

THE SOCIAL CONSTRUCT OF GENDER AND ITS ARTICULATION
WITH THE ELEMENTS OF REALITY AND SOCIETY

A Theoretical Background to
"Women, Health, and Development"

Dr. Yolanda INGIANNA M.
July 1989

CONTENTS

1. WOMEN AS A SUBJECT OF THE SOCIAL SCIENCES
 - 1.1 The Discrimination, Subordination, and Oppression of Women
 - 1.2 Gender Theory and Women's Studies
2. CONCEPTUAL SYSTEM
 - 2.1 Differences between "Sex" and "Gender"
 - 2.2 The Sex-Gender System
 - 2.3 The Sexual Division of Labor and the Social Institution of Motherhood
 - 2.4 The Three Roles of Women
 - 2.4.1 Women as producers
 - 2.4.2 Women as reproducers
 - 2.4.3 Women as organizers and managers
3. WOMEN AS THE SUBJECT OF POLICIES: PERSPECTIVES IN WOMEN, HEALTH, AND DEVELOPMENT
 - 3.1 Current Situation: Women and Development
 - 3.2 Perspectives in Women, Health, and Development
 - 3.3 Perspectives in Research

THE SOCIAL CONSTRUCT OF GENDER AND ITS ARTICULATION WITH THE ELEMENTS OF REALITY AND SOCIETY

A Theoretical Background to "Women, Health, and Development"

1. WOMEN AS A SUBJECT OF THE SOCIAL SCIENCES

According to United Nations data, including domestic work, women are responsible for 2/3 of all of the hours of work performed at the world level. However, they receive only 1/10 of the world's income, which is equivalent to 1/100 of what is considered to be private possession. The only possible explanation for this is that the greater part of those working hours are completely unpaid, and that the remainder are only minimally remunerated. This is work that is carried out but which appears "to have no value."

What does this mean? Why this difference? Is there any possible explanation?

Gaining a scientifically rigorous understanding of women as a social phenomenon requires having a theory that captures an empirical reality: their situation of inequality, discrimination, and subordination.

In general, the sex of social agents has been ignored as an explanatory variable present in all social factors. But it may be, together with the variable of socioeconomic class (in turn, determined by one's place in the productive process), the most significant variable in history. As is aptly pointed out by the philosopher Sandra Harding, "the social constructs of sexuality and gender have been responsible for assigning women and men different roles in social life" (Harding, Sandra: The Science Question in Feminism, 1986, p. 89).

Now, what is meant by discrimination and subordination? Is gender a variable in the acquisition of knowledge and in its use? Is it a causative factor and a social determinant?

1.1 The Discrimination, Subordination, and Oppression of Women

The terms "subordination" and "oppression" describe and specify the position of the women in those social systems (and others) which are structured hierarchically, and also refer to the methods that are utilized in order to maintain that position. The term "exploitation" is not employed because it is reserved for use in reference to the economic exploitation of paid workers, both women and men. It is also utilized to refer to the relationships of oppression and dependency between men and women. In addition, the subordination of women possesses the three characteristics of being normal, in other words forming an essential part of women's own nature; being justified, because women do not complain about it; and being maintained by the romantic and sexual ties of affection between men and women. Here, gender is one of the most important "variables," but there are others, such as class, ethnicity, religion, etc.

Women, as Simone de Beauvoir (1908-1986) so aptly points out in her already classic book The Second Sex (1947), have always been socialized to have a sense and an experience of themselves as "the other," with no "direct sense of themselves." Their only reality is as a "mirror": their being is that which is viewed by and for men, as the object of male conceptions of their experiences, their desires and fantasies, their speech and discourse, their science and technology. Women are strangers to themselves, and have become adapted to living at a distance from themselves, as the "other-being", existing in a state of alienation. Remember the other-being in such classic expressions as "Lot's wife," "the mother of the Maccabees," "Eve from Adam's rib," etc.

On the other hand, the term "discrimination" refers to the way that society expresses its exclusion of women; in the final analysis, this comes down to the separation and elimination of women as a whole from social processes at the economic, sociocultural, and political level. The term indicates a number of phenomena and attitudes that could be changed through decisions and corrective measures; in other words, situational phenomena with short-term solutions.

Hand in hand with discrimination against women comes their "social inequality," caused by structural phenomena which cannot be modified over the short term because they are the subject of sustained policies.

These situations and gender differences are present in all social classes. The analysis and theoretical elaboration of these situations affecting women in our societies form part of what is called "Gender Theory" and "Women's Studies", which seek to encompass the different aspects of the reality of women.

1.2 Gender Theory and Women's Studies

Gender theory and those studies that focus on the topic of women were initially the subject of a "social practice": that of certain women who began to have a clear awareness of themselves and their status in society and at home; who began to realize the real conditions of their existence.

