General Editor's Introduction

In the December, 2012 issue of the WH & UL, we bring articles that focus on different parts of the world. In the first article, Maureen Baker tells us that childfree status is prevalent among female academics and explores some of the reasons behind the difficult decisions academic women make. The difficult decisions include having versus not having children, or when to have them in the span of the academic life. Moreover, academic women, especially those in tenure streams are more likely to be single, separated or divorced. Baker explores academic women’s choices in Canada and in New Zealand, first in the 1970s, and again in 2008. The paper includes some interesting statistical information about the increase in women’s presence in university faculties across time. Indeed, and much thanks to the relentless push the 2nd Women’s Movement has engendered, there is a noteworthy rise in both the numbers and percentages of female academics in higher educational institutions. In fact, Baker’s work informs us, at the lower levels of academic positions, women have reached or are close to reaching par. In the higher levels (like associate or full professorship), women’s presence still lags behind their male counterparts. So, the gains that have occurred in academe are not uniform across the board.

What the change in numerical representation across time does not show is explored through interviews with academic women. Indeed, academic women’s experiences point to how vulnerable they still are to the overload from the requirements in career ascendance and the responsibilities associated with childbearing and childcare. The gravity of the career versus parenthood conflict is reflected in the higher than national average percentages of child-free/childless female academics. Although having children may not negatively affect a male academic’s career development—may even augment it in hiring decisions—it still poses difficulties for the career trajectory of female academics. Despite many attempts to equalize the playing field in Canada and in New Zealand, universities still seem to have a long way to go in equalizing work/life balance of their female faculty. In turn, female faculty still seems to face the dilemma of forfeiting some of their career or family aspirations.

The second article in the current issue is about the role of biomedical personnel versus traditional midwives (parteras) in Mexico. Although the research is carried out in a particularly poor region of Tamaulipas, probably its findings are relevant for many impoverished parts of the developing world. Through numerous individual interviews and focus groups, Maria Constanza Torri attempts to decipher how pregnant/newly-delivered women feel about their experiences in medical versus non-medical settings. In Torri’s study, we also hear from
midwives who are only trained by other midwives through some kind of an apprenticeship, and those who are increasingly required to receive some biomedical training.

What is clear in Torri’s analysis is that there is a hierarchical organization which favours the Western biomedical knowledge over indigenous, time-tested midwifery skills. Although younger midwives who are exposed to some biomedical training seem to have an easier time in accepting the privileged position of Western medicine, older parteras seem to be particularly bothered by the top-down imposed shift. They seem to question the subordination or the outright dismissal of their time-tested experiences and methods in births and natal care. For the health of pregnant women, and for the sake of safe delivery of their children, Torri prefers to secure a system where both approaches combine to work in unison. In poor regions where the vast proportion of the population lack education, income, language skills, or face infrastructure problems such as poor roads and transportation, lack of hospitals, clean water, etc., it is futile to expect all births to take place under the care of highly trained biomedical personnel. Simply, there are not enough hospitals or clinics, or doctors or nurses to meet the needs of all. So, the help from parteras remains crucial. Yet, it is also the case that some births are much too risky for the mother and/or the child to reach fruition through solely indigenous methods. This fact is underscored in the fact that Mexico has high maternal and infant mortality rates in relation to more developed parts of the world. Mortality rates are also higher in hard-to-reach, isolated areas. According to Torri, the possible solution to these problems lies in training the midwives to recognize the signs of risk, so the most challenging cases can be diverted to hospitals and clinics ahead of time. For the majority of the deliveries, the parteras’ skills and expertise can be augmented by biomedical courses. Those who teach the courses must be trained to recognize and value the contribution of their indigenous colleagues. As Torri contends, this may be a toll order in an overly Westernized and medicalized world, but nevertheless, is essential in the rural parts of Mexico.

In the third paper, Michelle Gibson looks at the difficulties HIV+ women experience, especially in diagnosis and in treatment. Like almost all other (North American) women, HIV+ women also struggle with the cultural beauty myths, body size/weight expectations, youth and health prerogatives. However, HIV+ women’s struggles go much beyond the day-by-day struggles of all women against the North American ideals. Indeed, HIV+ women feel the tension between choosing or refusing various treatments that may arrest or delay more serious manifestations of HIV, such as AIDS. If they refuse, they must deal with often severe side effects of concoctions of medications. Gibson’s initial focus is on identifying women’s relationship with their bodies before their HIV+
diagnosis. Gibson then inquires into how side effects of the condition itself as well as the treatments alter women’s body images. Women lament about suddenly gaining weight, or losing weight, or gaining weight in some parts of their body while losing weight in other parts. These undesirable shifts are superimposed on the already existing cultural anxieties about women’s bodies and myths of beauty.

Gibson informs us that the HIV+ status is not only a serious matter of physiological health. Instead, the HIV+ status morphs into an embodied psychological and social challenge and trauma. In North American women, the HIV+ status brings out tensions which divides and alienates the self from the body. The HIV+ status also divides the self from others, and restricts women’s chances of forming new relationships with others. Particularly problematic difficulties are seen in forming new intimate relationships, especially by women who were not in a long-term relationship at the time of the diagnosis. At a time when they already feel physically and psychologically vulnerable, the fear of refusals from prospective intimates might be too much to bear. Methodologically, Gibson contends, narratives give us an insider’s view to women’s dilemmas, which cannot be captured through positivist research.

The fourth article is an overview of a practice which is many thousands of years old. The practice is male circumcision, which some historians and anthropologists claim predates Judaism, Christianity as well as Islam. Male circumcision has found its utmost religious expression in Judaism, closely followed by its indispensability in Islam. However, the practice has also played a major role amongst peoples from Mesopotamia, ancient Egyptians, pre-monotheistic cultures, as well as many practitioners of Christianity.

In Sev’er’s article, the emphasis is not on the crucial importance one or another religious orientation has placed on male circumcision. That aspect is certainly fundamental, but a matter for theology. Instead, what Sev’er attempts to highlight is how different cultures have seen the practice as a masculinization process that divides the society between men and women and initiated men and uninitiated boys. Sev’er provides numerous examples from the ancient times (Egyptians, the Old testament accounts) as well as historically more recent practices (Ottomans, Turks, Xhosa), showing the link between masculinization (sometimes hyper-masculinization) and male circumcision rituals. She argues that the more militaristic the cultural context, and the older the age of the initiates, the higher is the pressures toward masculinization.

Male circumcision has been so closely associated with certain religious practices that any discussion or critique of the practice has become almost unfeasible. More recently, the powerful Western biomedical models have crossed the discussion barrier, by mostly
highlighting the medical benefits—some argue—the practice brings (cleanliness, resistance to infections, etc.). In turn, some human rights and children’s rights activists have opposed the practice. In this article, the focus is neither on belief systems or the biomedical pros or cons of the practice. Instead, what Sev’er argues that for millennia, many of the rituals surrounding the practice have been used to establish and preserve a gendered social order.

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