Women for health: investing in gender and the family

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Abstract

The disadvantaged health status of women is well documented. This has been a function of their subordinate position to men, lack of recognition of their contribution to society and the emphasis on their practical needs only. A shift of focus to women’s strategic needs is essential for global equity and improved health status of family members.

A suggested context for gender sensitive development is the family. Such an approach will be empowering and consistent with the Primary Health Care approach. At family level, appropriate changes will be more manageable, sensitive and achievable by the people for the people. This will harness women’s human capital for family welfare and health with concomitant improvement in their own health status and the needs of others.

The changes necessary to bring about a new redistribution of labour within the family include education of women, domestication of men, mothers socialising their children to new roles, and a political will to provide enabling structures for a brave new world order. Women are already contributing substantially to health at their peril. This contribution can be increased without women being locked into their domestic and procreation role. The change needs to come from within the family.

Introduction

Women are crucial to families and to development.1,2 The poor social, economic and health status of women has been detrimental to the development of themselves, their children and families, their communities and their nation.3 Similarly inappropriate development has led to the deterioration of women physically, socially and psychologically.4,5 Therefore in order to unlock the full potential of women as family caregivers, educators and community leaders, society must be an equal opportunity medium for self-actualisation and reciprocal obligation of the sexes.

The ability of women to perform is linked to their quality of life and their relationship to their family environment.2,4,5 The data to measure these in both developed and developing countries are often missing or inadequate.1,7 Therefore, gender differences and preferences are difficult to elucidate so that appropriate policy and evaluation measures can be developed. In this milieu the attention to women’s health has focused on the reproductive process and organs, child-bearing period and menopause.5,6,9 However, a significant proportion of women’s years and activities occurs outside of the area of reproduction. The focus of international concern must be expanded to include quality of life throughout the entire life cycle within a context that addresses physical, mental, social, economic and spiritual states of wellbeing.

At present, the status of women is a topic of much rhetoric and concern.19 However, subordinate position of women remains a major challenge. In spite of global talkfests, UN declarations, national political promises and feminist rhetorics the investment in women remains a call to action and the
strategies are still subjects of plans of action. Therefore there
is an urgent need for immediate action not rhetoric, at the
most doable and influential level of human organisation. This
unit of interaction is the family rather than women in isolation
or the futile efforts at top–down reformation of bureaucratic
multifaceted global organisations.

It has been recognised that the best way to ensure women
are not left at the margin of the development process is to
analyse the relative roles and responsibilities of men and
women.6,11 This paper argues for intervention at family level
to improve the conditions of women. The premise is that
investing in women’s education, health, access to land and
credit, and participation in decision-making at all levels of
society are important parts of development strategy as well
as a matter of social justice. The emphasis will be gender
relations and division of labour within the family with its
implications for the welfare of the family rather than global
summary indicators like GNP, national health status and
economic participation. The practical and strategic needs of
women will be addressed in genderised terms in the
context of family as the basic unit of societal interaction.

**Rationale for the familial approach**

The family is variously defined in different societies
but it consists of mothers, fathers and children of
different ages and levels of competencies.12 It may be
nuclear, consisting of two
generations of one parent
and their children, or extended consisting of two or more
generations of more than one parent and their children.
Some families may include aunts, uncles, grandparents and/
or cousins. The family members share resources and common
sociocultural values. The most important feature of this group
is that each member of the family is defined by its
obligations to the group rather than by the degree of individual
freedom of its members. The coherence of the group relies on
reciprocal obligations and the family members’ ability to be
socialised into maintaining the group identity.

As such the family unit provides the medium for early
childhood life preparation, the resources for the basic need
and security of its members, and confers the identity upon
which to build a foundation before venturing out to the
society and the world at large.13 A growing body of research
supports the idea that family environment and parental
education is reflected in the attitudes, values, social
relationships and skill of offspring.14,15 The literacy problem
has been successfully addressed through family literacy
programmes.16 Family gardens have also contributed to
improved nutritional status.19 The children–parent teaching
approach within the family has been successful in both the
education of adults and their children.17 Successful family
planning programs have involved not only women but
husbands and other family members.1 The readiness of
children for school reflects the child’s condition as well as the
family knowledge, attitude, belief and practice.15 Conversely,
families may breed a cycle of intergenerational illiteracy,
violence, gender insensitivity and poor health practices and
conditions.15,17 These may be compounded by economic
and social factors, the impacts of which can be cushioned by
a coherent family with reciprocal mechanisms, even in a state
with elaborate welfare systems.