One who should be mentioned is Mary Wollstonecraft (1751-1820), who published a book entitled Vindication of the Rights of Women in 1792, which was the first of its kind. But we can also recall, before her time, Abigail Adams (1744-1818), Judith Murray (1751-1820), and, in the first dawning of the French Revolution, Olympia de Gouges. This struggle for women's rights and women's suffrage went on from the end of the 19th century on into the beginning of the 20th century. It constitutes the first stage of the women's movement, which in the 1960s continued to progress to the point where today it not only has passed through a second stage, but has already reached the third stage. This movement continues to unfold, neither exclusively nor primarily in Europe and the United States, but also in Latin America and the Caribbean.

Our objective here is not to recount the different stages of this history; we merely wanted to point out that, during the course of this movement, theory has always accompanied practice and viceversa, something that appears to have been characteristic not only in the past, but also at the present time.

In sum, this has been an attempt to point out that the "women's phenomenon" is more than just a social movement and a social practice. Rather, based on this, it has evolved as a theory with the purpose of illuminating new practices and new types of women's organizations.

In this our field of endeavor--"Women, Health, and Development"--not only do the current health systems need a revision of their actual practices and types of organization, but a reconceptualization of the problems and specific characteristics of women's groups is indispensable. An analysis that attempts to be scientific must be made within the more general framework of a theory of gender relationships and their social constructs, beginning from the broader context of social classes.

It should be emphasized that theories and studies about women have taken on so much importance and validity that they constitute one of the fundamental axes in the new programs carried out by numerous and quite varied institutions of higher education, and in health work as well.

But there is also the fact that those who work in that production--a significant number of women--do not think in abstract terms, but rather act based on consciousness and a well-defined historical commitment.

We find ourselves, then, with a solidly built theory which encompasses not only a system of concepts and analytical categories, but also its own specific methodology. This theory generates a whole new "logic" of knowledge of reality, which in and of itself constitutes a new paradigm, an epistemological revolution, as Thomas Kuhn (1922) establishes in his work The Structure of Scientific Revolutions (published in 1962).

This notion of paradigm is especially important because it makes it possible to include gender theory and women's studies as part of the history of the sciences. In other words, its current state of development allows it to fulfill the conditions for a new model or a collection--more or less structured and homogeneous--of theoretical suppositions, experimental practices, and ways of conveying a body of scientific knowledge which is precisely what constitutes and defines a paradigm. A paradigm is a scientific explanation, a new theoretical and conceptual systematization which, thanks to its own explicit methodology, brings out the fact that "women are made, not born" (Simone de Beauvoir). Its operative level is not just that of discourse or speculation, but rather, as a new social practice, that of using history and life as the foundation for a new social subject: women, who as an organized social "group" are capable of transforming their own history and

that of their surroundings. The democratization of public and private life, the exercise of citizenship, and a new social order that is less hierarchical and more egalitarian are some of the factors that make it indispensable to have the theoretical and practical development of a new science: one that involves thought and the forging of a new quality of life, a new and more just world where "the other half of paradise" (Broyelle)--women: 50% of humanity--unveils its countenance to us.

2. CONCEPTUAL SYSTEM

2.1 Differences between "Sex" and "Gender"

The paradigm of a woman, whose natural state is to marry and to bear and rear children--although women sometimes die in childbirth--is the image of the loving mother and wife, always waiting with a good will when her husband arrives home. This paradigm, which centers on gender, is what is questioned and analyzed in this theory. Thus, in 1972 Ann Oakley elaborated the distinction between sex and gender as part of the trend that was called North American "cultural feminism."

The most elementary and basic distinction between sex and gender can be said to be that sex is the piece of biological data which determines whether one is born "male" or "female," something which occurs at the level of the vast majority of species. Whereas, within the systems of beliefs elaborated by human beings, within the ideologies that they build up or accept, we find something that causes certain innate or genetic characteristics of individuals to take on an enormous importance and relevance in the formation of gender behavior. It is as if the piece of biological data about the division between male and female were used to make the leap to the socially unequal division between "feminine" and "masculine," or "man" and "woman": that is gender.

Gender is made up of all the characteristics, socially and historically attributed and made into constructs, that define the essence and nature of what it is to be a woman or a man. This brings with it negation or unawareness of the fact that such characteristics and properties are not innate to either of the two genders--men or women--but rather have been made into constructs according to the cultures and societies at distinct periods of human history. Such a concrete situation as the sexuality of women and men is taught and conceived of in a very different fashion. Thus, for males it is considered normal and necessary that, once they have reached biological maturity, they should pursue an active sexual life and not be limited to only one partner, to only one woman. For women, on the other hand, the situation is exactly the opposite.

From the point of view of what occurs in nature--Aristotle maintained that nature only made women when it could not make men--there is nothing that is inherent or essential to the sexuality of men and women: this is a learned

behavior, resulting from the diverse and unequal ways in which women and men are socialized. A "woman about town" is a prostitute, while a "man about town" is a man who is well-thought of and socially important. All these constructs are the product of changing social conditions, involving the roles assigned to women and men by their cultures and societies. However, we are encouraged to believe that they correspond to essential and immutable characteristics of women and men that will last throughout time. Similarly, based on the piece of socioeconomic data that certain persons lack any means of production and on the item of biological data that they are of the black race, systems of beliefs concerning the behavior of members of the black race have been elaborated and extrapolated upon to create the socially unequal segregation that occurs, for example, in "apartheid."

