought of women's control over reproduction and their legal access to safe abortion. The increasing spread of feminist's reproductive rights movements in different parts of the globe and Latin America and South Asia in particular, had led to raising consciousness within the sphere of reproductive rights in the following manner:

- Growth of broad-based women's rights movements having a special focus on reproductive health;
- Concern for high rate of maternal mortality and morbidity;
- Focus on the aspects of unsafe abortion and women's inaccessibility to prenatal and obstetric care;
- Increasing objections of women's groups and ethnic groups towards coercive methods of population control;
- Responding to the challenges posed by various conservative political and religious groups.

Despite the presence of opposition forces (fundamentalists), advocates of reproductive rights movements were able to assert their position and stance across nationality, class, caste, race, and sexuality. The 1980s saw the emergence of several national and regional women's organizations and with their activism various family planning and population control policies were criticized as being racist. For example, in developing countries, population control programmes were targeted only at the poor, religious minority groups, and indigenous people. In South Asian and Caribbean countries, feminists were highly critical of the fact that fertility control programmes were eventually taking the place of primary health care services for women and children. As women from diverse cultural positions involved in the movement, the contours of reproductive rights went beyond abortion and contraception. In the 1980s, the expanding concept of reproductive rights reflected the condition of women of different socio-cultural and economic backgrounds and included other dimensions of women's lives like:

- Women's liberation from bodily violence and abuse either from family or state;
- Freedom from sexual and reproductive tract diseases;
- Promoting research and resources to cure breast cancer and other gynaecological cancers;
- Access of basic health care services for women and children;
- Expressing women's sexuality with dignity and safety (International Encyclopedia of Women's Studies 2000).

Box 2: Four Basic Underlying Principles of Reproductive Rights:

Bodily integrity- women can enjoy good health through proper sex education

Personhood- recognizing women as the primary decision-maker

Equality- granting reproductive equality between men and women and amongst women from different caste, class, and religious background

Diversity- Ability to encompass divergent values, needs, and priorities of women belonging to different culture and society (ibid)

The influence of international agencies and organizations became catalysts in conceptualizing and establishing these four universal principles of reproductive rights at a global level. The Universal Declaration of Human Rights became instrumental in codification of reproductive rights in the international law. The Alma Ata Declaration of 1978 and the Convention on Economic, Social, and Cultural Rights asserted women's rights to primary health care facility. The Convention on the Elimination of All Forms of Discrimination against Women made these reproductive rights as a matter of parity between men and women. The Cairo Programme of Action in the year 1994 made a marked contribution in implementing the feminist understanding of reproductive rights in the context of politics and public health programmes. For the first time, the Cairo Programme of Action put forth a gender-neutral approach as an essential component of public health programmes. Further, the Cairo Action Plan was placed in the United Nations in the context of gender equality, equity, and empowerment to reaffirm the freedom of women and see empowerment of women in social, economic, political, and health spheres.

Check Your Progress Exercise 1:

Note: i) Use the space given below for your answers.

ii) Check your answers with those given at the end of the Unit.

- | |
|--------------------------------|
| 1. Define Reproductive Rights. |
| |
| |

29.4 REPRODUCTIVE HEALTH AS A CONCEPT

Reproduction is not merely a biological process, but it intersects with other aspects of life. Similarly, reproductive health does not entirely deal with the health needs of women in relation to reproduction. However, it is embedded in social, physical, sexual, economic, and cultural environment of life. Rapid growth of reproductive and genetic technologies has made the gender-sensitive analysis of reproductive process, rights, and health a matter of urgency.

There have been ongoing debates over issues related to reproduction and reproductive rights across feminist, women's groups and nations. On the one hand, feminists see pregnancy, women's reproductive roles, and motherhood as the sources of women's subordination and women's body is seen as a resource to reproduce dominance and patriarchy over the generations. Therefore, measures like the use of contraception, abortion, infertility treatment, childbirth are always associated with women. Therefore, health policy, market and men view these sources as mediums of suppressing women. On the other hand, feminists like Firestone seeing the development of new technologies (genetic engineering and artificial wombs) as different ways of liberating women from the burden of motherhood (ibid). These divergent arguments have brought the sphere of reproduction into the public realm and began to evaluate health programmes through gender lenses.