The dynamic of the family is reflected at all macro levels of
society. Currently, a male–dominated family is reflected at
community, national and international levels with their
respective divisions of labour, health risks, educational status,
consumption patterns, employment opportunities,
remuneration, access to productive assets etc. This subordinate
position of women in the family is mirrored in most
countries and international organisations.8,10 Much of the
rhetoric and attempts to address women’s needs at
this level have had minimal and indiscernible changes
at family level. Therefore a readjustment at family level
is an alternative to resolve both micro– and macro–
issues for women without wholesale revolution of
society and to avoid the negative aftermath as
indicated by the outcomes of family breakdown. A precedence
for this kind of micro–level manipulation for macro–level
changes is illustrated through DNA technology at molecular
level to improve phenotypes.

The family provides a framework and boundaries within
which to contain changes to a manageable magnitude and
velocity. It is an appropriate encapsulation in which an
individual’s influence and aspirations can be exercised and
felt. It is a much more sensitive, negotiable and conducive
level than unfeeling bureaucracies. The changes at family
level are much more aligned with the theories and practices
of successful bottom–up initiatives, eg the Primary Health
Care approach.

The importance of the family as a basic unit of interaction
must be recognised so that its integrity is not threatened
inadvertently or deliberately.12 Women, as crucial and
essential members of the family, must be recognised,
empowered and elevated in the context of the family as the
centre of analysis. In fact all readjustments necessary for a
different role and status of any of the members of the family must be conducted within the matrix of the family and its dynamics. It is only then that a new equilibrium will be reached without the destruction of the very building blocks of society - the family.

The family as the centre of analysis means that all proposed changes have to focus on the maintenance of family coherence and reciprocal obligations of its members. Therefore a change in the interrelationships and roles of family members must take place only if the group is enhanced but not for the benefit of an individual member. For example, to ensure appropriate child rearing essential for the continuity of the family unit, this task must not be compromised by potential caregivers being too busy elsewhere to provide or purchase equally appropriate substitute. Such assurance needs appropriate resources and information on alternative care for decision making as well as the ability and opportunity to negotiate a new arrangement. That is, the new roles of the members of the family must be readjusted with the welfare of the family groups in mind rather than the demands of individual members being the paramount reason for change. That is, the family aspires and actualises collectively but not any one member individually.

A focus on the individual to associated with the biomedical model which has been found to be detrimental health. This model does little to empower people; treating them as if they are free to choose health behaviours and ignoring the role of industry, governments and international organisations in limiting and directing this choice. There is little recognition of how individual behaviours and choices are corseted by socio-economic constraints or how a group like the family shapes individual lives.

At the other end of the spectrum is the global approach with the economics of scale justification, top-down model which presupposes that deliberations, policies, and declarations of governments and international organisations will improve the conditions of all individuals and their families. The negative reactions to, and results of the World Bank adjustments and activities are classic examples of decisions made by elites so far away from where people and families live. The problem of the top-down approach has always been that the benefits do not trickle down far enough. For example, a US$10 million global conference on poverty or any of the benefits of structural adjustment runs into the ever-expanding trough of the rich so that only tiny trickles ever reaches the poor.

With the family as the centre of analysis the power relations, roles and access to resources can be adjusted within the societal diversity of race, class, ethnicity, religion, physical environment and resources which tends to be wrongly submerged by a focus on the needs of individual members. Changes based on such analysis will also proceed at a velocity determined by the existing micro-dynamic and the realistic context of the family. After all, the speed of change has been demonstrated to be most damaging to individuals and families. So controlled and managed change at family level will be reflected as orderly and beneficial change at macro level.

**Gender roles in the family**

The role of the sexes within the family is the product of social constructs based on traditional values and interpretations of the natural environment. Sex is a biological endowment but gender is a learned social value which dictates the activities and characteristics associated with males and females. The difference in the sex and sexual functions have become the foundation of familial division of labour, which is reflected in the well demarcated gender roles at all levels of society. Those roles also lead to differential occupational, health and educational outcomes which further endorse the social construct and the subsequent division of labour.

Over time women have been allocated the domestic, caring and procreation role. The responsibility for health, reproduction, child rearing, nutrition and home maintenance have become socially accepted and the expected domain of women. On the other hand men have been relegated decision-making, political leadership and the control of family resources. This has led to men’s better education and formal employment in contrast to women’s less recognised contribution mostly through the informal sector. Much of the women’s contribution occurs within the home including unpaid domestic labour and income generation through selling the skills they normally practised at home, eg food, childcare, sex, companionship, sewing and other socially defined women’s activities and products.

