

## **NON-CONVENTIONAL INDICATORS OF GENDER DISPARITIES UNDER STRUCTURAL REFORMS**

Shobna Sonpar and Ravi Kapur

Structural adjustment refers to those economic reforms undertaken in countries with heavy burdens of international debt. Typically they involve lifting subsidies on food and other basic commodities, deregulation of local currencies, decreased investment in social services like health and education, denationalisation of state-sponsored production activities and shifting from production for domestic use to production for export. Diverse projections have been made as to the outcomes and differential effects by gender of such reforms. According to the Economic Agenda document prepared by the Coordination Unit for Women NGOs (1995), a futuristic nightmare is visualised for women where widespread unemployment will lead to economic insecurity and an increase in crime, where cuts in government spending and employment will mean worsening health services, less access to education, and deterioration in civic services. As jobs disappear and the cost of living rises, women will be forced to seek employment in insecure, poorly paid jobs and since gender relations at the household level governing the sexual division of labour tend to remain rigidly in place, women will be forced to work harder and longer hours. Girl children will be forced to give up their education or prospects for gainful employment in order to help their mothers with household maintenance. Rising food prices will mean poorer nutrition, especially for the female members of the family. The fallout will ultimately be on their health and well-being. It is thus held that economic reforms, by ignoring the crucial structural category of gender, interact with existing gender asymmetries to affect women in negative ways.

On the other hand, some have held that this doomsday scenario is, in fact, present reality and argue that some aspects of economic reforms hold promise for healthy change (Kishwar, 1996). It is true that the process has brought more women into the workforce. Whether this will have liberating and empowering effects for women ultimately, especially for those women whose options have thus far been limited by their confinement to the household sphere, remains to be seen. Certainly their well-being will be affected if their working outside triggers conflict in the home, and also if their work

burden has to stretch to include income generation in addition to their traditional tasks of household and family maintenance. Although the overall effects of SAP are difficult to distinguish because women in different sectors are affected differentially, it is clear that women are working longer hours in an effort to reduce the effects of rising costs of living and cuts in social service (Elson, 1994).

Economic changes interact in complex, far-reaching and sometimes unforeseen ways with gender relations. On one hand, the effects of economic changes are mediated by and assimilated into the prevailing sociocultural constructions of gender. On the other, they may actually create altogether new gender-related configurations for that culture. For instance, Vlassoff (1994) shows how economic development associated with agricultural growth in Maharashtra has enabled families to withdraw female labour from the fields thus enhancing their prestige and the woman's status within the home. This is consistent with traditional seclusion practices for women, especially those of high caste. But her confinement to the domestic arena actually reduces women's autonomy and power in the wider society. Bulow (1992), on the other hand, found that among the Kipsigis in Kenya, a previously classless, decentralised society with autonomous spheres of male and female economic and political activity has undergone a transformation into patriarchy in which men control the means of production and are the formal heads of households. Respect and reciprocity between men and women in the past has been replaced by women's economic dependence on men and men's fear that women may 'try to be bigger than men'.

An USAID study (Altmore, 1991) concludes that the gender differentiating impact of SAP follows three different scenarios. Theoretically, in countries where mobility, education and access to resources are uniform across gender, the impact on men and women will be equal. In those countries with practically no economic participation of women, like Pakistan, adjustment will not result in increased differentiation along gender lines. But in most African and Asian countries, the relative position of women will slide down despite their significant economic participation because this participation is invariably based on unequal terms. The gender gap in indices such as life expectancy,

literacy, and earnings have in fact increased from the sixties to the eighties in south Asia and sub-Saharan Africa.

### **Assessing Gender Disparity**

In 1995, the UNDP brought out the Gender Development Index (GDI) as a tool to capture gender inequality. It notes the inequalities between men and women on the same variables that make up the Human Development Index (HDI) related to the overall achievement in that society. These are the variables of education, health and income. It has been criticised on the grounds that by considering only three variables, it fails to take into account important dimensions such as the quality of community life, access to basic amenities and human rights. Dimensions which are particularly salient for women such as safety and security, household allocation of resources, unpaid labour, constraints imposed on mobility and on sexual and reproductive freedom by patriarchal ideology do not find any place (Hirway and Mahadevia, 1996). It is argued that rising incomes may not indicate improved status for women. Other variables that reflect women's subordinate status such as son preference, nutritional status or the sex ratio may not show positive change. Also some indicators may not differentiate at all income levels. For instance, while education and income may be high, there may still be a great degree of violence against women. Or in the urban middle classes, while there may not be overt gender disparities in provisioning for basic needs, dowry demands may show escalation. Similarly, the process of sanskritisation may lead to greater female seclusion and more rigidly defined gender roles even as the family prospers (Mukhopadhyay and Sudarshan, 1997).

Recognising the centrality of gender-based power imbalances the UNDP has clearly identified the movement towards gender equality as a political process. Its Gender Empowerment Measure (GEM) attempts to reflect this and consists of variables that reflect women's political participation, their access to professional positions and their earning power. A comparison of GDI and GEM yields interesting results. For example, countries like France and Japan are high on the GDI but lag far behind on the GEM.

Some developing countries like Barbados, Cuba, China have higher GEM rankings than developed countries like Japan, France and Spain. The GEM too is criticised on the grounds that it is based on only three variables and that it is built on a very narrow conception of empowerment. It does not include legal and human rights, nor does it reflect the ways in which cultural constructions of gender identity and the practices these entail disempower women. In discussing the lacunae of the GEM, Wieringa (1999) cites the example of the Caribbean country of Barbados which fares better than UK, Switzerland, Japan and France on the GDI and the GEM. Yet these ratings have not changed the gender ideology that views women as subordinate to men and which has become increasingly and overtly misogynist as women have advanced in education and work.

Gender issues related to power and subordination cannot be ignored. The distinction between women's practical and strategic interests is relevant here. Kabeer (1994) draws attention to the fact that this distinction helps to uncover the tensions between policies that attempt to meet women's practical needs by improving the concrete material conditions of their lives, and those that seek to transform women's position in an unequal society. While the former could serve as a starting point for challenging inequalities in some instances, in many others they act to preserve and reinforce existing inequalities. The distinction also helps to understand the resistance to and violent reactions against changes to the gender status quo.

From what has been said above it may be seen that if we want to assess the effect of structural adjustment reforms differentially on men and women, the conventional parameters used to measure gender disparity may not be enough.

### **Mental Well-Being, Life Quality and SAP**

Human well-being at both physical and mental levels is the ultimate goal of development. While there have been attempts to track physical well-being through measuring aspects like health and nutrition status, anthropometric data, and mortality rates, mental well-

being has been relatively neglected as an important aspect of the quality of life. The empirical literature does show it to be sensitive to psychosocial stress and of relevance to the concerns of this paper. There is clear evidence of gender differences in the nature and extent of psychological distress experiences.

According to the World Bank (1993), mental health problems and behaviour related illnesses, many of which are the result of conditions like poverty, exploitation, discrimination, unemployment and violence, account for about 42 per cent of the disability-adjusted life years lost. Desjarlais et al (1995) in their exhaustive coverage of the state of world mental health, note that in many parts of the world, economic progress and gains in longevity have been accompanied by an increase in social, psychiatric and behavioural pathology.

The economic reforms under structural adjustment have been known to result in increasing poverty for some peoples, mainly the poor and for women. Secondly, there is evidence that the gap between the rich and the poor has widened. These two factors are known to have important implications for mental health.