Here we have established the basic distinction between sex and gender, a distinction which forms an important analytical category when it is developed as the "sex-gender system."

2.2 The Sex-Gender System

This category of analysis is one elaborated by the anthropologist Gayle Rubin.¹

Rubin's point of departure, on the one hand, is a criticism of Marxism, and especially of Engels, based on her consideration that their conceptual framework is insufficient to encompass the oppression of women, since that oppression remains indeterminate within the class structure of a capitalist society. However, Rubin also considers that it is important to begin with an analysis of the mode of production, with the difference that, this time, she bases her analysis on the anthropological theories of Claude Levi-Strauss (1908) and the psychoanalysis of Sigmund Freud (1856-1939). Following Levi-Strauss, Rubin points out the importance that the traffic of women has had within certain societies as kinship ties are established so that women are converted into objects. This produces a social system of beings with gender.

Rubin's theory is much broader and has been widely discussed. But its importance arises out of its elucidation of the fact that the oppression and subordination of women originates in society and its systems of exchange, and not in biology, as well as in social determinants, rather than biological ones. In other words, it is an attempt to overcome, at least at the level of scientific discourse, the assertion and belief that the inferiority of women is based on their biological inferiority.

¹/ Rubin, Gayle: "The Traffic of Women: Notes on the "Political Economy of Sex," in Reiter, Rayna: Toward an Anthropology of Women. London: 1975. Monthly Review Press. pp. 157-209.

Freud also elaborated a complete theory, psychoanalysis, which established that the differences between women and men were not exclusively biological, but rather had a profound and lengthy hidden history which grew out of a boy or girl's relationship with his parents and was very jealously guarded by the "unconscious" and the "it" (the "id").

Thus, according to Rubin, sex-gender relationships constitute a system with social and cultural determinants which, in addition, cannot be reduced solely to class relationships or mode of production because "multiple variables" intervene in the establishment of that system.

Although we may be anticipating ourselves here, we can say that certain phenomena that are present in the health-disease process are of more a social than a purely biological order. For example, there are the relationships that exist between the life cycles and the types of diseases that are prevalent in either gender. The implications of elaborating this application of Gayle Rubin's theoretical approach to the health field derive from the fact that it brings to light and aids the understanding of multiple, general, and specific as well as theoretical and practical causality, something which should be taken into account when examining the relationship between women and health in health systems. These systems are not self-inclusive, nor are they isolated from the economic, sociocultural, or political context.

A specific source of problems in the health field in Latin America and the Caribbean has been the way in which health policies and programs have been "handled," as a "fact" isolated from the overall context and "macro," as if the most important thing were to concentrate on the "item," or the "health area." In other words, the patients are considered to be "sick beings" and no notice is taken of the fact that they are "immersed" in specific conditions and societies. These patients reflect the relationships and elements of their societies, including the family and domestic lives of the "female patients," who are the principal users of the health systems. Thus, many difficulties have their origin in the determinants of gender.

In similar fashion, although in a different sense, health has been seen only as a medical specialty--the fields of social and public health medicine are relatively new--or in other words, as a controlling social institution and a particular expression of the power that lies in the hands of male medical professionals.² The physician has taken the place of the priest; he has the power to work miracles, he is "expert" in many things, and he is expected to provide fundamental orientation, not only for health but for the very act of living. The center of his attention is the "disease" rather than health; emphasis is placed less on prevention than on curing. But, when this viewpoint "reaches a crisis point" due to economic, social, and political factors, then the standards and conceptions on which it was based produce unexpected results and "clinically" deviant behavior. And the health system

^{2/} The "feminization" of the medical profession is, for the time being, only a trend and not a consolidated and major situation.

invests human and economic resources without their being effectively reflected in or impacting on the quality of the services provided. Such situations make health systems inadequate in the sense that they are too "timely" (vaccination, prevention of infectious and contagious diseases, diagnosis, etc.). They do not take into account the fact that there are numerous non-medical factors that produce significant variations. For example, there is the place of the broader social setting, wherein there is an alliance of such gender determinants as women's living conditions and domestic work, the specific conditions of their motherhood, their level of education and self esteem, their quality of life, and the effects of the sexual division of labor on their stress levels, mental health, etc. Thus, any consideration of many of the diseases that affect women as well as of the possibilities for developing higher quality health programs should take into account those factors that underlie the social constructs of gender, centering less on the diseases themselves and on the medical specialties, and creating and applying a new concept and strategy for healthful living.

We have therefore sought to elucidate certain factors that make it possible to relate the sex-gender system to health systems.

The theoretical developments in this field are much more extensive, broad-based, and carefully elaborated. However, we do not believe that this is the occasion for making a complete and rigorous presentation of those questions.

However, the theory would be weak and its analytical categories lacking in rigor if we did not refer to the state of "super-exploitation" which characterizes the lives of most women in Latin America and the Caribbean.

This forms part of what gender theory defines as the "sexual division of labor."

