General Editor’s Introduction

As I have been busy with the final editorial touches on this issue, the world is getting ready to celebrate yet another International Women’s Day on March 8th. As no living person will still be around to remember, but as most people know, the celebration of the International Women’s Day events started in 1911, after an international committee in Copenhagen decided to do so. At first, only four states celebrated this event: Austria, Denmark, Germany and Switzerland on March 19 (the original day selected for this event, which later changed). In fact, the Copenhagen decision to celebrate such a day may not have spread like wildfire and become a mega world event, if it were not for two important incidents that took place in the US. On March the 25th, 1911, merely a week after the Copenhagen decision, a workplace fire in New York—commonly referred to as the ‘Triangle Fire’—caused the very public and very tragic deaths of 140 female workers. These workers were not only young, but most were first generation immigrant women. The second important event in the same year was a textile strike (commonly known as Blood & Roses Strike) in Lawrence, Massachusetts in December, 1911. The strike was exclusively organized by female textile workers, again most of whom were young, immigrant women. Both the New York fire and the Blood & Roses Strike drew the world’s attention to the atrocious working conditions of women, their very much neglected health-care and safety issues and the substantial disparity between male and female wages. These tragic events also drew attention to the gendered axis of poverty, exasperated by race, ethnicity and citizenship/immigration status.

Of course, since the year 1911, some of the original issues have moved forward, at least in the West. At least in the labour-laws of Western states, the explicit exploitation of women (and children) in non-regulated sweat-shops, for maddeningly low wages, with little or no benefits, and without adequate safety measures have become a relic of the past. In most Western states, there have been attempts to introduce a level of humanity to working conditions, and at least some level of safety of work environments has been made mandatory. Despite many changes, and despite the lessons learnt from the 1911 tragedy, neither the work conditions have reached perfection, nor the wage disparities have disappeared. In almost all Western countries, women are still toiling for less than 80% of the wages of their male counterparts, even when the level of education and experience are kept constant. Within the non-Westernized world, be it South, East or Far East, most work, wages, safety, health circumstances that disproportionately effect women range from problematic to crisis levels. No matter how many International Women’s Day events the varying countries of the world celebrate,
women’s paid, un-paid and reproductive labour still form three of the most exploited resources of the world. To this list, we must also add women’s vulnerabilities to all types of violence, including violence perpetrated by family members.

Since the well-meaning, but generally ‘festive’ rather than transformative attempts to celebrate women on a particular day (March 8th), there have been even more ambitious attempts by the United Nations (UN) to secure the basic rights, and living and working conditions of women (and children). Unquestionably, two of the most notable efforts are CEDAW (Convention on the Elimination of All forms of Discrimination Against Women, 1979), and DEVAW (Declaration on the Elimination of Violence Against Women, 1993). In aggregation, these two gender-specific UN documents, clearly protect women from possible abuses by their respective states (political freedoms, freedom from torture, freedom to retain one’s citizenship etc.). These two documents also assure the world’s women of their economic rights (right to work, right to live without discrimination, to be treated equally under the laws/labour-laws, right to an education, right to select an occupation, etc.). Last but not least, and especially in DEVAW, attempts have been made to protect the world’s women from violence in the private sphere (freedom to choose a spouse, freedom to end a marriage, freedom to keep one’s name, right to live free of violence). As a convention, CEDAW has some ‘teeth’, where individual signatory states can be held accountable for failing to take measures to protect the rights of their female citizens. On the other hand, declarations (DEVAW) cannot impose legal ramifications, but hedge all their bets on moral suasion.

Unfortunately, some of the most relevant issues for women that pertain to social and cultural rights (including freedom from familial violence, freedom from patriarchal marriage customs, freedom from cultural girl-child mutilations, and retention of reproductive rights) are gathered in declarations, which do not command any legal authority at national or international domains. Moreover, even when internationally recognized legal expectations combine with moral suasion, the declarative assurances of safety and security of women may still be questionable.

The four articles appearing in this issue, hone in on women’s health, reproductive health, and women’s safety from violence from their intimates. The articles sharply point to the fact that even in the Western world, let alone the developing one, women’s health and safety concerns have not been resolved. As CEDAW (article 12) and DEVAW (article 3f) clearly stipulate, women have the right to the highest attainable level of physical and mental health and the right to equal access to health services, including family planning. Yet, even in the West, women’s relationship with the health-care system still remains to be contestable.
In the 1st article (Abramson), we see the often ‘hidden face’ of thoughtless incursions on women’s reproductive health under the auspices of provision of help. The topic is hysterectomies, and the author indicates the high and non-standard rates of this invasive procedure in Canada. It is clear that even within the proud Canadian tradition of quality and accessible healthcare, the medical system may be taking too much of a liberty with women’s bodies. As the article indicates, the medical profession may have over-routinezed the removal of some vital reproductive organs from women (high frequencies and inconsistent rates amongst the provinces). Abramson also informs us about the fact that the maligning of women’s reproductive organs is not new. Reproductive organs, particularly the uterus, have been historically seen to be the cradle of uncleanliness, and source of much psychological and physical malaise. In a way, the removal of these vital organs may have become the first rather than the last alternative to address various health concerns/complaints of women.

What is more intriguing is that women themselves have started to feel that their uterus (and other perfectly normal functions of their reproductive system, such as periods) is a burden and inconvenience. At least, some women have integrated the ‘good riddance’ attitude to the violent medical procedures that have deprived them of an important body part. Although women seem to have continuing discomforts, and newly experienced symptoms since their operation, some nevertheless seem to celebrate socially constructed trivial gains—such as the ability to wear ‘white panties’. It seems that the medical profession that will turn on its head in order to save a single testicle of a male patient, seems to be quite at ease at carving out the uterus of female patients, while the patients themselves have been indoctrinated to think that losing a uterus ‘has its own rewards’.