Decades of research find poverty to be a correlate of psychological distress and diagnosable mental disorder. In their authoritative review, Neuegebauer et al (1980) found that averaging across studies, psychopathology is at least two and a half times more prevalent in the lowest social class than in the highest. The association between poverty and mental health is not surprising when one considers that poverty imposes considerable stress on people while at the same time undermining many potential sources for social support.

It also appears that absolute levels of income may not be critical to mental well-being except at the lowest levels. Factors such as social status and power and the effects of social comparison may be more significant. In this connection, it is relevant to note that it is income distribution and not just mean levels of income in a society that is important. Seidman and Rapkin (1983) show that although the prevalence of mental disorder

increases in economic downturns, this effect is greatest in heterogeneous communities where recession does not affect everyone equally. Other studies cited by Diener (1984) show that communities with less equal incomes are less happy than those with more equal incomes. Thus feelings of distributive justice and relative deprivation, as well as rising aspirations when one sees people immensely better off than oneself, mediate the effects of income on well-being.

### **Gender and Psychopathology**

There is clear evidence that women compared to men, across all socio-economic levels, and across diverse societies, have a greater prevalence of psychological distress and clinical symptomatology than men do. In their review for the WHO, Dennerstein et al (1993) write of the greater prevalence of depression, phobias, somatisation disorders and anxiety-related disorders among women. Men on the other hand are more likely to suffer from alcohol and drug related disorders and more likely to have a diagnosis of anti-social personality. From their review of Indian studies, Kapur and Shah (1991) and Davar (1999a) conclude that women have a significantly higher rate of psychiatric morbidity. This higher psychiatric morbidity is found to be consistent across urban/rural background, religious and caste affiliation and socio- economic class. Depression has been found to be the most prevalent disorder in women all over the world and in India too (Nandi et al 1980; Kapur and Singh, 1983; Nolen-Hoeksema, 1987). Reviewing studies from across the world, Desjarlais et al (1995) find comparable results in Nigeria, Mexico, Uganda and Brazil.

There are strong arguments for a psycho- social etiology in accounting for the higher prevalence of mental distress in women. First, the so-called 'severe' mental illnesses such as schizophrenia and bipolar affective disorder show no significant gender difference in prevalence. Biogenetic factors are clearly implicated in these unlike the case of the depressive and anxiety related disorders in which prevalence rates are higher among women (Kapur and Shah, 1991; Nolen-Hoeksema, 1987).

Secondly, while prevalence rates for disorders are similar for boys and girls in childhood, the rates are differentially higher for females after puberty especially during the reproductive years (Davar,1999). This is probably related to the fact that these years are dominated for women by the need to follow culturally prescribed codes of conduct which are burdensome, oppressive, discriminatory, disempowering and restrictive. Interestingly, community surveys that include elderly women show a marked decrease in disorders after the age of 50 years for women whereas for men the rates of depression increase. Venkobarao (1989) in his study of geropsychiatric morbidity in a region near Madurai, explains this on the basis of loss of the self-esteem and personal power that accompanies lack of employment in elderly men. For women, the reverse may be true as they now have more control over family life.

Thirdly, there are many factors that characterise the everyday lives of women that taken together can account for their higher levels of mental distress. These factors include poverty, violence, sexist discrimination, women's lack of power and autonomy, their sex role socialisation, the nature of roles that women are expected to fulfil, and the stressful effects of role overload and role conflicts on them.

As described earlier, poverty is not only an independent risk factor for mental disorder but is associated with other factors that compound the risk. Poverty affects women more than it does men because of women's weaker fall-back status arising from their lack of access to and control of resources, and also because of their responsibilities to their children which are central to their identity and self-esteem. In her discussion of the mental health consequences of poverty, Belle (1990) points out that poverty undermines the ability to fulfil important social roles and such failure may be the conduit between experiences of poverty and depression. Thus for men, the financial strain of unemployment is compounded by their failure in the role of breadwinner leading to elevated symptom levels (Ross and Huber,1985). Through extensive interviewing, Wolf (1987, cited in Belle, 1990) found that negative social role identification such as 'bad mother', 'bad provider', as well as breaches of conscience that were necessitated by poverty ('I am a thief'), constituted many of the specific experiences that women reported

as having precipitated their depression. Poverty also exacts a toll on social support systems including on marriage bonds. Economically insecure women are also often trapped in unhappy domestic situations since they rely on these for services they cannot afford to buy such as childcare.

A growing body of evidence has implicated violence as a grave risk to mental and physical health. Violence is related to the development of a wide range of psychiatric problems including post-traumatic stress disorder and other anxiety-related disorders, depression, suicidal attempts, substance abuse and eating disorders (Brannon, 1999). Violence may be an important factor that accounts for the gender differences in depression [Cutler and Nolen-Hoeksema, 1991]. Childhood victimisation is especially harmful and the research points to the fact that child sexual abuse is far more common for girls than it is for boys. Data collected in India among school-going girls and middle class women reveal shockingly high rates of childhood sexual abuse (Ganesh ,1994; RAHI,1998; Purewal et al, 1999). Harris and Landis (1997) report that in the US, 35-51 per cent of mentally ill women report a history of child physical abuse and 20-54 per cent report a history of childhood sexual abuse. Purewal et al (1999)report that in their study of women attending psychiatric services, over 60 per cent reported experiencing violence prior to the onset of symptoms. Of the depressed women in the sample, 20 per cent had experienced child sexual abuse, 42 per cent had experienced domestic violence and 22 per cent had experienced sexual coercion. There is evidence too that everyday experiences of sexism such as sexual harassment are related to psychological distress in women and predict some symptoms better than do more general measures of stress (Brannon, 1999).

The role of power in household relations is an important issue in mediating psychological distress. In their study in Kota, Carstairs and Kapur (1976) found that the change from the traditional matrilineal to a patrilineal system was associated with stress for women compared to men because of the disempowering effects of the change for women. Davar (1999) concludes from the evidence that the role of 'housewife' and 'motherhood' have



been associated with high levels of distress primarily because they are high in demand and low in control.

Women's sex-role socialisation is also such that certain qualities that make for healthy adulthood (Broverman et al, 1970) such as independence, autonomy, assertiveness, and the development of instrumental competencies are actively discouraged. In reviewing the 'learned helplessness' explanation for women's higher rates of depression, Nolen-Hoeksema (1987) points out that women receive more helplessness training over their lifetime than men do and cites cross-cultural evidence that indicates that in many cultures girls are encouraged to be dependent on others, whereas boys are taught to be more self-reliant and active. From childhood through adulthood, females have many opportunities to learn that their responses do not control outcomes with obvious implications for their sense of self-efficacy and personal agency. Further, traditional femininity and success outside the domestic arena are often seen as opposed.

As a gender class, women are evaluated more favourably than men because of their nurturing qualities (Eagly et al, 1991) but these same qualities may also put them at risk. Davar (1999b) argues that women are at risk for mental distress because of their socialisation into being selfless 'carers', especially in situations where their subordinate status easily permits 'caring' to be exploited and abused. Women assume the burden of caring not only for children but for their husbands, elderly relatives and the sick, and typically provide more support than they receive.