With women’s roles comes increased health risks that extend far beyond their reproductive roles. Their multiple roles lead to health risks that men experience in the formal sector. To make matters worse, the conditions of women and their contribution to the family and community are often invisible due to their subordinate position to men. Most societies are constructed in such a way that attitudes, attributes...
and behaviours associated with females are of less value. From birth the family socialisation practices are constructed to enforce gender differences. This provides a window of opportunity for genderised child rearing.

Recently, the recognition of the important contribution and potential of women to communities has triggered an interest in investing more on their education and health.\textsuperscript{1,2,22} The improvement of women’s productivity can contribute to growth, efficiency and poverty reduction. It also contributes to environmentally sustainable development,\textsuperscript{24} and produces significant social gains (e.g., lower fertility, better family nutrition and reduced infant, child and maternal mortality).\textsuperscript{22} Research has shown that mothers’ education has a stronger impact on the health and education of children than fathers’,\textsuperscript{23,27} and that income controlled by women is more likely to be spent on family needs than income controlled by men.\textsuperscript{11,28} Therefore a focus on women in the family is an important development strategy and an act of social justice.

The exploitation of women’s contribution has also led to an increased workload.\textsuperscript{8,9,10,11} Their participation in the formal wage sector has merely been added to their already full domestic and caring role. This necessitates a new division of labour in the family wherein a new equilibrium needs to be reached between the gender roles. Given that all roles except pregnancy are functions of social constructs and socialisation practices, men and women should be able to share the various activities without jeopardising the coherence of the family. A surrogate substitute or institution may be employed for some of the functions (e.g., childcare) but the efficiency, effectiveness and efficacy of such an approach has not been substantiated to be at least of equal value as those that can be provided by members of a family.

The social construct of gender roles and the potential for a new division of labour in the family will allow the synthesis of a new building block for societies. Women’s role in reproduction and maintenance of families has commonly been used to justify women’s subordination, poor health and domestication.\textsuperscript{22} With a new division of labour, men and children can share the tasks and responsibilities thus allowing women to recoup by taking on other interests. In other words the total output of the family would be as planned by the division of labour would be different and empowering with higher growth potential. It is an opportunity to readjust the power relation between men and women giving rise to a new development paradigm where people matter more than things and without subordination of either of the sexes.

**Women and health**

Women contribute to the health of families and communities in numerous ways.\textsuperscript{5,22} The direct contributions are obvious, e.g., as health workers, teachers and professionals in the formal sector. The less obvious and largely invisible contributions are mostly in the informal sector, e.g., in food production, family welfare, reproductive role and other domestic chores. Women make up 40\% of the world’s workforce in agriculture, 25\% in industry and produces at least 50\% of the world’s food but still most are under- or unemployed.\textsuperscript{11} These contributions and their enormous potential have yet to be fully recognised, harnessed and appropriately compensated. New approaches to socio-economic development attempt to address this without compromising women’s health and families’ welfare.\textsuperscript{29}

The gender and development approach is an example of the attempts to redress the inequality between the health and socioeconomic status of men and women. This approach distinguishes between the practical and strategic needs of women.\textsuperscript{29} Practical needs refer to the demands for goods and services arising out of women’s socially accepted roles in society, e.g., programmes to address maternal mortality, family planning and domestic chores.\textsuperscript{11} Strategic needs address the value of women to society beyond motherhood and services in the home. This refers to women’s role in economic, political and social life. It also includes access to education, employment and productive assets. The interventions to meet women’s strategic needs can be controversial because they challenge women’s subordinate status in society.\textsuperscript{29}

In a gender and development approach, the emphasis is on relationships in the family.\textsuperscript{11} While equity with men is a prominent aspect of this approach, the benefit to the family is substantial. These benefits accrue directly from the fruits of development and the changed status of women.\textsuperscript{23} These synergistically improve health and family welfare. The payoffs from the gender and development approach are largely a function of investing in women. The payoffs include raising productivity and promoting more efficient use of resources; it produces significant social returns, improving child survival,\textsuperscript{27} and reducing fertility,\textsuperscript{30} and promoting sustainable development through a vested interest in conserving resources due to their responsibility for household consumption and concerns for the future generations they bear.\textsuperscript{24}

In addressing practical needs, women may be further confined to maternal, domestic and subordinate roles.\textsuperscript{22,29} Therefore a concerted effort is needed to enable women to negotiate a new division of labour. The new state should
liberate women from the constraints of their practical need
and permit them to pursue health and other achievements of
their choice. The enabling and empowering step is appropriate
education specifically aimed at the ability to negotiate the
new division of labour and satisfy their strategic needs.

