ABSTRACT

GENDER PERSPECTIVES IN THE MEDICAL EDUCATION – A QUESTION ABOUT THE KNOWLEDGE-PRODUCTION AND THE SELF-IMAGE.

Maria Norstedt, Institution of Sociology Lund University

Presented at Gender and Power in the New Europe, the 5th European Feminist Research Conference
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This article (published in Läkartidningen 23/03) builds upon a qualitative study comprising 1) three expert interviews with doctors who are knowledgeable in the area ‘medicine - gender perspective’; 2) three individual interviews with teachers involved in the medical education at Lund university; 3) one focus group interview with medical students studying in the fourth term at Lund. The analysis is inspired by a grounded theory approach.

The results found that a gender perspective in the medical education at Lund university is understood primarily in terms of the biological body. Awareness about the different conditions for male and female doctors in the labour market is also apparent. But if other aspects concerning a gender perspective are brought up, it is solely due to a particular teacher’s interest in the area. Knowledge about the gender system and its structures of power is therefore not sufficiently problematised when concerning the patient – doctor relation or in teaching about health and sickness.

During the education, medical students become socialised into the professional role of a doctor as well as absorb certain forms of knowledge which produce attitudes towards how gender and medicine are connected. Not seeing the importance of the gender system is to be gender blind or gender neutral, a position which does not match the self-image nor the visions the students in the study professed.

Difficulties with integrating a gender perspective are importantly connected to what is designated as the core curriculum of the medical education. The doctors’ attitudes towards a gender perspective and what is seen as “proper medical knowledge” become reproduced in the students.
ABSTRACT

YOUNG WOMEN AND SEX IN THE TIME OF HIV/AIDS. A CASE OF ZIMBABWE

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Presented at Gender and Power in the New Europe, the 5th European Feminist Research Conference
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The paper looks at the complex situation in which Zimbabwe women find themselves in, in this time of HIV/AIDS. These women have a strong need to survive. This desire to survive is greatly challenged by the positions they are expected to play in society. This paper looks at a number of case studies from women in which they try to negotiate their positions in society on one hand and on the other, trying to prevent getting infected with HIV/AIDS from partners. This paper discusses how the Zimbabwean cultural expectations make women vulnerable to HIV/AIDS infection by looking at single women and their sexuality. Attention is also paid to the impact that institutions such as HIV/AIDS prevention organisations and those for sexual health influence women's efforts to prevent HIV/AIDS infection from partners.
ABSTRACT

THE EUROPEAN NETWORK FOR THE PREVENTION AND ERADICATION OF HARMFUL TRADITIONAL PRACTICES AFFECTING THE HEALTH OF WOMEN AND CHILDREN, IN PARTICULAR FEMALE GENITAL MUTILATION

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During the last few decades, Europe has received thousands of immigrants and refugees of African origin who practise female genital mutilation (FGM). Consequently, several NGOs, governments and health professionals of various nationalities were inspired to explore means of preventing FGM. At international gatherings, the idea emerged of founding a network to fight FGM practised outside the African continent.

After the idea was aired in Beijing, a second conference on FGM took place in Göteborg (Sweden) in July 1998, and discussions continued during the expert meeting on FGM in Gent (Belgium) in November 1998. In December 1999, the International Centre for Reproductive Health proposed a network on the European level. Follow-up conferences have been held in Paris, Rome and Brussels. The European Network aims to

- Exchange information, share acquired experience on the subject, and promote good practices at the community level;
- Harmonise several directives for training and managing cases of excised and infibulated women and put them at the disposition of health professionals;
- Set research priorities in Europe.

Members of the network are representatives of non-governmental and community based organisations (NGOs and CBOs) and associations from Europe with expertise in working to stop FGM.
Feminist research places increasing emphasis on examining the many differences among us and the concept *diversity* has become a buzzword in feminist research. This is a word loosely defined but popularly used. In thinking about *diversity* people have recognized that gender, age, “race”, sexuality, and ethnicity matter; thus groups who have previously been invisible, including women of color, immigrant women, lesbians and older women are now in some way more visible. One group, however, continues to remain mostly invisible in feminist research; disabled women. Disabled and non-disabled feminists have expressed their deep concerns that the voices of disabled women have been missing in most feminist texts so their lives are unknown, their contributions unrecognized and the effects of social discrimination and inequality in their lives ignored. As a result there is newfound interest in the lives of disabled women and an increasing number of studies have been conducted over the past few years. This presentation provides an overview of this research. It examines when and how this research started, who the researchers are, what characterizes this research, how it has developed, what theoretical approaches are being used and what this body of research tell us about the lives and experiences of disabled women.
ABSTRACT

OPPRESSION UNDER SCRUTINY

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The presentation deals with a theoretical part of an ongoing qualitative sociological study with Swedish intellectually disabled women. The discussion focuses on the meaning(s) of oppression. Oppression is a commonly used concept in social research when referring to the situation of social groups, which we identify as having a subordinate social position; e.g. women. Despite, or perhaps due to, its frequent usage, oppression is seldom explicitly defined. One problem with not defining oppression in analyses on the living situations of certain social groups is that it risks coming to mean "everything and nothing"; i.e. synonymous to an undesirable situation generally. The study of which this discussion is a part, seeks, by way of the personal experiences and views of intellectually disabled women of the ages 21 - 71, to further the understanding of how womanhood and disability are constructed. The theoretical framework with regard to oppression used is based on Iris Young’s theory of justice, which is described in her work Justice and the Politics of Difference. Young identifies five faces of oppression; i.e. exploitation, marginalisation, powerlessness, cultural imperialism, and violence. In this study I focus on cultural imperialism, with its emphasis on dominant norms and values, with regard to intellectually disabled women’s social realities.
ABSTRACT

OBESITY AS A MARGINALIZED EXPERIENCE

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This paper is based on my forthcoming PhD dissertation that explores obesity from the viewpoint of social sciences and women’s studies. For decades, obesity has been viewed as a medical condition and the focus of research has been on the health consequences and medical treatment of obesity. The focus of my dissertation is on the social construction of obesity and women’s personal experiences of being fat. I apply Foucauldian thought and consider obesity as a discursive category that is created, produced and reproduced through various social practices such as medicine and health care system, school, religion, and media (e.g. Foucault 1979).