The mental health effect of women's multiple roles is not a straightforward one but appears to be mediated by a woman's social support network, her coping style, and how significant each role is to her self-esteem. Many studies attest to the beneficial mental health effects of multiple roles. Many working women report a great sense of satisfaction from having an independent income and a work environment of some autonomy and control. However, power is a significant variable here. In India, Chakraborty (1990) found in her field study that women in higher positions of power experienced less distress than did those in lower positions. But for women in low level positions, the distress was

four times higher than for men in similar positions. This may be because their employment causes friction in the home, interferes with their household responsibilities, or overburdens them where domestic help and labour saving devices either cannot be afforded or are not used for other reasons. Another angle on household power relations comes from the interesting finding in studies in the west that while women who are employed may have fewer mental health problems, their husbands may not. The shift in power that accompanies wives' employment may be a problem for husbands (McBride, 1990; Brannon, 1999). The high rates of depression among housewives is partly accounted for by the fact that the housewife role usually combines high responsibility and work overload with low power which is a potent combination for depression and anxiety (Rosenfield, 1989).

Gendered effects on mental health are seen also in the salience of certain roles. For men, stress is related to work roles and the threat to their role as provider, whereas for women symptomatology is contributed to more by marital than by job-related stress, and their parenting role. There is general agreement that parenting contributes significantly to role overload especially since women feel responsible for the continuing well-being and success of their children and are often blamed when things go wrong (McBride, 1990).

In this connection it should be recognised that the burden of work and family maintenance for many women in the developing world is indeed arduous. The productive work that women do is usually unrecognised and the new economic policies have made women's labour even more invisible and increased their work burden to the point of affecting their health and nutritional status. According to Elson (1994), it is women who have had to be the shock absorbers of the SAP. The rigid sexual division of labour means that women continue to perform their traditional roles while also earning an income, thus working 12-18 hours a day. It falls to daughters to give up schooling in order to share the domestic responsibilities with their mothers and sisters.

Women's lack of authority, autonomy and 'bargaining power' also renders them without redress in the face of discrimination, exploitation and injustice. Further, as Connell

(1995) describes it, the cultural construction of femininity functions as a sort of 'cultural disarmament' of women's fighting-back potentials. The expression of distress and the negotiation of a better deal for themselves may therefore be quite indirect. In this connection, it may be useful to consider two specific types of disorder that are especially common among women compared to men in the developing countries, namely, dissociative disorder and somatisation disorder. Cultural perspectives on dissociative disorders - trancing and possession being common manifestations - suggest that these may actually be a kind of protest behaviour. Typically, when 'possessed', norms of proper modest female behaviour are violated, hierarchies are turned upside down in the demand to be treated as divine and criticism and abuse are voiced against those it would be impossible to criticise openly in normal circumstances (Lewis, 1986; Desjarlais et al, 1995).

Similarly, explanatory models of somatisation disorders suggest that it is a way of conveying distress among those with limited supports and limited opportunity to ventilate feelings (Nichter, 1982). Shah (1996) draws attention to the problem of somatisation among women in India and cites Isaac et al's (1995) study that found that 65 percent of their patients with unexplained somatic complaints were women. Ethnographic studies too reveal that where psychological pain is not realised as depression or anxiety there may be local 'idioms of distress' such as 'nerves', 'heaviness of heart' and so on. Such studies of 'nerves' in North and South America, the Mediterranean region, and in the Middle East consistently showed a higher prevalence among women (Davis and Low, 1989). Careful attention to the social and cultural meanings associated with these complaints often points to power conflicts in families and communities, and the experience of oppression and deprivation (Good and Good, 1982; Jenkins 1991).

## **Violence**

Violence towards women is found to be etiologically related to psychological disorders as described above. On one hand, it reflects gender asymmetries in power relations, and on the other, it is frequently a response to challenges to gender ideology. Finally, it is a

pervasive feature of women's lives as is shown below. Violence towards women may therefore be considered to be a sensitive index of their well-being and status.

Severe and ongoing domestic violence has been documented in almost every country in the past decade. In the western data, 21-28 per cent of adult women are battered in marital relationships (Maynard, 1993). Desjarlais et al, (1995) provide statistics from a range of studies showing shocking levels of domestic violence in many countries. Thus 60 per cent of a random sample of women from a low-income neighbourhood in Sri Lanka had been beaten, husbands killing wives accounted for 50 per cent of all murders in Bangladesh, one out of three women in Mexico is a victim of family violence, 50 per cent of women in Bangkok's largest slum, and about 60 per cent of women from both poor and elite groups in Papua New Guinea are beaten regularly. In India, Sriram (1991) reports that 35-60 per cent of women were battered by their husbands in Gujarat. Agnes (1988) reports that up to 3 per cent of women suffer gross assault. She also points out that domestic violence cuts across education and income levels, occurred in both joint and nuclear families, and was not necessarily related to alcohol abuse. In their community study of rural women and men in Karnataka, Batliwala et al (1998) found that far more women (61 per cent) than men (39 per cent) reported experiences of harassment or violence for various reasons. For women the greatest number of incidents of abuse occurred within the home at the hands of the husband or in-laws. Men, on the other hand, were more often involved in, or were victims of violent conflict with their own kin over property or money disputes. While the majority of abuse was nonphysical, women were substantially more often the victims of physical violence than were men.

Domestic violence resulting in death such as dowry deaths in India, and female infanticide in India and China deserve particular mention. Data based on national crime statistics and police records grossly underestimate the prevalence of violence. Even so, they present a shocking picture. For instance, dowry deaths in India in 1985 were 999, 1786 in 1987 and 5157 in 1991. Harassed women are also driven to suicide. In Gujarat alone, it is estimated that 2000 women committed suicide on account of domestic violence in 1989-90 (Mehta and Dighe, 1991). Other studies in India such as those of

Banerjee et al (1990) in West Bengal, Shukla et al (1990) in UP and Kodandaraman et al (1985) in Bangalore identify domestic strife and violence as the most significant reason for female suicides. While unemployment and other financial problems, and discord with parents are significant reasons for male suicides, family ill-treatment and violence are more significant in the case of female suicides. Desjarlais et al (1995) quote ethnographic data from Oceania, South America and China that corroborate the findings that domestic violence is directly related to depression and suicide.

According to Agnes (1988) the most common causes for domestic violence were arguments over money, alcohol and the wife's employment, jealousy and suspiciousness, rows over housework, disputes over children and over the husband's extramarital affairs, or were at the instigation of the in-laws. In Batliwala et al's (1998) community study of rural women and men in Karnataka, the majority of women reported the trigger to violence to be any act of theirs which the husband construed as disrespectful or disobedient, or a challenge to his authority or to the primacy of his family. Rows over the husband's alcohol use also triggered violence. Women were also beaten for being childless or for only giving birth to daughters. Sociological perspectives on violence such as resource theory and exchange theory have shown that power is based on resources and that violence is the ultimate resource for securing compliance. In his exchange/social control model of family violence, Gelles (1983) holds that violence will be used when the rewards are higher than the costs. The private nature of abuse, the reluctance of outsiders to intervene, and the low risk of any other intervention reduce the costs of abuse. The cultural approval of violence as both expressive and instrumental behaviour (for instance, in disciplining wives) raises the potential for violence.