It has been seen that there is a strong correlation between population rise, birth pattern, and the educational and economic background of the women. For example, in Western Europe,

the birth rate was reduced as women concentrated more on employment. In International Conference on population and Development (ICPD), United Nations reflected this correlation, i.e., between women's health and their educational and economic status as key to development of a gender-sensitive health care programme. In the United Nations ICPD, 184 nations expressed gender equality as matter of concern in the context of improving policies of public health care. Therefore, the Cairo conference called for implementing reproductive health care services universally by the year 2015. Women's health groups and movements being the constant critics of state-sponsored population control programmes have been able to bring gender parity within the public health care services. These movements criticize the population control policies on the ground of infringement of women's reproductive rights by the state and limiting the issues of women's health only with regard to reproduction. The participants argued that women are in need of contraceptive measures. Therefore, both contraceptive and abortion services need to be available to women at an affordable cost and the government does not possess any right to dictate to women on the number of children that they wish to have. Along with this women should be given the right to terminate any unwanted pregnancy.

Box 3: Defining Reproductive Health

Reproductive health is defined as state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system, and to its function and processes. It encompasses a full range of methods, services, and techniques that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health for the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases (United Nations 1994 and

International Encyclopedia of Women's Studies 2000).

With the growing introduction of family planning policies in developing countries, women's health groups became preoccupied with their campaign against female sterilization and abuses of clinical trials. Further, with the introduction of the family planning programme, various issues of quality of contraceptive measures, care while administering contraceptives, safe abortions, and so on have cropped up as serious concern in the public domain. One of the issues of severe concern in relation to state-sponsored family planning was reducing women's health to fertility and the absence of men's participation in the contraception and fertility control measures. These concerns were debated by feminist groups and moved forward to developing a comprehensive and holistic reproductive health approach. The reproductive health approach combines the concept of women's rights and gender equality within the people-centric framework. The reproductive approach advocates for the following changes;

- Contraceptive services should form a part of the wider package of reproductive health;
- Providing safe abortion services;
- Choice of contraceptive methods and advising contraception in accordance with women's health needs;
- Quality of care while providing health services;
- Prevention and control of Reproductive Tract Infections and STDs;
- Prevention and screening for women's cancer;
- Treatment for infertility;
- Pregnancy, delivery and post-natal care;
- Counselling on sexuality, contraception, abortion, infertility, infection, and diseases;

- Providing information to clients about all the health care services;
- Sexual health care;
- Health services to infants and children through primary health care.

Abortion: Abortions and contraception have been the major concern on women's health. As the impact of women's health group, abortion laws were liberalized in the 1980s. In this period, non-surgical abortion methods were developed and many women opted for the abortion method as a method of family planning. Women's inability to use contraceptive methods while having sexual relationship, sharing unequal power between men and women in sexual life and women's inaccessibility to safe contraception have made women resort to abortion. Therefore, abortion has become an effective agency of meeting women's need of preventing unwanted pregnancies on time. Numerous advocates of women's health suggest inclusion of safe abortion as a component of a comprehensive programme of sexual and reproductive health.