2.3 The Sexual Division of Labor and the Social Institution of Motherhood

This category should aid us in understanding the super-exploitation of women in practically all contemporary societies and cultures. Women not only have to carry out domestic chores, but they must work outside the home as well, for such reasons as the following:

- i) a new international division of labor and capital;
- ii) an uneven economic development;
- iii) a decline in paid work;
- iv) the emergence of the "informal economic sector";

- v) growing urbanization;
- vi) a growing decline in subsistence agriculture;
- vii) the "internationalization" of "liquidation of capital" and of its accrual;
- viii) internal migration, etc.

It is worth mentioning briefly that before the category of "sexual division of labor" was created, one spoke only of the "social division of labor."

In general, women occupy positions that are lower paid than "male" positions," with less security, fewer chances for promotions or raises, and lower qualifications. In the labor market, this can be broken down by professions, occupations, industries, etc. Women, for example, constitute a major part of the work force at the tertiary level of the economic sector or of the service sector.

The sexual division of labor is founded upon the assumptions of a gender ideology and a patriarchal economy, where women's work centers around the line of work of "service provider" and the line of work of "caretaker," because these are eminently feminine activities: they are an extension of the typical functions of mothers and housewives.

For the purposes of this effort in reconceptualization, the analysis of motherhood takes on special importance, not only because of the sexual division of labor, but also because a good portion of the health-disease process involves mothers as suppliers and users of health services.

For women, motherhood has not been just a biological determinant--that of giving birth and reproducing the species--but rather it has become a social institution; in other words, motherhood has become the fundamental determinant of the role and position of women in society. Motherhood is a determinant of gender, also established and perpetuated as a social construct. As a social institution, motherhood is one of the ways in which women's work is manifested and organized. On the one hand, women perform domestic work, and on the other, reproductive work, however, in both cases it is defined according to the social institution of motherhood. In the same way, the reproductive, biological, and social as well as domestic work define women's possibilities to participate in the work force.

In the sexual division of labor, women have three roles, as producers, as reproducers, and as organizers or managers.³

3/ Cf. Moser: 1985.

2.4 The Three Roles of Women

2.4.1 Women as producers

Women participate in productive work both in producing wages and in the production of goods; they take part in the formal economic sector as well as the informal sector. Women, as well as men, sell their labor and produce goods and added value. In the home they produce value in use. But, in contrast to men, women have come to be defined institutionally as those responsible for the production of value in use in the home, thanks to the conditioning of their reproductive work. Their principal function is that of subsistence production. Women are the ones who carry out the work that is indispensable for production and reproduction in human life, which includes giving birth as well as rearing children, and providing nutrition, clothing, and housing. However, they are also responsible for small-scale agricultural production destined for their own personal use and supply. Women produce value in use that is directly consumed by the producers themselves as well as by other members of the household. Her principal motive is to sustain human life. Women are also secondary suppliers of income for the home, but all of these economic manifestations of their function remain invisible. This notwithstanding, women's contribution to subsistence production represents only a part of their work, despite the fact that it is the axis around which their daily lives and entire existence revolve. They devote all of their time and effort to this work without any remuneration and without their labor being taken into account in the economies of our societies. Conversely, men's lives center around the exchange of goods and products in market economies, and this economic "sphere" is their exclusive province. We have already seen that, by contrast, domestic work has no economic value, despite the fact that if it were to be recorded, it would be equivalent to 1/3 of the world's gross economic product.

2.4.2 Women as reproducers

Despite the fact that many women have entered the paid work force, and despite the fluctuations that have occurred in nuptiality and fertility rates, women continue to be the ones who deal with the rearing and education of boys and girls. They devote most of their time and energy to these tasks. Much of their paid work is nothing more than an extension of their role as mothers: they are teachers, directors of childcare centers or nutrition programs; there is their role as nurses or as the persons responsible for the "care of" This situation is especially common in Latin America and the Caribbean--and in the countries of the third world in general--where women have more sons and daughters, and where they devote most of their lives to childrearing. While men are defined according to the work that they do, women are defined according to their role as mothers and as the reproducers of the species. However, this fact has economic significance inasmuch as it also ensures the perpetuation and reproduction of the work force. It serves to

pass along the set of beliefs and habits--in other words, the entire super-structure--that includes the sex-gender system itself. Hence the importance of women who act as pioneers in penetrating fields heretofore reserved for men, and of everything related to the idea of "role models."

In relation to the social reproduction of the system, it is necessary to give adequate attention not only to the reproduction of persons or species, but to the fact that women are the subsistence producers. The concept of subsistence production means "all types of direct work necessary for the production and reproduction of human life itself; this includes everything from giving birth and rearing the new generations, to being concerned with food, clothing, and housing--all generally women's jobs--up through the production of small-scale farmers (both men and women) that is destined for their own consumption."⁴ Women are the general foundation of social existence; their objective is to produce value in use and their motivation is to sustain human life.