But these theories are limited in that they do not take into account that domestic violence occurs in a context of institutionalised power asymmetry. Yllo (1993) argues that without a feminist lens in understanding violence, explanations are incomplete. The feminist coercive control model of violence identifies it as a tactic of entitlement and power that is deeply gendered. Support for this is sound. Gelles and Strauss (1988) found in the course of their extensive interviews that events around power and control were most frequently

at the core of events leading up to the use of violence in domestic situations in the U.S. Ethnographic studies suggest that in egalitarian societies such as in the Vanatinai islands, attacks on women are rare (Lepowsky, 1994 cited in Brannon, 1999). Gelles (1993) quotes research that shows how researchers using different methodologies on different populations all found that gender inequality explains variations in the prevalence of violence towards women. He cites a study in Papua New Guinea that contrasts the explanatory power of competing theoretical models of violence, namely, the social disorganisation model and the gender inequality model. Using in-depth interviews and questionnaires, it was found that although modernisation in Papua New Guinea did produce new pressures, expectations and changes in women's support system, the underlying explanation for the abuse of women was the husband's perceived right to control his wife and a social structure that legitimised the exercise of this right. Parallel results were found in an analysis of data from 50 U.S. states. Although social disorganisation does contribute to domestic violence, the greater the inequality between men and women, the greater the violence. Similarly, using an ethnogender approach in her study of marital violence among South Asian immigrant women in the U.S., Abraham (1998) found that the high levels of such violence was related to the need of South Asian men to uphold traditional values of male dominance and female subordination and to enforce traditional scripts of female roles in terms of perfect and self-sacrificing homemakers and care-givers.

Sexual violence against women is also of frightening proportions. It is estimated that the prevalence of women being raped across the globe is approximately 20 per cent (Koss, 1993; Goodman et al, 1993). Rape is grossly under-reported for obvious reasons. Yet in discussing the mental health of Indian women, Mane (1993) reports that in 1990 there were 7,856 cases of rape reported, 16,683 cases of molestation, 9,625 cases of eve-teasing. Desjarlais et al (1995) give an account of the female sexual slavery widespread in Asian countries including India, Nepal, Thailand, Philippines and Burma. Blaming and stigmatisation are particularly common in cases of rape and in countries where the ideology of purdah and izzat are extreme, victims of rape may be killed by male family members for being spoiled and thus bringing dishonour to the family. Nearly half the

rural women in Batliwala et al's study (1998) reported a sense of insecurity and fear of sexual assault. They also feared having their reputations sullied by gossip about their sexual morality. The powerful effects of the ideology of shame and honour are evident.

Brannon (1999) reviews recent research on sexual violence and concludes that rape is not the act of pathological men but is the action of men behaving in ways that their culture allows and maybe even encourages. Acceptance of rape myths (rape is provoked by women, women secretly enjoy rape, etc), acceptance of interpersonal violence, desire for dominance, and hostility towards women are all factors known to be related to the appeal of sexual aggression. She cites Malamuth (1996) who predicts sexual aggression based on two variables, namely, high levels of uncommitted, impersonal sex, and hostile masculinity (hostility toward and desire to dominate women).

It is important to also recognise that since women's chastity and sexual exclusivity are symbols of male status and family/community honour in patriarchal societies, women became inevitable targets of sexual violence in conflict situations (Das, 1997). Sweetman (1998) draws attention to the increase in male violence towards women in times of conflict, in militarised societies and upon challenges to gender ideologies of female subordination. 53 per cent of her respondents in Lesotho were beaten by their husbands and all reported an increase in such violence after their husbands' retrenchment. As the proportion of income women brought into the home increased, so did the domestic violence. She cites the work of Rowlands (1997) who showed that in Honduras, challenging the traditional sexual division of labour and gender ideology without recognising the strength of male resistance to such change can have tragically violent consequences for women.

In summarising the evidence, Davar (1999a) concludes that violence towards women is not a clinical problem but a social problem arising from a context where unequal power relationships and entitlements are legitimised and used to enforce subordination. Male violence generates a climate of fear which then regulates female behaviour in ways that perpetuate the status quo. An important point she also makes is that in the Indian context,

violence towards women is more aptly described as patriarchal violence rather than as male violence towards women. This is because women are victimised by men as well as by other women for patriarchal ends. Thus dowry harassment and murder frequently involves mothers-in-law. Other examples are the practice of sati, son preference, and the devdasi systems. In examining attitudes toward wife beating, Batliwala et al (1998) found that in this area women seemed to be more ardent upholders of male rights than men themselves with 70 per cent of women stating this to be the husband's prerogative while only 44 per cent of men did so.

To summarise the above, it appears that:

- a) there is a significantly greater prevalence of psychological distress and psychiatric morbidity, particularly of depression and anxiety-related disorders, among women compared to men.
- (b) given the social origins of much of this distress, this higher prevalence may be taken as an indicator of the status of women in society.
- (c) the prevalence of violence towards women is clearly reflective of their status in society. It not only occurs as a symptom of gender inequality, but is also a response when male domination is threatened.

It is important to note that the relationship between prevalence rates of psychiatric disorder and the mental health of a group is a complex one. The literature on subjective well-being testifies to this. The empirical literature shows only a very small correlation, if at all, between 'ill-being' and 'well-being' indicating that these are not the two poles of a single dimension but are two separate dimensions (Diener, 1984; Sell and Nagpal, 1992). Secondly, it is to be noted that the process of psychiatric assessment and diagnosis is not itself without gender bias. This is partly because mental health professionals may not be free of gender stereotyping in their practice (Addlakha, 1996), and secondly, because the psychiatric classification systems, i e, the ICD and DSM, are not free of gender bias either. Davar (1999a) and Caplan (1995) have exhaustively discussed these issues. Thirdly, there is some literature that suggests that men too suffer comparable degrees of



distress but deal with their distress in a different style manifesting in higher rates of alcohol and substance abuse. This is discussed in a later section.

### **The assessment of psychological well-being and distress**

A number of instruments ranging from elaborate semi-structured interview schedules to brief self-administered questionnaires are available which assess different aspects of mental health and distress. These have been used in psychiatric epidemiology and in research on stress and well-being. A widely used tool in survey research is the General Health Questionnaire (GHQ) developed by Goldberg (1972), a questionnaire that has found application in a variety of psychiatric and nonpsychiatric contexts, and has been translated, revalidated and used in many countries including India. In their review of survey instruments that would enable public health specialists measure the psychological health and well-being of a population, the GHQ was found to be highly valid and sensitive when the focus was on nonpsychotic and nonorganic mental disturbance (Bartlett and Coles, 1998a). It has been used in many studies related to the economic situation, occupation and unemployment (Strandh, 2000; Warr et al, 1988; Banks et al, 1980). The GHQ is available in several versions of varying length. The 12-item GHQ has the advantage of brevity and hence convenience of administration and scoring. It is also as sensitive and valid as are the longer versions. It consists of the 12 "best items" of the original 60-item questionnaire, that is, those items that were most discriminating in determining clinical status and were not endorsed by a physically ill control group. In India, the 12-item GHQ has been validated against the Indian Psychiatric Survey Schedule and has been found to demonstrate excellent sensitivity and specificity, that is, it is able to accurately identify the presence of psychological disturbance with few false negatives and false positives (Shamsunder et al, 1986). Each of the 12 items of the questionnaire has four possible response choices. The scoring is simple, the total score being a summation of the score on each item. In surveys, the GHQ can be used as a dimensional measure of psychological disturbance and can also be used to identify a "case". In the former situation, the total score is used to indicate the degree of psychological distress. In the latter situation, a threshold score is used so that persons

scoring above the threshold are identified as potential psychiatric cases. Thus, for the 12-item GHQ, the recommended threshold score is 2 and above.