Contraception: Reproductive and Child Health Policy gave a space to women's reproductive rights within the existing family planning programmes. The policy argued for the change of focus from demographic goal to focus on health and rights of the women. "Applying a right framework to reproductive health programmes means, among other things, focusing as much on the process as on the outcome, incorporating efforts to address the gender and power dimensions of reproductive and sexual decision-making into every level of programme, and focusing on building a sense of entitlement among both the seekers and the providers of services". The author discusses the concept of reproductive rights with regard to women's right to decision-making and their choice over child-bearing process and sexuality, addressing women's health in general and bringing gender equity within the programmes of

public health. Over a decade, the majority of the movements on women's health and rights are aiming to transform the conventional family planning programme. Many women's rights groups have criticized the family planning programme on the ground that the aim of health programmes are limited to provide contraceptive measures to women. Aspects of women's reproductive health and rights are dependent upon the social environment where the people live. In the past two decades, women's health movement globally has challenged the fundamental discourse of the health programmes and policies while arguing for social justice and individual rights over their reproduction. For instance, they recognize the capability of both women and men to make a choice over the reproductive issues such as when to have children and deciding on the number of children.

Tracing the history of reproductive health concept

The history of reproductive health can be traced back to the family planning initiatives taken by different countries worldwide. Family planning, being the largest public health initiative, had failed to achieve the goal of developing universal health conditions in the world. Towards the late 1960s, developing countries like India started to realize the importance of linking health with overall development of the country. Health for All through Primary Health Care Services at Alma Ata Declaration, helped both developed and developing countries to realize the fact that family planning approach is not the solution for eradicating poverty. Similarly, advocates of reproductive health groups and international organizations argued that reducing female fertility is not the only way towards women's economic empowerment. Health for All (HFA) called for a new approach that is health for all can be achieved through equitable and comprehensive development. HFA had come during the time when many countries were facing problems of poverty, unemployment, and changing

economic order. Countries' emphasis towards economic liberalization had led the sector of health untouched by the policy-makers. As victims of poverty and industrialization, many women were forced to work as labourers in the informal sector for their livelihood. Women were seen to work under severe and unhealthy conditions for saving their family and themselves. With a view to these complexities, women's health has been viewed as an essential component in the HFA programme. Reproductive health was indeed a reassertion of Alma Ata Declaration on HFA. As Rao (2000) rightly said, reproductive health is the consequence of the feminist debate on the right of women over their body and sexuality, and women's right to abortion. However, as feminists argued, the reproductive rights and choice eventually is being reduced to the level where women are only making a choice over a range of contraceptive measures. The image of empowered women was measured through their accessibility towards various market-driven reproductive technologies including contraceptives. Feminists from both First and the Third World see this reproductive right having an implicit indication or goal of population control. The Fourth World Conference of Women in 1995 reflected the unaddressed reproductive needs of the Third World women and had shown that how women's body have come under the control of private agencies and the market by granting women their reproductive rights. As Quadeer noted, ICPD limited women's health concerns to reproductive matters and safe abortion. However, this failed to realize the development of Primary Health Care services and the importance of comprehensive primary health care systems to cater to women's reproductive and health needs. Therefore, in many countries including India, reproductive health has only remained at the policy level without implementation. As Datta and Mishra pointed out, in India, the reproductive health is not accepted as a programme of gender equality. Rather, it is a package that is "imposed" on the health workers as a package to be implemented. Reproductive health is both an issue of women's health needs and their rights over reproduction. Reproductive

health is both a political and a technical term. It is political in the sense that every government should develop its own strategies to facilitate reproductive health care by prioritizing women's health needs as a matter of policy concern. On the other hand, it is technical in the sense that the aim of the programme is to address women's actual needs which are diverse, interrelated, and socio-culturally different.

Box 4: Brief Overview of Reproductive Health

The reproductive health concept was first introduced in the 1987 at the International Conference on Better Health for Women and Children through Family Planning. Global agreement to define and incorporate reproductive health in the country-level policy strategy was made at ICPD in the year 1994. In spite of having comprehensive definition of reproductive health, many governments are having narrow programmes to achieve the aim of family planning, child survival or safe motherhood. Often it is seen that in some poorest countries, reproductive health care services are made available to women and men through non-governmental organizations. For example, in India, HEALTHWATCH an informal network for non-governmental organizations, social activists, researchers, and policy analysts collated with Government of India to initiate a dialogue on the RCH programme at the national level. The recommendations such as translation of manuals in regional languages, widespread dissemination of manuals on the RCH programme, concretizing community participation, creating awareness among officials, service providers, and the community level, and formation of women's groups to work with the government and the clients are proposed towards better implementation of the RCH programme. In Bangladesh, the Bangladesh Women's Health Coalition (a non governmental organization) is providing a wide range of birth control measures, basic and qualitative health care services, and child services to above 100,100 women every