"As an analytical category, subsistence production is not a specific historical type of production, but rather a form of production that is synchronized with others in one production mode and without which the other forms of production could not exist."⁵

2.4.3 Women as organizers or managers

The growing phenomenon of migration from the country to the city, coupled with growing urbanization, has led women to become involved in community management activities, especially in the urban areas. Increasingly, fewer basic and housing services are being supplied by the State, while meeting the needs of a growing population is becoming more difficult. In this regard, the problem is that not only are women the ones who are most negatively affected, but they must also take on an enormous range of responsibilities in the administration of increasingly limited basic resources.

Often, when community problems arise--for example, a lack of water--and there are confrontations with the authorities, women are the ones who shoulder the greater responsibility for the organization and conduct of any protests.

Given the above, it is important to note that women take on this responsibility as an extension of their roles as mothers and wives, which are determined and imposed by their gender. As such, they must fight for the management of the services in their communities and neighborhoods, as health

4/ Harms, Hans, and Ulrike Zschaebitz (Eds.): Renovación urbana y vivienda popular en áreas metropolitanas de América Latina, 1987, p. 421.

5/ Ibid.

promoters and community mothers, thus implicitly accepting and complying with the sexual division of labor and the subordinate role appropriate to their gender. However, all these tasks and jobs that women take on and carry out are never recognized as such, while their role as organizers and leaders is overlooked to an even greater extent.

It is very important to point out that although a man is not the head of the family and may not even be present in the family nucleus, when he is unemployed and the woman is contributing the greater portion of the income to the home, the stereotype of the man as breadwinner persists. This stands out even in the textbooks utilized in schools in Latin America and the Caribbean. In the case of Central America, for example, male work force figures account for 93% and those for females only 7%.

It also frequently occurs that women are the activists and men are the leaders.

In synthesis, it should be pointed out that not only are women's three roles not given any recognition, but, in contrast to men, women must also try to combine and balance their productive, reproductive, and community management work.

This situation is viewed and perpetuated as something natural and inherent to the condition of women, without its being seen or analyzed as a manifestation of the social construct of gender.

3. WOMEN AS THE SUBJECT OF POLICIES: PERSPECTIVES IN WOMEN, HEALTH, AND DEVELOPMENT

3.1 Current Situation: Women and Development

The countries of Latin America and the Caribbean have been the subject of numerous policies for development and social planning programs. Almost all of these programs for development or aid to development have put forth specific policies for women.

According to Moser and Levi⁶, in some countries, both historically and at the present time, it is possible to identify four approaches in policies oriented toward women: the assistance approach or "welfare;" the anti-poverty approach; the equality or autonomy approach; and the efficiency approach.

The assistance approach or "welfare" is oriented toward meeting practical and basic gender needs. This approach promotes welfare programs that focus on women as the heart of the problem and the principal

⁶/ Cf. MOSER and LEVI: (to be cited).

beneficiaries in their roles as wives and mothers. They are directed fundamentally toward family welfare and are based on the premise that women are responsible for population growth. This in turn is considered to be one of the determining factors in "underdevelopment."

This approach and the programs it has spawned, both arising shortly after the Second World War, are based on two assumptions: in the first place, that motherhood determines the social role of women and, in the second place, that their role as mothers is the most important in all aspects of economic development. Such programs center around the family, the care of new generations, nutrition programs, and family planning programs. Women, as the principal beneficiaries of these programs, receive free food supplements. When the programs for control of the birth rate and for free distribution of contraceptives were launched experimentally, they were also "assistance" programs. Currently, there are programs for family planning and sex education. In all these cases, women are always provided with educational "information" so that they can be "good beneficiaries;" that is, better "mothers" and wives. The women here are passive recipients of development, which thus reinforces one "characteristic" of their gender: passivity and dependency in areas of economic growth.

The anti-poverty approach arose in the mid-1960s and early 1970s, and strategies were prepared that were aimed at the redistribution of employment rather than economic growth. According to this approach, it is necessary to combat poverty and to balance economic growth, since the emphasis is placed on overcoming the economic inequalities between men and women. In order to accomplish this, it is necessary to increase the productivity of low-income women. This entails providing women with the possibility of generating income and increasing their productivity through access to productive resources.

These programs promote typically female activities: for example, the making of clothing and textiles, etc.

In more recent times, housing programs and those providing access to public services have been anti-poverty programs directed toward improving the quality of life for women. Along these lines, of special importance are programs for persons to build their own housing. This is the case in Costa Rica, for example, where the current government proposed constructing 80,000 dwellings in four years, and, according to recent data, has already exceeded that goal. Also worth mentioning are the programs for the development of women's small-scale cooperatives in countries such as Honduras and Peru, as well as in Africa.

The equality or autonomy approach has arisen as a consequence of the "Women's Decade" and is proposed as a response to the strategic needs of gender. These needs center around both the inequality that exists between men and women of all socioeconomic groups and around the sexual division of labor. This approach recognizes the reproductive role of women in the home and also the importance of their productive role in society, and it attempts to engender egalitarian productive participation in economic growth and development.