In the 2nd article (Aston, Saulnier & Robb), the topic again revolves around reproduction. This time, we are provided with a glimpse of the birthing experiences of women with their maternal care providers. The title makes it clear that each delivery is exceptionally unique for the woman, whereas it may be ‘just another delivery’ in the string of deliveries for the physicians and nurses. To pay heed to the uniqueness and the importance of the event for every woman, within a heavily burdened and over-stretched health-care system is indeed a mammoth challenge. As physicians/gynecologist rush from case to case, possibly also from private practices to hospitals, to retain some permanence in patient-care-giver relationship is often shouldered by nurses and other alternate or semi-professionals. The readers can certainly sympathize with the fear that at a time of great vulnerability, a to-be-mother may face a total stranger behind the surgical mask.
Similar to the mostly good-natured hysterectomy survivors in Abramson’s study, the participants in Aston, Saulnier and Robb’s interviews also seem to be docile and good-natured. Many express gratitude, despite the fact that many have had less than ideal experiences. Yet, they seem to find comfort in saying that the nurse or the midwife was kind—if the physician was not. Something in women’s guarded words may be saying that the physicians are very important and busy people, so we do not have the right to expect more than what we got! Of course, these are my words, not theirs. Even in a country as affluent and advanced as Canada, women’s reproductive health is still run within an ‘illness’ paradigm, as opposed to one of ‘well-being’. The women participants, perhaps with no surprise, see the experiences from their own ‘individual’ eyes, attributing kindness to a nurse or professionalism to a particular doctor. However, as critical authors and readers in women’s health field, it is up to us to critically evaluate the shortcomings of our burdened health-care system, where individuals are ‘treated’ as if in an ever-moving conveyor belt. It is not because of the kindness (or unkindness) of doctors or nurses, it is the cumbersome system that often deprives women of what could be an immeasurably meaningful moment in their lives. In a capitalistic medical model, health-care has been transformed from a ‘right’ to a business, where women are consumers, and babies are a product. Yes, there are bright lights in this otherwise quite drudgery system, but the system itself awaits a more gender-sensitive change.

Article three (Waldron), is again about different layers of marginalization. Like the preceding articles, Waldron also brings into focus the gendered aspects of marginalization in the medical model of the Western health-care systems. However, her emphasis is also on race, ethnicity and socio-economic status. In a way, Waldron claims, the Western medical system which is premised on a ‘disease’ model has effectively outmanoeuvred all accumulated insights and knowledges of ancient peoples. The disease model comes with—so called—accurate diagnosis, medical interventions, expectations of a ‘cure’ and drugs. The role of the community, support systems, beliefs in the natural balance itself, and the ‘person’ who may need a triangulation of these non-medical supports are marginalized. The way I read her, Waldron’s point is not to place blame on individual medical practitioners who may do some things wrong. Her analysis is much more macro level than that. In fact, the hegemonic Western knowledge system which has arrogantly pushed aside all other knowledge systems in the ‘singularly Western’ understanding of illness and health is being interrogated in this article.

The last article (Choi, Chan & Brownridge) is about violence against women, in this case, in China. I started this introduction by looking at the rights of women that are enshrined in numerous UN
documents—most particularly CEDAW & DEVAW. The last time I checked, there were 196 countries that had signed and/or ratified CEDAW, and China was certainly one of them. Yet, like in many other parts of the world, intimate violence against women in China is rampant. In addition to partner violence, the patriarchal and often patrilocal nature of the traditional marriages make Chinese women additionally vulnerable to violence by in-laws. This article is especially noteworthy because the social scientific community knows much more about abuse of women by male partners than by in-laws.

In the article, the ‘traditions’ of marriage, the omnipotence of elder patriarchs within extended-family homes, and the inability or unwillingness of husbands to protect their wives are made crystal clear. What is less clear and under-analyzed is the reasons behind the perpetration of a substantial amount of this type of violence by mothers or sisters-in-law. As unacceptable as both are, male-to-female violence in patriarchal societies, at least on the surface, is more easily understandable than female-to-female violence. For the latter, I would like to re-visit an introduction I wrote for a cross-cultural family violence book some time ago (Sev’er, 1989). In that introduction, I argued that understanding female-to-female violence in patriarchal societies requires at least two components: First, we must understand the vulnerability of the ‘wife’, especially if she is young, married through some kind of arrangement rather than choice, absorbed into a patrilocal household, uneducated or under-educated and not gainfully employed. Although this is a long list of ‘ifs’, the list of components are quite widespread in the developing world, and is certainly not exclusive to China. The second component is also vital, and pertains to the abusive (older) females. In what Brown calls ‘patriarchal belts’ (Brown, 1989), abusive mothers-in-law are often once abused themselves. Moreover, the patriarchal system they are a part of has only rewarded their bearing sons (rather than daughters), and legitimized only a limited source of power attainment (that over daughters and daughters-in-law). Eventually, the daughters will be absorbed into another family’s household, leaving the only pathway for power attainment to these traditional women, the power over the wives of their ‘precious’ sons. To break down the insidious cycle of in-law violence against young wives, both of these components should be altered. As long as the male-child obsession in patriarchal societies are not broken down, as long as mothers are not given any other opportunity to attain respect and a sense of accomplishment other than being the bearers of sons, as long as young wives are seen as an intruder in this reified patriarchal arrangement, one generation of women will continue to add to the woes of the younger generation counterparts. Breaking the cycle of violence requires individual change. However, it also requires a vigilant state that
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takes seriously all types of violence against women, and especially deal with violence at the hands of family members. Signing conventions and declarations are very positive, but is only the first step required in state responsibility and vigilance.

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