year through their clinics (please see International Encyclopedia of Women's Studies 2000). In countries like India, Latin America, Peru, Colombia, and Brazil, NGOs are playing an important role in ensuring the accessibility of reproductive health care services to both women and men.

Check Your Progress Exercise 2:

Note: i) Use the space given below for your answers

ii) Check your answers with those given at the end of the Unit.

1. Write the key components of reproductive health according to ICPD.

29.5 REPRODUCTIVE HEALTH AND RCH POLICY IN INDIAN CONTEXT

India was one of the first developing countries to initiate a National Family Planning (NFP) programme to reduce the birth rates and the population growth. In lieu of that, towards mid-1960s the government eventually attempted to integrate family planning with other programmes like Minimum Needs (MN), Maternal and Child Health (MCH), and Child Survival and Safe Motherhood (CSSM). In the 1990s, the government added reproductive tract infection (RTI) services, within the Family Planning programme with a target-free approach. *Therefore, reproductive health programmes are considered to be a comprehensive approach having family planning as an essential component (Datta and Mishra 2000).* Post Cairo conference, India adopted two approaches to actualize the agenda of ICPD. First,

moving from contraceptive targets to concern for women's health needs and second, incorporating the existing Family Planning Programme under the Reproductive and Child Health Policy.

In the Indian context, the conceptualization of reproductive health has occurred outside the development framework. From the very beginning, reproductive health and economic development have been seen by the policy makers as two distinctive discourses. For instance, reproductive health has been seen as a soft issue by the policymakers while targeting the women only, and on the other hand, economic development historically considered as a hard issue with primary consumers being men. With the separation of these two discourses, reproductive health issues have never been integrated and carried out within the general developmental framework. Therefore, the policy makers and the development practitioners were unable to bridge the gap existing between the demographic approaches of the state and addressing the real health needs of women. The State has always adopted a top-down approach in fulfilling the objectives of population control by ignoring the health needs of women. In 1995, the ministry of health and family welfare introduced the reproductive and child health (RCH) programme as part of the paradigm shift within the existing family planning approach.

Box 5: What is Reproductive and Child Health?

India had Family Planning since the 1960s. In the 1970s-1980s, it was FP + MCH /CSSM, and in the 1990s, it has expanded to FP + MCH/CSSM + RTIs and target free approach = Reproductive and Child Health (ibid.).

As Kumar (2002) writes, there are a few innovative dimensions such as decentralized participatory planning, target-free approach, emphasizing the quality of services to be

incorporated in the RCH programme. Such measures would help to improve on the existing programmes and their underlining policies. Further, the author argues that RCH policy is aiming at promoting a gender-sensitive approach in public health programmes by prioritizing the component of gender and women at the policy level. In this regard, the Indian government has taken a few initiatives like 1. Focusing on women's health across the life cycle; 2. encouraging male participation in the process of reproductive decision making and contraception; 3. Equipping Primary Health Care Systems to handle deliveries round the clock; 4. gender sensitive training to service providers; and 5. encouraging the involvement of Panchayat. With an effort to realize the rhetoric of ICPD, gender was incorporated in the RCH policy in different forms by formulating policies at the local level like appointing lady doctors at the Primary Health Care systems; keeping clinics open at times suitable to women; training programmes for adolescent girls on different aspects of reproduction; encouraging a process of interaction between Auxiliary Nurse Midwives (ANM); encouraging community level participation and so on. The RCH policy has moved beyond the services of family planning and maternal health programmes at the level of conceptualization of the programme in India. The policy aims at providing services to treat and address some diseases specific to women. At the programme level, the policy aims at bringing gender-sensitive strategies in removing/dismantling the power equation that is existing between men and women's roles and decision-making with reference to reproduction on the one hand, and women's health and the public health care systems on the other hand.