The efficiency approach, so named by Moser, is the result of the adjustment policies devised in the face of the problem of payment of the external debt. It has been imposed and is maintained by such agencies as the International Monetary Fund. This approach seeks economic efficiency. It is recognized that women's participation is fundamental to the well-being of the home, since they are the principal users of housing and services. When women's participation in such programs and projects can be counted upon, costs are reduced and more efficient results and better performance are ensured. The presence of women "residually" guarantees greater efficiency, since their work seeks to satisfy real needs.

This is only a brief overview of the four fundamental types of approach to development in relation to women.

However, it is important to point out that each of these approaches may make use of theoretical assumptions that are based on varied conceptions of the relationships between women and development, and that they may thus have different theoretical and practical implications. They may be grouped according to three overall perspectives:

- a) Women in Development (MED in Spanish, WID in English).
- b) Women and Development (MYD in Spanish, WAD in English).
- c) Gender and Development (GYD in Spanish, GAD in English).⁷

3.2 Perspectives in Women, Health, and Development

Up to this point, we have accomplished basically two things:

In the first place, we have elaborated a gender theory and its conceptual system as a set of analytical categories that constitutes a new scientific paradigm, and we have done this in order to reconceptualize women as a social phenomenon while maintaining the rigor appropriate to a science. This is not a science that is opposed to any other type of science, but rather a new theory and social practice that reveals the sexist, patriarchal, or gender characteristics of the constructs and understanding of social reality. A paradigm of this type cannot be iconoclastic, it cannot be anti-anything: one of its basic suppositions is that no social reality can be captured in isolation from the overall reality in which it is found, to which it belongs, which it both acts upon and is in turn itself acted upon in the constant flux that appears to be the fundamental feature of life. Such is the first part. Specifically, this is a work of reconceptualization, and of preparation of a conceptual framework: it is an effort to reconceptualize the social construct of "woman" as gender and its articulation with the elements of reality and society, an attempt which, as such, is without precedent.

⁷⁷ In an important work, Eva M. Rathgeber gives a broad analysis of this conceptual framework. The works of Boserup, Sen, and Rogers are especially important in this field.

The "crisis," or the "deviations" that are appearing at the economic level and the level of health, among others, have led to a questioning of the programs and policies that have been implemented in Latin America and the Caribbean. Each of these programs and policies reveals--at times dramatically--the deficiency of specific approaches and proposals for women, although women appear to constitute their central axis.

Thus, in the second place, we will briefly list some of the "approaches," and the way in which each of them attempts to center on women and development.

By way of providing prospectives and conclusions, we will now elaborate upon some possible linkages of the gender approach to health.

The need to devise a conceptual framework appeared to arise from the fact that not only are women a determining factor as users and suppliers of health programs, but that, in addition, "variations" or "clinically deviant" or erratic behaviors that specifically manifested themselves as a result of the sex-gender system had also taken on significance.

Thus diseases occur that have different effects on one sex or the other; these are diseases that are considered to be typical of one sex as well as of specific age groups. Each country and geographical region is characterized by its own specific morbidity and mortality situation.

This point can be illustrated in the following example:

The high rate of smoking among young women is not only an established fact, but in some countries is even on the increase. This increase can be explained with some degree of certainty as the result of social factors whose detailed analysis reveals the fundamental influence of gender. Let us examine some of these factors. They include the following:

- a) There is the fact that young women enter into a relationship of dependency and addiction to cigarettes because they feel more secure and attractive within the social groups that they are part of. In these groups, an important component is women's personal and social "duty" to please men.
- b) In turn, this is a manifestation of the women's low level of self-esteem.
- c) There is the situation that, as a gender, women have a particular place within the social structure and relationships that define them, essentially, as a sexual object, so that they lose their sense of identity in the face of values and stereotypes that have become social constructs.

- d) And it is also true that advertisers know very well that, in general, women are the principal buyers in consumer societies. Not only that, they have even made a thorough study of their "personality characteristics," which are actually gender characteristics. Add to this the development and application of new technologies in the mass media such as, for example, subliminal advertising.

The examination of smoking in young women is important because it makes it possible to illustrate the gender determinants that have been discussed in this work.

3.3 Perspectives for Research

In relation to the program of "Women, Health, and Development," in the following statements we would like to suggest some perspectives for research:

1. Prepare a profile of the principal stereotypes present in health programs and, in general, in the broader field of medicine and the interrelationship of women, health, and society. This would be a type of "projective test" of who it is that intervenes in the health-disease process as well as of its mutual interrelationships.
2. Use the resulting profile of women and health as the point of departure for detecting and subsequently establishing the conditions and needs of health users and suppliers. Health planning would be based on the above information. In other words, emphasis would be placed on the need to carry out concrete studies, including their respective preliminary phases of diagnosis and their feasibility. This would involve establishing (as each case requires) the gender variables of importance in bringing about the situations and phenomena studied. These could be, for example, the determinants of the smoking epidemic; the causes of the psycho-affective disorders of mature women; intrafamilial violence; chronic fatigue in women, etc.
3. Conduct specific research to show how each country, region, or subregion has been affected by the policies for structural adjustment and the particular conditions of the crisis in Latin America and the Caribbean, in the health field in particular, as well as the effects on the national budgets.
4. Conduct research that leads to the production of a specific methodology for defining gender variables in the social statistics and indicators that describe the situation of women in the health field.
5. In the research that is carried out, categorize the results according to gender and its specific variables.