The education of women has been shown to be the most
influential investment. Education releases an enormous
source of human capital and an important source of skills
increasing both subsistence and cash production. Educated women also
improve family welfare through better hygiene, improved nutrition practices
and greater effectiveness as family carers. Mothers' schooling also improves
child and maternal health, decreases fertility and improves education of their
children. The most important determinants of family wellbeing and
economic growth are the levels of female education
and the gender gap in education.11

The new development trend and division of labour beg the
question of what happens to women's reproductive and
domestic responsibilities.11 It has been suggested that all these
roles except pregnancy are only social constructs and can be
shared among men and children. However this will necessitate
new socialisation practices. The decreased involvement of
women with childcare amounts to foregoing an opportunity
to socialise children to a gender sensitive generation. After all,
young, captive child in the home is the most opportune
moment for moulding gender sensitive attitudes and practices.

As women take on more of the role of men they will inherit
new health problems associated with the different occupations,
e.g. military. This added burden has to be met by the health
services. This may mean changes to the content and structure
to accommodate the new clientele. The new health service
must redress the imbalances in service provision to men and
women. Health professionals must attain capabilities for
dealing with gender vulnerability's and improve their
knowledge and skills to address the health effects of gender
discrimination.22

Conclusion

The improvement of women's quality of life and the
maximisation of their contribution to health requires
restructuring development programs to increase investment
on women.22 They should be involved in all the developmental
stages to reflect their special conceptualisation of their needs.

These needs are determined by their sex at birth and by
gender identity which is culturally constructed and socially
produced. The family level changes must be accompanied
by appropriate societal structural changes to enhance the
new division of labour.

Evidence suggests that the education of women is the most
influential investment for the improvement of family welfare
and economic development.23,11 Education empowers
women to participate in decision making, increase
control over resources and improve their ability to
negotiate a new power
relation in the family. The
education and socialization
of men to a new role must
take place simultaneously.

The family as the basic
unit of interaction and
building block of society is
the appropriate level for
implementing gender
sensitive changes. The family
must be the centre of analysis
and preservation of its coherence and reciprocal obligation of
its members must be the implicit and explicit goal of all
developmental efforts. This must recognise the desire of
women to have more control over family and society resources
and increased participation in the determination of society's
future direction.

A suggested strategy for women's participation in
development for better health must include:

- a new development paradigm that empowers women to
  negotiate a new division of labor and power relations within
  the family. This new paradigm must be people centred
  emphasising social returns with people coming before things and
  children before adults.

- men must be domesticated to take on new roles and share
  the burden of women. This must involve encouraging and
  supporting women to socialise children to new gender
  role and training adult men in domestic and caring skills.
  Men must be enabled to share a new division of authorities
  and responsibilities in and for the family.

- education of women to new gender roles. This it to
  include psychomotor and cognitive skills necessary for
  skilled labor and management through adult training and
  increased schooling of girls.

- research to monitor the effectiveness, efficiency and
  efficacy of the transfer or substitute of the women's
  traditional roles to men, children, surrogate replacements
  or institutions.

- political will and action to recognise and harness the
  enormous human capital of women. This is to include
  gender-sensitive policies, genderised information and
participatory democratic process involving gender sensitised people.

Women, to be effective for health, must not be confined to reproductive and domestic roles. However they must ensure a substitute before abdicating this role or the future of the family, and thus health and society, will be compromised. The onus is on women because they are the present custodians of this role. This transfer can be enhanced through better education, sensitisation of children and a willingness of men to accept a new division of labor. Once these are implemented in sufficient numbers at family level, the transformation of society will be inevitable and a matter of time. The change at family level is the prerequisite and catalyst for global social restructuring for a brave new genderised world.

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References

Comments on this Discussion Paper

Discussant 1

The greatest concern with this paper is that it contains some glaring sexist comments, for example, 'The disadvantaged health status of women is well documented. This has been a function of their subordinate position to men...'. These are the first lines of the abstract. It is difficult to continue to critically discuss a paper which turns one off so early in its storyline. Perhaps I need to add that it is men's belief of women's subordination that is the problem not that women are subordinate. This sad beginning reflects that men should be very wary of writing papers about women and health.

The guts of the story is that due to the inherent sexism of interventions designed outside the lived reality of women, they are unlikely to succeed. Rather interventions should be developed to enhance the reality of women and the family is a natural starting point. Post-modernism. Ho-Hum!

Among the overly flowery prose there is some well known information about investing in women, especially in things such as education. There is also recognition of the work load that women bear and the mainly voluntary nature of this work. While the author notes that the education and socialisation of men must occur simultaneously to the empowerment of women he does not develop this analysis. Many women would see that his primary role would be to develop this focus and to own the "gender insensitivity" of men.

All in all, too sexist, too long, too waffly, too horrible to contemplate!!