As Kumar (2002) argues, in addition to providing services the RCH policy recognizes the importance of gender sensitivity by bringing changes at the organizational level. For instance, maintaining privacy during counselling, appointment of gynaecologists at the PHCs are some of the changes that are being carried out at the state level while reflecting gender sensibility

in public health care. Further, the state aims to increase women's participation by seeking support from the local and women centered non-governmental organizations to ensure the community's mobilization to work on the projects under the RCH policy. This programme is proposed to include additional user groups such as adolescent girls and boys while providing different kinds of health care services through PHCs. Maharashtra state is in the process of implementing these changes with regard to undertaking the planned projects under RCH. In India, the adolescent girls constitute around 10 per cent of the population and they rarely access health care services for meeting their health needs. Most of the health needs of women have been conceptualized or addressed in relation to their fertility behaviour and birth control. Therefore, the general health needs of women are being ignored both at the level of family and the state. As Barua and Kurz argued, it is important to look at the reproductive health needs and concerns of married adolescent girls to design the strategies of RCH programme and its further implementation at the local level. They have the opinion that RCH policy in itself has its lacunas. Moreover, Indian women often feel hesitant to avail health care facilities provided by the state. Some of the health needs such as vaginal discharge, vaginal odour, menstrual disorders, vaginal pain are considered normal with no need to consult the doctor. Therefore, many of their health concerns remain unattended and ignored in the policy discourse. The common problems faced by the married adolescent girls in the age group between 15 and 19 are menstrual disturbances, abdominal pain, vaginal discharge, burning urination, prolapse, pain during intercourse, bad odour, and soon. Along with this, the proper use of modern contraception for child spacing and safe abortion are two demands of young married girls that needs serious attention and understanding within the RCH programme.

The Government of India brought a new direction in the population policy by implementing the Reproductive and Child Health Policy. ICPD being an evolutionary approach in itself initiated a non-demographic Action Plan towards Family Planning. ICPD emphasized the aspects of gender that encompasses different factors like empowerment of women, reproductive health care facilities, and women's accessibility to health care services for bringing equitable healthcare.

29.6 POLICY CRITIQUE

One of the major challenges posed by the international organizations and advocates of women's health movements is towards integrating public health and human rights principles under the comprehensive RCH policy. The main focus of this programme was to transform the conventional family planning programme into a rights-based framework and promoting equity and empowerment of women within the public health programme. However, there is a wider gap in the understanding of public health on the one hand, and ensuring rights and equity on the other hand. Health programmes often failed to reflect the social, cultural and economic climate of the society in which both health care providers and clients are located. The rights-based approach within the reproductive and sexual health programme encourages women making choice over the range of contraceptives and does not reduce health services to contraceptive delivery and the termination of unwanted pregnancy. Therefore, it is important to evaluate the reproductive and child health policy in the context of women's rights, empowerment and addressing the real health needs of women. The programme needs to be evaluated on the extent to which 1. it adopts effective means to promote reproductive rights

and health of both women and men; 2. protect the individual from any violations of principles by the institutional bodies .