6. Analyze the distribution and items in the budgets of the health ministries, and of PAHO and WHO, in order to prepare a profile of national and international investment in women and health. The objective of this research would be to demonstrate the real financing possibilities that programs for women, health, and development would have.

7. Propose research that analyzes current programs of health information and education for women, in order to eliminate any profile stereotypes and sexist overtones therein.

8. Propose and finance the preparation of alternative programs of health information and education for women in Latin America and the Caribbean that apply gender theory and methodology.

9. Create and implement programs using the "gender approach" for the principal agents in the health-disease process. Explore the possibility and validity of applying the methods of qualitative research and action-oriented research.

10. For all of the above research and any further research that might be mentioned, it is important to generate a dynamics of participation and continuing education for each and every individual who intervenes in the health-disease process, both nationally and internationally, and in governmental as well as nongovernmental settings, by means of workshops, seminars, teaching and audiovisual materials, texts and readers, booklets for mass education on women and health, etc.

11. Promote the participation of women in health project preparation by means of participatory education, along with preliminary preparation of the appropriate research and teaching materials.

12. Investigate the hours during which health centers and clinics remain open and provide care since, because of the sexual division of labor, not all hours are equally beneficial for women. For example, the provision of services mainly during the morning hours means that only women's reproductive work is being recognized, and not their productive work.

13. Complete the profile referred to under No. 1 (page 15) with home visits to the women who belong to different health centers and clinics in order to find out about the real socioeconomic conditions of women and children. This type of research cannot be left either exclusively or fundamentally to social workers or interviewers.

14. Facilitate and promote the creation of interdisciplinary teams assigned to the different health programs and projects so that the gender approach is utilized. Provide them with adequate training in methodology to aid them with their teamwork.

15. Conduct research that determines which programs and projects, and which types and descriptions of programs, should be carried out jointly so that the planning and organization of health in relation to women has the necessary structure to facilitate integrated health and healthful living, and popular and community health, in addition to individual health. For example, such research would reveal any need for nurseries or child-care centers, needs with regard to nutritional habits and food preparation, recreational and leisure needs, etc.

16. Conduct research that promotes education on female and adolescent sexuality. Similarly, make it possible for both sexes to be educated about family planning.

Clearly and necessarily, all of the above can be developed and carried out if they are based on a conceptual framework of gender.

BIBLIOGRAPHY

- 1- AKEN, Sheila - WOLKOWITZ, Carol: Homeworking, Myths and Realities. London, 1987. Macmillan Education Ltd. 225 pp.
- 2- ASTELARRA, Judith: Las mujeres podemos: otra visión política, Barcelona 1986. Icaria Publisher. 78 pp.
- 3- BARRET, Michele: Women's Oppression Today. London: 1988 (1980). Ed. Verso. 269 pp.
- 4- BEECHEY, Verónica: Unequal Work. London 1987. Ed. Verso. 239 pp.
- 5- BENERIA, Lourdes - STIMPSON, Catharine R. (editors): Women, Households, and the Economy. New Brunswick: 1987, Rutgers, The State University. 339 pp.
- 6- BERGMANN, Barbara R.: The Economic Emergence of Women. New York: 1986. Basic Books, Inc. 372 pp.
- 7- BOSTON WOMEN'S HEALTH BOOK COLLECTIVE (Ed.): The New Our Bodies, Ourselves. A Book By and for Women. New York: 1984. Simon and Schuster, Inc. 647 pp.
- 8- BUMIN, Mabel (Ed.): Mujeres y salud mental. Buenos Aires: 1987. Colección Controversia. Latin American Publishing Group. 412 pp.
- 9- CAPLAN, Pat (Ed): The Cultural Construction of Sexuality, New York: 1987. Tavistock Publications, Ltd. 304 pp.
- 10- CHORODOW, Nancy: The Reproduction of Mothering, Psychoanalysis and the Sociology of Gender. Berkeley: 1978. University of California Press. 263 pp.
- 11- DURAN, Angeles et al.: Liberación y utopía. Madrid: 1981. Akal, Publisher, 230 pp.
- 12- EISENSTEIN, Zillah R. (Comp.): Patriarcado Capitalista y Feminismo Socialista. Mexico: 1980 (1978). Siglo XXI, Publishers. 313 pp.
- 13- FOX KELLER, Evelyn: Reflections on Gender and Science. New Haven: 1985. Yale University Press. 193 pp.
- 14- FREEMAN, Jo: Women, A Feminist Perspective. Palo Alto: 1984 (1975). Mayfield Publishing Company. 615 pp.
- 15- GELB, Joyce and LIEF PALLEY, Marian: Women and Public Policies. Princeton: 1987 (1982). Princeton University Press. 241 pp.