In order to assess the psychological well-being of a population, it is useful to include both positive and negative aspects in order to get a complete picture. As mentioned earlier, this is a concern since there is some evidence that psychological distress and well-being are two separate dimensions and not the two ends of a single dimension. However, as Bartlett and Coles (1998b) point out in their assessment of well-being instruments, the positive scales are not as well validated as are the negative (ill-being) scales. It is also of interest that the differences in psychological health of different socioeconomic groups pertain to differences in ill-being or mental distress. Nagpal and Sell (1985) found that there is little difference among socioeconomic groups on the positive dimension of well-being. They posit that the negative aspect of distress or ill-being is more sensitive to the effect of situational adversity. Further, they predict that a significant impact on the positive factors would herald a more serious problem like chronic demoralisation or anhedonia (Sell and Nagpal, 1992).

The Subjective Well-being Inventory (SUBI) developed by Sell and Nagpal (1992) attempts to address this issue by including both positive and negative aspects. It consists of a 40-item questionnaire, each item having three response options. It yields a total score as well as sub-scores for the positive (well-being) and negative aspects (ill-being). Its validity has been established through factor analysis. Factor analysis over different samples, in different languages, and in different parts of India show a good degree of stability of factorial structure. There are 11 factors, namely, general wellbeing - positive affect, expectation-achievement congruence, confidence in coping, transcendence, family group support, social support, primary group concern, inadequate mental mastery, perceived ill-health, deficiency in social contacts, and general well-being - negative affect.

We now come to discuss those variables that concern the power relations between the sexes and the social mechanisms that uphold and enforce gender inequalities.

## **Empowerment**

Since gender inequality is inextricably bound up with power relations, the empowerment of women has been seen to be the goal of efforts to reduce such inequality. Although empowerment has been a buzzword in developmental circles, the concept has been used in so many different ways by different agents that it remains ambiguous. Definitions of what constitutes empowerment have ranged from the development of personal instrumental competencies and skills, to the process of challenging existing power relations, to household decision-making, to gaining access and control over resources like credit, income, land, knowledge, etc, as well as to subjective variables like the sense of personal power or self-efficacy. Conceptualising power and gender adequately entails understanding its multidimensional nature, the complex ways in which women experience subordination, and the ways in which they negotiate or manage this state of affairs. The multidimensional nature of power suggests that empowerment must take place at different levels and in various spheres.

In a useful analysis of women's empowerment, Kabeer (1994) draws on Lukes' (1986) three dimensions of power to discuss the issue. The first dimension, the 'power to', is closely associated with decision-making over issues over which there is observable conflict. Here power is seen as the capacity to affect outcomes. This is the kind of power that is examined in studies of household decision-making or the effects on such decision-making for women who earn an income. The second dimension shifts from the interpersonal to the institutionalised basis of power. This refers to the 'power over', whereby one group manages to suppress certain conflicts by denying their validity. Hence they are not even put on the decision-making agenda. For example, the assignment of household and childcare responsibilities is so deeply institutionalised that it appears non-negotiable. The third dimension of power recognises that conflicts of interest may be suppressed not only from the decision-making agenda, but also from the consciousness of the parties involved. Here both the dominant and the subordinate parties subscribe to accounts of social reality that deny that any inequality exists. This formulation of power is concerned with ideology, and with the sociocultural constructions and patterning of

behaviours. It prevents conflicts between dominant and subordinate groups by shaping attitudes, wants, needs and preferences in such a way that both accept the existing order either because they can imagine no alternative to it or because they value it as divinely ordained or beneficial. Feminist analysis has shown how social rules, norms, values and practices play a crucial role in concealing the reality and pervasiveness of gender inequality and in defusing gender conflict. For instance, the reverence of mothers and motherhood conceals, and also serves as a rebuttal, of the evidence of the exploitation, devaluation and oppression that women face.

Women's experience of gender subordination is therefore complex. Women may not necessarily be aware of, or desire to realise their 'strategic' gender interests. This may arise out of women's socialisation into patriarchy thus creating in them a 'false consciousness'. Or it may be that the restrictions on their mobility and experience prevent them from knowing other ways of being. Or they may be aware of the circumscribed nature of their lives without knowing what to do about it. Thus in South Asia women often describe themselves as frogs in a well or like oxen blindly turning the grindstone.

Understanding power and gender also means having to recognise the trade-offs that women make in order to cope with their dependent, subordinate status. They may subordinate their personal well-being to that of male authority in order to ensure long-term security. Jeffery and Jeffery (1996) discuss the issues of empowerment and agency through extensive narratives of women's everyday lives in rural North India. They suggest that women have stakes in the system and may prefer to make 'patriarchal bargains' (Kandiyoti,1988). The obedient wife could usually expect her husband to provide lifelong economic support and the compliant daughter-in-law could expect her situation to change with her seniority. They saw women evidence agency in various guises, including in ways that upheld the status quo rather than challenged it. Acts of resistance were indirect, for instance in their songs. Fear of shaming, gossip and ostracism and of losing home and children deterred them from open defiance. The authors also note the difficulty they had in finding satisfactory translation of the ideas bound up in 'agency' and 'autonomy'. They found that terms such as *ikhtiyar* (power,

right, authority), *zimeddar* and *mukhtar* (free agent, empowered) were not necessarily positively valued by women. It was not that women could not visualise having these qualities. Rather, such attributes could entail costs for those without much power since their initiatives could easily be blamed, punished or seen as shameless or immodest. Taking the argument a step further in her discussion of women of the Mukkuvar fishing community, Ram (1992) suggests that we need to consider how cultures also produce a subjectivity and a positive identity which have a stake in the current system despite experiences of subordination, devaluation and exploitation.

Two dimensions of gender inequality warrant further elaboration following from the above. One is that of gender identity and gender roles especially as these contribute to the maintenance of gender inequality. The second area, which has not been addressed thus far, is that of the self, and of personal power or self-efficacy.

### **Self, Self-Efficacy and Empowerment**

#### ***Relational self and the ethic of care***

A number of workers attest to the importance of the sense of self to empowerment. For instance, Schuler and Hashemi (1993), from their observations of, and interviews with, women in empowerment-related projects in Bangladesh delineate a list of indicators beginning with the personal and subjective elements of the sense of self to more externalised and collective aspects. Yet there is a paucity of theorising of women as subjects, of their sense of themselves and their sense of agency. Two aspects related to the sense of self that characterise women, namely, the relational self and the ethic of care, have implications for empowerment.

Kapadia (1999) inquires into the self-experience of women in India and the implications for empowerment. Her inquiry is concerned with the notion of the relational self (as contrasted with the autonomous self) which describes the predominant pathway of self-development in many non-western cultures, and in women across cultures. The self of women is defined through their relations with others and their roles as daughters, wives,

mothers, daughters-in-law (Parikh and Garg, 1989). Using narrative methodology in a longitudinal study based in Orissa, Seymour (1999) interviewed many mothers, daughters and grandmothers of the same family and found that the women saw themselves through the prism of changing roles and 'responsibility' so that their identity and personal development could not be understood separately from roles and role transitions. Kapadia (1999) found that the self-esteem of women is located in the achievements of their significant others and in their success in carrying out their role prescriptions. She notes that negotiating for personal power in the family can be fraught for women: it could lead to conflict, evoke allegations of irresponsibility and selfishness, threaten to damage or destroy their relationships and thereby their self-worth.