As Rao argued, the paradigm shift has occurred when the country experiences the economic globalization process, when women's access to healthcare services is severely undermined in the development discourse. Further, during that time the health services were curtailed under the spell of structural adjustment programmes. This brings the critique of the RCH policy and the idea of reproductive rights that is truly undermined at the societal level. As Datta and Mishra rightly argued, after six years of India's commitment to reproductive and child health policy, still the policy faces a lot of challenges in terms of understanding the concept of reproductive and sexual right. There is a lack of public understanding in viewing reproductive health in terms of women's rights. In India, advocating for reproductive health actually faces challenges for the following reasons;

- Advocating for reproductive health and rights needs a pro-active approach for implementation.
- The concept of reproductive health continues to evoke discomfort among the women's group, policy makers, and health practitioners.
- Despite the RCH policy's promise towards women's health rights, still the government remains committed towards the demographic goals.
- Concepts like 'rights' and 'health' have been seen as altogether two different subjects by the policy makers and the programme managers.
- The concept of bringing child health along with reproductive health to some extent has been unable to address the issues women as independent of their maternal role and responsibility.

- RCH programme had rarely moved from the target-driven family planning approach, as it continues to exclude the single women from the range of services.
- RCH programme is largely an expansion of the existing MCH/FP package with additional services like termination of pregnancy and, towards prevention and treatment of reproductive tract infections and sexually transmitted diseases.
- ICPD has limited women's health to the issues of safe abortion and the women's reproductive rights to the extent of making choice over contraception.
- Central concepts like a comprehensive and integrated reproductive and child health policy remain ill defined in the programme. For example, at the level of implementation, the health care providers feel that they are unclear about how to provide a rights-based health care facility to all the clients simultaneously.

Check Your Progress Exercise 3:

Note: i) Use the space given below for your answers.

ii) Check your answers with those given at the end of the Unit.

1. List four criticisms of RCH policy.

29.7 SUMMING UP

The comprehensive and integrative approach of reproductive and child health programmes may be seen as pivotal in bringing gender equality in the context of the public health care system and its delivery mechanisms. However, the issue of women's choice and rights is deeply ingrained in the personal domain such as family, kinship relations, marriage and so on. Women may have given up the right of decision making over their reproduction. However, addressing their real health needs or unmet needs are the challenges before the policy makers. Issues like women's access to quality health care, increased participation of men in birth control and contraception as well as supporting gender-sensitive initiatives for women's health n, addressing the general health needs of women in the cycle of life, making health infrastructures gender-sensitive are of social importance and therefore need discussions in the analysis of gender and development.

29.8 GLOSSARY

Eugenicist: An advocate of or a specialist in Eugenics is known as eugenicist. Eugenics is the study and practice of selective breeding applying to humans, with the aim of improving the species. In a historical and broader sense, eugenics can also be a study of improving human genetic qualities.

Contraception: Birth control prevents pregnancy by interfering with the normal process of ovulation and fertilization, and implantation. There are different kinds of birth control that act at different point in the process.

29.9 ANSWERS TO CHECK YOUR PROGRESS EXERCISES

Check Your Progress Exercise 1:

1. Reproductive health is defined as state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity, in all matters related to the reproductive system, and to its function and processes. It encompasses a full range of methods, services, and techniques that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health for the enhancement of life and personal relations, and not merely counseling and care related to reproduction and sexually transmitted diseases.

Check Your Progress Exercise 2:

1. First, moving from contraceptive targets to concern for women's health needs and second, incorporating the existing Family Planning Programme under the Reproductive and Child Health Policy.

Check Your Progress Exercise 3:

1. The concept of bringing child health along with reproductive health to some extent has been unable to address the issues related to women as independent of their maternal role and responsibility .

RCH programme had rarely moved from the target-driven family planning approach, as it continues to exclude the single women from the range of services.

RCH programme is largely an expansion of existing MCH/FP package with additional services like termination of pregnancy and, towards prevention and treatment of reproductive tract infections and sexually transmitted diseases.

ICPD has limited women's health to the issues of safe abortion and the women's reproductive rights to the extent of making choices in matter relating to contraception.

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29.11 QUESTIONS FOR REFLECTION AND PRACTICE

1. Describe the concept of reproductive rights in a historical context.
2. Discuss the notion of reproductive health in the context of Reproductive and Child Health Policy.
3. Critically evaluate the RCH policy in the India context.