Discussant 2

The emphasis on improving family health through increasing women's recognised contributions is very important, and needs to be said many times. Its link to primary health care as both a means of strengthening that programme, as well as strengthening women's own visibility in the whole health programme is vital.

The paper discusses issues of quality life, political unwillingness to include women in policy formulation and a call for action. The punch about educating the whole community in health matters through improving women's roles vis a vis men, and making that contribution obvious through improved family health, is noble. In the discussion of familial approach, I would suggest a general description of the family be a broad extended family, rather than the nuclear family which is very much a produce of the western world, and thus much more limited in occurrence. "The most important feature of this group is that each member of the family has obligations to each other rather than being comprised of individuals."

The family as a buffer against the rest of the world is an important point made. The paper comes down on individual responsibility, which I find somewhat surprising, as strong capitalist ideology, whereas I would argue that health particularly women's health caring has to be very altruistic, where the individual woman backs off to care for her wider family's collective needs. The trouble is that backing off has lead to her exclusion from health delivery. So I agree that the biomedical model has brought in an emphasis on the individual, not even as an individual, but as a biomass, whether reproductive, sexually active, a diseases patient, or such like. I argue that medicalisation of health has done a lot of damage to the progress of health care in just that biomedical emphasis that introduces a male dominated hierarchy, in which family/community health concerns are relegated to marginal position because they are too multi-faceted rather than disease centered.

Women's contribution to health through primary health care (PHC) gets rather lost in the text. Just why PHC can be such a powerful tool for health is that it benefits the whole community, by drawing on women's caring role alongside the input of men, and puts health as a shared responsibility rather than an individual one. It leads to preventive care as well as curative care. As policy for action it must enhance the profile of women's role in caring.

Discussant 3

This paper argues that women's health (and their contribution to the health of other family and community members) will be enhanced through interventions which change the gender division of labour within the family. The rationale is that health issues are best understood in the immediate family and community context, rather than simply as matters to do with the individual physiology or policy at the macro-level.

The difficulty is that the paper then argues for changes in the gender division of labour and the preservation of families; there is no acknowledgment that existing family arrangements
will very likely be changed by the internal reorganisation of roles. The author does not adequately explore the conflicts of interest which can occur within families: he should give more attention to the literature on households in the women and development field. As a consequence of this failure to explore conflicts of interests within families, the paper does not discuss how gendered divisions of labour might actually be transformed – particularly how men might be encouraged to take on more domestic work – other than a putting forward the general notion that this will be achieved through education. It is not enough to simply state that, because the gender division of labour is a social construct, it is not immutable. Finally, despite acknowledging that families take a variety of forms, there is not discussion of the relationship between gender roles and family form.

These weaknesses reflect the paper’s lack of case study material to ground its claims more soundly. It is reasonably up to date with important aspects of the ‘gender and development’ approach, yet it lacks that approach’s sensitivities to the particular and the contingent. As it is, the themes are too general and, ultimately, superficial.

The focus of the paper also shifts – in particular, from the health of women to women’s contribution to family and community health. The relationship between these is readily assumed to be positive and unproblematic. Finally, the remark at the end – that women’s greater role in the public sphere may inflict cause them the same health problems as men – belies the theme which the paper had otherwise developed.

**Discussant 4**

This paper addresses an important issue, and calls – with much justification – for “immediate action not rhetoric”... what it supplies is ultimately more rhetoric, nested in an occasionally useful review of some gender and development literature.

The paper fails to consider the family as site of potential conflict, or to consider than women’s interests may be contradicted by those of other family members; that he uncritically utilises the sex/gender distinction as if, after 1972, there had been no debate within feminism on the complicated and problematic nature of that dualism. Both point to the inconclusive and very general nature of the recommendations made and to the importance of seriously engaging with the possible consequences of changes. The statement that ‘readjustment at the family level’ should be done in such a way as to avoid ‘negative aftermath’, without discussing how such aftermath is to be avoided.

**Author’s response**

I thank the discussants for the comments. I cordially accept the critique and the context in which each response is rooted. Each of course reflects a worldview and social construct borne of a personal interpretation.

My standpoint in this paper is that the family is the unit for social interaction and the individuals within this unit has only one role, i.e., the development and conservation of the family. Therefore the division of labour among family members is for the collective good not gratification of individual goals. The division of labour must maintain the equilibrium in the family and thus providing a medium for health. Women have a crucial role in the maintenance of this balance. This is sufficiently elaborated in the paper without labouring the obvious.

The feminist comments, at least, are not that women within the family is a problem. Female gatekeepers will not do any better than elitist males for the problem is elitism not gender.