- 16- GORNICK, Vivian and MORAN, Barbara K.: Woman in Sexist Society. Studies in Power and Powerlessness. New York: 1972. A Mentor Book. New American Library. 704 pp.
- 17- GOULD, Carol C. (Ed): Beyond Domination, New Perspectives on Women and Philosophy. New Jersey: 1984. Rowman & Allan Held Publishers. 321 pp.
- 18- HARDING, Sandra: The Science Question in Feminism. Ithaca: 1987 (1986). Cornell University Press. 271 pp.
- 19- HARMS, Hans - ZSCHAEBITZ, Ulrike (Eds.): Renovación urbana y vivienda popular en Areas Metropolitanas de América Latina. Report of the International Days. Technical University of Hamburg/RFA, (12 to 17 February 1985). FSP 6 - TUHH, Vol 3 (Theory), Vol. 24/III, May 1987. pp. 407-439.
- 20- HARTSOCK, Nancy C.M.: Money, Sex, and Power. Toward a Feminist Historical Materialism. Boston: 1985 (1983). Northeastern University Press. 310 pp.
- 21- JOEKES, Susan P.: La mujer y la economía mundial. Mexico: 1987. Siglo XXI, Publishers. 205 pp.
- 22- KLEIN, Ethel: Gender Politics. Massachusetts: 1984. Harvard University Press. 209 pp.
- 23- LAPOINTE, Jeanne - EICHLER, Margrit: On the Treatment of the Sexes in Reasearch. Ottawa: 1985. Social Sciences and Humanities Research Council of Canada. 27 pp.
- 24- LEACOCK, Eleanor - SAFA, Helen I. et al.: Women's Work, Development and the Division of Labor by Gender. Massachusetts: 1986. Bergin & Garvey Publishers, Inc. 300 pp.
- 25- LEAHY, Margaret E.: Development Strategies and the Status of Women. A Comparative Study of United States, Mexico, Soviet Union, Cuba. Boulder: 1986. Lynne Alenner Publishers, Inc. 167 pp.
- 26- LEON, Magdalena - DEERE, Carmen Diana (Edit.): La mujer y la política agraria en América Latina. Bogotá: 1986. Siglo XXI, Publishers. 290 pp.
- 27- LEON, Magdalena (Ed.): I La realidad colombiana. Debate sobre la mujer en América Latina y el Caribe. Bogotá: 1982. Colombian Association for Population Studies (ACEP). 207 pp.
- 28- LEON, Magdalena (Ed.): III Sociedad, subordinación y feminismo. Debate sobre la mujer en América Latina y el Caribe. Bogotá: 1982. Colombian Association for Population Studies (ACEP), 267 pp.

- 29- MENDELSON, M. D., Robert S.: Male Practice. How Doctors Manipulate Women. Chicago: 1982. Contemporary Books, Inc. 219 pp.
- 30- MIES, María: Patriarchy and Accumulation on a World Scale. Women in the International Division of Labour. London: 1986. Zed Books, Ltd. 251 pp.
- 31- MIES, María et al.: Women: The Last Colony. London: 1988. Zed Books Ltd. 185 pp.
- 32- MOSER, C. - LEVI, C.A.: A Theory and Methodology of Gender Planning: Meeting Practical and Strategic Gender Needs, Gender and Planning Working Papers, No. 11, Development Planning Unit, University College London, 1986.
- 33- NELSON, Cynthia (Ed.): Women, Health and Development. New York: 1987 (1977). Cairo Papers in Social Science. 135 pp.
- 34- Nueva Sociedad (Magazine): Las mujeres: la mayoría marginada. Caracas: July/August 1985. No. 78. 170 pp.
- 35- Nueva Sociedad (Magazine): Ser mujer en América Latina. Caracas: January/February 1988. No. 93. 186 pp.
- 36- Nueva Sociedad - UNESCO: La mujer en la planificación y el desarrollo. Caracas: 1988. Publisher Nueva Sociedad. 193 pp.
- 37- OCAMPO, Silvia Vera: Los roles femenino y masculino. Condicionamiento o biología? Buenos Aires: 1987. Latin American Publishing Group. 249 pp.
- 38- PAN AMERICAN HEALTH ORGANIZATION: La mujer en la salud y el desarrollo, Washington, D.C.: 1983. Pan American Health Organization. Scientific Publication No. 448. 102 pp.
- 39- RATHGEBER, Eva M.: WID, WAD, GAD: Trends in Research and Practice. Ottawa: March 1989. International Development Research Centre.
- 40- ROGERS, Barbara: The Domestication of Women; Discrimination in Developing Societies. New York: 1983 (1980). Tavistock Publications. 200 pp.
- 41- SAU, Victoria: Un diccionario ideológico feminista. Barcelona: 1981. Icaria, Publisher. 277 pp.
- 42- SERGER, Joni - OLSON, Ann: Women in the World. An International Atlas. New York: 1986. Simon & Schuster/Touchstone Books. 128 p.

- 43- SEN, Gita - GROWN, Caren: Development, Crises, and Alternative Visions. Third World Women's Perspectives. New York: 1987. Monthly Review Press. 116 pp.
- 44- WARING, Marilyn: If Women Counted. A New Feminist Economics. New York: 1986. Harper & Row. 386 pp.