Interwoven into the relational self is the ethic of care, a moral orientation that predominates among women. Men, on the other hand, predominantly use the justice orientation. Drawing on Gilligan's (1982) work on this gender difference in moral development, Davar (1999b) argues that while the care orientation may represent a superior morality for human society as some feminists have maintained, it costs women dearly in an unequal society. Where gender inequality prevails, it is economically and otherwise profitable for men to have a class of people to serve them under the rubric of care. Women are not only socialised into the care ethic but discouraged from negotiating for justice. They thus compromise on issues of self-interest, rights and entitlements. They are also more vulnerable to the moral affects of shame and guilt that belong to the care ethic, and consequently, perhaps, to depression.

Kapadia (1999) concludes that empowering women may entail helping women to redefine the sense of self and include a caring niche that creates space for self as well as others. She cites Kagitcibasi's (1996) Turkish work on the autonomous-relational self. According to this model, each individual has both a relational and an autonomous self. This then means kindling and unravelling a woman's autonomous self in order to empower her. The above discussion raises questions as to how women define themselves outside a social role-definition or outside the caring function, whether there exist spaces

where women can exercise the autonomous self and which give scope for the play of personal desire.

### *Self-efficacy*

Personal power is related to self-efficacy in that people who have personal power actively engage in their world and know both how to get what they want and believe that their actions can lead to desired outcomes. Albert Bandura who first formulated and researched this construct, holds that among the mechanisms of agency, none is more central or pervasive than people's beliefs in their capabilities to produce given levels of attainment. Perceived personal efficacy influences the choices that people make, their aspirations, how much effort they mobilise on a given task, how long they persevere in the face of difficulties and setbacks, whether their thought patterns are self-aiding or hindering, the amount of anxiety and stress they experience in coping with threatening or taxing situations, their vulnerability to depression and resilience in adversity (Bandura, 1992). Self-efficacy operates as a resource factor in the appraisal of stress so that people with high self-efficacy are buffered by this in their experience of stress whereas those with a low self-efficacy appraise such situations as highly threatening (Jerusalem and Schwarzer, 1992).

Bandura and Busey, (undated), in their discussion of gender role development and functioning, review research that shows that gender role identity and self-efficacy are linked. Thus, women who take a more egalitarian view of the role of women display a higher sense of efficacy for traditionally male occupations and pursue these careers more often. They thus construct different identities and futures for themselves. On the other hand, women who see themselves as highly feminine also see themselves as less efficacious in mastering the educational and job requirements of traditionally male gendered occupations even though they do not differ in actual tested ability. Thus, gender identity can be an impediment to achievement. They also discuss research on stress that showed that women in employment who had a strong sense of coping efficacy (in terms of being able to manage the multiple demands of family and work, to exert influence over

their work schedules, and to get their husbands to help with child care) experienced a lower level of physical and emotional strain, good health and a more positive sense of well-being. This held true across income levels, occupational workload, and division of childcare responsibilities. Other studies show that what is experienced as an occupational stressor depends partly on the level of perceived efficacy. Women employees who have a low sense of personal efficacy are stressed by heavy work demands and role responsibilities. In contrast, those with a high sense of efficacy are frustrated and stressed by limited opportunities to make full use of their talents.

People's beliefs in their efficacy develop out of experiences of mastery, that is, from experiences where their actions have led to desired outcomes. It has been discussed in an earlier section how the socialisation of women provides ample opportunity to learn to be helpless. In its extreme form, the learned helplessness model helps explain what is called the battered woman syndrome (Walker, 1993). Vicarious learning through social modelling - seeing others similar to oneself succeed by sustained effort - raises one's beliefs in one's own efficacy. This is one important reason for the success of collective action and participation in women's groups in the empowering of women.

### **Gender Identity**

Various strands in the above discussion have suggested the significance of gender identity. This is because the construction of masculinity and femininity, and the ideology of gender-relations characteristic of a culture, act as powerful organisers of behaviour. Failure to observe culturally valued and gendered prescriptions for behaviour can lead to social disapproval and even punitive social reaction. It also leads to self-doubt, guilt and shame since these values are deeply internalised and become core regulators of self-esteem. This helps to understand how women are co-opted into systems that oppress them. A case in point is Batliwala et al's (1999) finding that endorsement of wife-beating as a husband's prerogative was present in a substantial number of rural women in Karnataka, more so than among men. Similarly, Datar's study (1995) of women tobacco workers in Nipani presents a revealing account of how gender identity is constructed



around the idea of the 'good' woman, that is, the '*sowbhagyavathi*' who remains devoted to her husband despite ill-treatment, and the 'bad' woman who is husbandless, independent and sexually free. This despite the fact that Nipani is a town where most women are employed, whereas few men find employment and hence migrate out. Women continued to determine the status of other women in terms of her sexual relations with a man, and divisions among women-workers were most damaging to their union-related activities when such discord was sparked off by sexually derogatory comments on morals. These women also chose to marry off their daughters as early as possible and demonstrated a preference for having sons. This was so despite their own experience of ill-treatment at the hands of husbands and sons.

Cultures differ in what specifically constitutes the ideal gender roles for women and men. For instance, in India, Bangladesh and Pakistan, the ideology of shame, honour and purdah prevail, and control of women's sexuality is a major issue. In Thailand, however, a very different situation obtains. Both are oppressive to women but the oppression arises from different facets of how gender roles are constructed in these cultures. Pyne (1999) discusses how the traditional Thai woman possessed substantial autonomy; she participated in agriculture and in trade, oversaw household finances, selected her own spouse and brought him to live with her family, and inherited property equally with her brothers. Economic value was attached to the birth of daughters since it implied a bride-price and security in old age for parents. The Thai woman is both valued for, and burdened by, her strong sense of duty to her parents, husband and children. Pyne argues that the economic transformation of Thai society in the past 20-30 years has, in fact, built on women's traditional mobility, greater economic responsibility for family care and maintenance, and less stringent attitudes toward sexuality. Their autonomy and relative sexual freedom have been exploited without effort's to help them meet their traditional responsibilities to their family in alternative ways. Thus the disempowering aspects of gender roles may vary from culture to culture.

### *Control of mobility, sexuality and reproduction*

In countries like India, Pakistan and Bangladesh, the degree of control women have over their sexuality and reproduction, and the degree to which they are subjected to seclusion practices may be seen as core indicators of their status since these are fundamental to their subordination in these patriarchal societies. Anthropological work has shown how women's bodies and their sexuality are given meaning in the cultural ideologies of purity and pollution, shame and honour and purdah (Mandelbaum, 1988). Central to these ideas is the notion of good women as being mothers (less so as being wives) and of female sexuality as being easily aroused, uncontrolled, insatiable and dangerous and likely to bring shame to the family if not tightly reined. Women's mobility is therefore restricted because they may be in danger of upsetting the patriarchal order. To a greater or lesser degree and with some local variations, this seems to be true in India, Pakistan, Bangladesh and Sri Lanka (Mandelbaum, 1988; Ahmed and Ahmed, 1981; Nath, 1981; Risseuw, 1991). Examining the basis of the subordination of women in early Indian society, Chakravarty (1993) argues that the central factor was the need to have sexual control over women to maintain patrilineal succession and caste purity. The sexuality of higher status women is subject to more restrictions since they are points of entrance for social climbers and hence their sexuality is more important to guard.

The ideology of shame and honour are important ways whereby women's sexuality is controlled and women are co-opted into these same values. For instance, an ethnographic study in a Karnataka village shows how women's gossip serves as a powerful social control mechanism regulating female conduct and sexuality (Niranjana, 1999). It reinforces socio-moral boundaries by emphasising the spaces and behaviour appropriate to a 'good woman' even at the cost of blaming women for the lapses of men.

Guzder and Krishna (1991), using case studies from therapy practice discuss how traditional cultural ideals reinforce a feminine identity which serves familial and social ends. Women are identified primarily in the wife and mother roles, with Sita being the ideal of Indian womanhood. Singh and Uberoi (1994) in their analysis of the writing in a

popular women's magazine, show how such writings are ideological productions that serve to reinforce women's position of structural and emotional subordination and dependence. These writings extol the virtues of adjustment and compromise on the part of wives as the key to marital felicity and warn that if adjustments are not made in time, marriages will fall signifying the woman's failure as a wife and consequently, her lack of worth.

Regarding rape, Vishwanath (1997) discusses how women's feelings of shame at their bodies is located within a certain discourse that allows men to violate women's bodies and throw the blame back at women. Male sexuality is portrayed as lust-driven and easily tempted, so that the blame invariably must lie with the woman - she is bad, and by not conforming to the behaviour and roles that patriarchy prescribes for her, she is legitimate prey for sexual violence. Feminists have tried to show that there is a link between shame and sexual violence. For instance, the Hindi work for rape, '*balaatkar*', is rarely used, the more common phrase being '*izzat lootna*' which places it within the discourse of shame and lost honour. This is why feminist activists teach women to reject the feeling of shame and guilt that accompanies sexual assault and to assert instead that a crime has been committed against them.

Such gender ideology has led to various practices. First, it accounts in large measure for early marriages leading to high fertility with consequent deleterious effects on infant and maternal health and morbidity. The early marriage of girls is seen as imperative so as to guard *izzat* ensuring that they do not stray sexually. Secondly, fertility rates are increased by the need to prove fertility and to acquire status as mothers. Thirdly, the preference for sons leads to pressures to reproduce until male offspring appear, and leads to the practice of female foeticide and infanticide. Many studies have shown that women are most vulnerable if not fertile or if they have no sons. Son preference is the single most common reason for not using birth control. It is also the most powerful reason for the sex ratio. Fourthly, women have little control over determining the size of their family or the use of birth control (Batliwala et al, 1999; Mukhopadhyay and Savithri, 1997; Jeffery and Jeffery, 1996). Fifthly, women who are unable to reproduce are stigmatised and ill-

treated for their failure to perform their reproductive duty even if it is the husband who is infertile. Sixthly, they have no rights or control over sexual relations with their husbands. Their right to satisfying sexual lives simply does not arise and they are expected to perform their conjugal duties without complaint. Ironically, while women cannot decide the number of their children nor whether to use birth control, once they have satisfied their husbands and in-laws as to the number of children, it is they who have to take the onus of preventing further births. Finally, women's physical mobility is restricted to varying degrees in accordance with seclusion norms. As described earlier, these practices embody the ideology surrounding shame, honour and pollution. These restrictions are the major cause for girls leaving school and for women being unable to work outside the home. They limit their access to health care, to social, informational and business networks and prevent them from seeking redress in the face of injustice or to fight for their entitlements and rights (Agarwal, 1994; Mies, 1982).

### ***Household work and the sexual division of labour***

Developmental efforts rarely challenge the idea that domestic work and the day-to-day tasks of family maintenance must be done by women nor do they promote men's participation in household chores. Industrialised nations have seen a shift in men's participation in housework and in childcare but the acceptance of this shift differs widely among both men and women, as does the perception of the amount of such work actually performed by men. Men's participation in these chores is also associated with the development of modern technology. It is difficult to promote the idea that men can and should do 'women's work' since the work itself is seen as having low value and women are seen as being inferior.

Risseuw (1991) elaborates on this point in describing how women in Sri Lanka do the lowest, most repetitive and dirty tasks in the home as well as in the coir industry. When men participate at all in household work, this would not be on a regular basis nor would it involve tasks that were a drudgery to perform, nor would they do the tasks that restricted them to the compound. Thus gender hierarchies clearly operate in the sexual division of

household labour so that women do the menial work, work that is done by servants should a family be able to afford this. Men seen to do 'women's work' risk ridicule and may be seen as wanting in manliness (Sweetman, 1998). The rigidity with which gender roles concerning housework and childcare are maintained, and the tolerance for deviations, may be useful indicators of gender inequality to consider.

While there is some recognition of the centrality of the above areas in studying gender disparities, the difficulty lies in operationalising them for empirical study. Structured questionnaires may not reveal the subtle workings of gendered power within families. As Kabeer (1994) points out, it may be the silences and absences within the research encounter, the information that is withheld rather than volunteered, that signal the presence of disempowering relations. The use of qualitative methods of research may be significant here. A household survey may not be able to capture these elusive variables. Yet, three possibilities suggest themselves in this regard. First, it may be possible to identify the behavioural practices that reflect those aspects of gender ideology and identity that make women subordinate (for example, early marriage, fertility, son preference, purdah practices, restrictions on mobility, decision making within the household, rigidity in the sexual division of labour, and so on). Researchers have usually worked along these lines. Secondly, it may be possible to assess attitudes among women and men such as attitudes towards female education, towards widows, towards wife-beating, towards those who transgress gender boundaries of behaviour and role such as single women, and so on. Thirdly, differences in socialisation practices and in visions for the future of their sons and daughters could also throw light.

### **Assessing Women's Status: Examples**

There have been attempts to assess women's status as outlined above and, in order to illustrate, two such attempts are described below. Wieringa (1999) describes a measure called the Gender Equality Index that is in the process of being developed by researchers at and around the Institute of Social Studies at the Hague. The measure aims to provide a global measure of the status of women based on the power differences between men and

women in any society. It consists of eight dimensions, each of which is to have indicators that are culturally relevant. The dimensions are gender identity (reflective of gender ideology such as rigidity of sexual division of labour and tolerance of transgender practices), autonomy of the body (as reflected in incidence of gender based violence, and control over sexuality and reproduction), autonomy within the family and household (as reflected in freedom to marry and divorce, decision-making power within the household), political power (in terms of decision making in municipalities, unions, government, and proportion of women in managerial positions), access to social resources ( such as health and education), access to material resources (such as lands, houses, credit), employment and income dimension (in terms of gendered wage differentials, relative distribution of paid and unpaid labour), and time use (particularly relative access to sleep and to leisure).

The measure is promising and especially valuable in that it takes cognisance of the fact that the experience of inequality and disempowerment is multidimensional, and also of the significant role played by gender ideology in maintaining gender inequality. This dimension can include indicators that are culturally apt. Secondly, it recognises the centrality of the body and sexuality in issues of empowerment. Thirdly, it is concerned with the household, an arena that has been seen as the last bastion of gender inequality, and includes resource allocation and domestic violence. Indicators on these dimensions, when considered along with the more conventional indicators, may help to diagnose where the crux of gender inequality lies in different societies.

In assessing the status of rural women in Karnataka, Batilwala et al (1998) use a conceptual framework that focuses on women's access to, and control over, resources that confer power at individual, household and societal levels. Seven broad parameters are studied: women's control over their labour and income, women's access to public resources, women's control over private assets and resources, women's control over their bodies, women's control over their physical mobility, women's access to and control over political spaces, and. women's access to rights and legal redress. Gender identity is not directly assessed but is reflected in some behavioural practices as well as through studying some attitudes.

## **Gender Disparities and Men**

Emerging from critiques that examine the gendered effects of structural adjustment, and the recent focus on men as equally gendered beings, gender relations have come into focus. The inclusion of men and masculinities in gender studies is argued for on the grounds that by recognising their gendered identities we dethrone men from claims to represent normative humanity. Also there is a gender analytical need to understand male gender identity in more satisfactory terms than the crude stereotypes of pampered sons and tyrannical patriarchs and, of late, of irresponsible layabouts (Jackson, 1998). In order to work towards egalitarian feminist goals, gender analysis has to be rigorously applied to both men and women so as to understand men's participation in daily life, the sexual division of labour, and the enduring puzzle of why women put up with male domination, or of how women, as agents, come to perceive their interests as partly served by male domination (Sweetman, 1998; Jackson 1998). It is needed to understand, for instance, why women and men may have a vested interest in keeping up the illusion of traditional gender roles when the reality is otherwise. Thus among Lesotho women in Africa, predominantly wives of migrant miners, Sweetman (1998) found that they concealed their participation in income generation in order to maintain their relationship with the husband since this offered the best chance of survival and stability in the long term. Further, following retrenchment of the miners, domestic violence increased as women began to bring in more income. Not all beaten women condemned the violence; some explained it as an understandable reaction to unemployment. While it is clear that women need to be aware of the unacceptability of violence against them, the author argues that social policy must also respect the wish and need of women to live safely alongside men and that development must promote changes in male gender identity and in the construction of male gender roles. Taking another relevant example, the need for greater freedom of reproductive choice for women has led to the exclusion of men from the processes of reproductive choice and has in fact promoted gender inequality in reproductive responsibilities and costs. It is also to be recognised that men have practical and strategic gender interests which may, or may not, coincide with those of women. Since men have interests, and are powerful, gender planning must be as explicit about men's interests as it is about women's interests (Thin, 1995).

The burdens of the male gender identity have of late come to the fore with the growing focus on men and masculinities. It is argued that the difference in the prevalence of psychopathology among men and women is a methodological artifact of the way that symptomatology has been classified in psychiatric classification systems. They contend that both men and women are equally stressed but that men tend to externalise their suffering through substance abuse and aggressive behaviour, resulting in an under-reporting of psychological distress in the form of 'felt' disorders such as depression and anxiety. The disability-adjusted life years data tabulated by the World Bank reflect these differences. While depressive disorders account for about 26 per cent of the disability from neuropsychiatric disorders among women but only for about 10 per cent among men, alcohol and drug dependence account for about 26 per cent of the disability for men but only for about 6 percent for women (World Bank, 1993). Brannon (1999) reviews research evidence and reports evidence of the association between drinking and depression among men who are social drinkers as well as those who are problem drinkers. These studies indicate that many men drink to relieve negative mood states. She also cites a study by Horowitz and White (1991) which found that depression at age 21 was significantly related to alcohol problems at age 24 for men but not for women. Thus men may tend to use the strategy of drinking to cope with stresses which then puts them at risk for problem drinking.

Connell (1995) in his discussion of hegemonic masculinity also discusses its oppression of men who do not fit the mould. It is seen too that patriarchal systems, while favouring men over women, also favour senior men over younger ones in a hierarchy that demands subservience, obedience and respect from those lower in the hierarchy. Seymour (1999) describes several longitudinal ethnographic studies in India which indicate that men are increasingly demanding more autonomy and control in the family. Thus conflicts between sons and senior male family members are becoming more overt. In some instances, this 'rebellion' is accompanied by more zealous control of women in an attempt to compensate for the challenge to tradition.



A central aspect of masculine gender identity is that of being the provider. Men do indeed experience shame at their failure to protect and provide for their families and depression is high among unemployed men. A high commitment to the breadwinner role can be a source of strain for men. Working in a Kenyan community, Silberschmidt (1991) found increasing alienation and mental illness as men lost their positions as breadwinners and community decision-makers thus experiencing a lack of fit in their conception of manliness and the external reality. In his study of the lives of labourers in India, Breman (1996) found that poor working men were clearly concerned about their obligations as fathers and as providers and documents their shame and pain at not being able to fulfil this aspect of their gender role. Secondly, the work that most of these men had to do was back-breaking - stone quarrying, road construction, salt making, brick making - many could not keep up and burned out. The codes of manliness within such work prescribe that the men take up the work that is particularly onerous and hazardous while women act as helpers, even though women's work is very demanding too. Consuming alcohol is seen as necessary to numb the exhaustion of extremely hard work. Thus among the working poor in India, it is possible that the responsibility of provider inherent in the ideas of manliness, entails both possibilities for domination as well as risks for self-exploitation, and high mortality and morbidity. These ideas are echoed in Jackson's (1998) discussion of male gender identity where she shows how ideas of manliness link up with the nature of work. She points out that while one indicator of effort in work is the time it takes to perform, the indicator that looms large in local discourses is that of the strength and physical burden that the work entails. Among the lower socioeconomic groups, a code of masculinity exists where men are judged by their physical size, strength and capacity for hard manual work. She therefore calls for 'including the sweat', not as a means to validate male strength since women's work also involves considerable physical effort, but as an approach that offers a fuller understanding of the gendered experience of work and the vulnerability it imposes. In her study of landless labourers in India, she used the Body Mass Index as an indicator of well-being, and found that it was men in their reproductive years who are most nutritionally challenged and face early death.

Ahmad (1998) reporting on a seminar on men's issues held in Pakistan, notes that the primary problem facing men was the social pressure to perform according to a predefined gender role. Men faced a tremendous pressure to prove their manliness in terms of providing economically for their families as well as in being protectors of the family honour. Thirdly, they felt under pressure to prove their virility among their male peers. Fourthly, the absence of emotional outlet and support and the bar on the expression of soft, weak feelings permitted only one outlet - that of anger and violence. Finally, it was also noted that men felt that women's dependencies on them posed a substantial additional burden. Similar themes emerge from a male gender workshop in India (Seshadri, 1994) with men's roles revolving around earning to support a family, of having to be the ones to handle the difficult or crises situations at work, of having to be the initiator and active partner in sexual behaviour while at the same time feeling anxious about virility and consequently self-esteem.

## **Conclusion**

Nonconventional indicators of gender disparity may be found both in measures that tap mental distress and violence among men and women, as well as in measures that tap into the disempowering aspects of the way gender is constructed and enforced in particular societies. The prevalence of mental distress and of abuse and violence are important indicators of the well-being of a community and subordination and it is shown that these are significantly differentiated by gender. Further, the ideology governing gender relations of power in a society structures the construction of gender identity and consequently of self-identity too. The socioeconomic changes wrought by structural reforms have the potential to disrupt existing notions of gender in ways that could be threatening, demoralising and oppressive for men and women in some contexts and empowering in others. Some of these factors, especially those that concern gender ideology, may indeed be difficult to 'measure'. It is therefore necessary to consider research methodologies that go beyond the quantitative in order to do justice to the complexity of these phenomena.

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