In this paper my hypothesis is that in Western culture obesity is constructed as a transitional space. As thin body is held as the ‘original’, normal body, obesity is viewed as a temporary abnormality. This is in stark contrast with reality, since obesity is becoming more widespread, and increasing number of people is permanently fat. In effect, obese women in particular, are culturally and socially driven into a marginalized position.

I approach obesity through the experience of obese women. From my empirical data (35 autobiographical writings and 12 thematic interviews with Finnish women aged between 21 and 65 years). I have been able to surmise that being fat is considered as a marginal or liminal space on a multiple of levels: discursive, narrative, political and liminal (in Van Gennepian sense of the concept, e.g. van Gennep 1960). These levels become intertwined in the experience of a fat subject. In this paper, I will explore these marginalities and women’s experience of liminality from the point of view of embodied fat subject.

van Gennep, A 1960 (1909), Rites of Passage, University of Chicago Press, Chicago.
ABSTRACT

ONTOGRAPHY CONTROL OF WOMEN IN MENTAL HEALTH LAND: A COLLABORATIVE EXPLORATORY STUDY

Kristjana Kristiansen, Department of Social Work and Health Science, Norwegian University of Science and Technology

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This presentation is based on a qualitative research project looking at everyday life for women with mental health problems. The first phase of this study explored what women think about and what they do, and included their fears and worries, as well as their reflections on what helps. A total of 36 women were involved in this first phase, and information was gathered using informal, semi-structured interviews in a variety of informal settings, usually including the women’s homes. All of the women were interviewed at least two times, and 10 of them were also visited during a stay in a mental health hospital. The second part of the study involved follow-up focus-groups, organised around the following themes: violence and abuse, family-life, worries about what is real, and recovery strategies. Several of the women were involved as co-researchers during the research process, including design, information gathering, analysis, as well as dissemination of findings and follow-up action plans. The central findings from this study will be presented, and discussed from a gender perspective. It is argued that people (especially women) with mental health problems are largely disabled by society, and that within the culture of ‘mental health land’, issues of gender and reality-control deserve closer scrutiny.
ABSTRACT

MIDDLE-AGED WOMEN AND MEN TALK ABOUT GENDER, BODIES IN CONTEXT

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Presented at Gender and Power in the New Europe, the 5th European Feminist Research Conference
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This paper builds on ongoing research entitled "gender identities and middle-aged bodies" where different discourses on middle age are analysed together with individual and collective narrative interviews. A central focus of the research is how gendered processes and patterns are constituted in present-day Sweden. An attempt is made to create a non-dualistic account of gender, bodies, and subjectivities. It is assumed that gender is socially and culturally constructed, yet that biology does play a role.

The narratives presented take their starting point in thirty in-depth interviews with a particular generation of women and men, those who entered middle age at the turn of the century. While the interviews center on many different themes, the analysis will focus only on a few themes: aging, bodies, subjectivities, relations to significant others and embeddedness. Relations and tensions between the themes will be explored. Analysis focuses on the social construction of gender exploring the expression and construction of femininity and masculinity in the stories women and men tell. These stories are then related to cultural - and collective - narratives and discourses, including a medical discourse where physiological changes are emphasized. This particular discourse, it is argued, simultaneously produces and limits the individual stories women and men tell about midlife.
ABSTRACT

BIOPOLITICS AND THEIR PRACTICAL USE IN HEALTH POLITICS. Gender difference in health insurance systems showed in the example of private health insurances – by focusing on the use of technics and technologies during pregnancy and birth

Gerlinde Mauerer, Institute for Sociology, University of Vienna, Austria

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Abstract:

Central aim of this work is the sociological analysis of connections between biopolitics and health insurance. Biopolitics here mean the development and manifestation, or more exactly the embodyment or incorporation of disciplinary methods, which are transfered in the “natural” appearance of the body. Further aim of this research is the analysis of sociological and historical backgrounds of biopolitics, which influence health and insurance systems until today. In this analysis discourses about health and illness are as well included as the registration of illnesses with a focus to gender aspects.

Data basis are the catalogues of the benefits of private health insurances, as well as general and medically registered health data of men and women. The aim of the analysis is to find out if financially higher insurance tributes from women until the age of fifty are to be justified or not.

Furthermore the results are examined including new biotechnological research and their practical use in reproductive medicine and genetics. Planned or expected changes in the health insurance system are thereby examined as result of these technics and technologies. New developments and interactions between biotechnological research and their implementation in the health insurance system are analysed including actual expert knowledge. The effects of technical and technological use and its future results are examined with a view to social, health and gender politics.

Gender aspects are especially focused on refering to the implementation of reproductive medicine and genetic engineering in the health insurance system: With the aim to find out, if changes in the health insurance system as effect of the use of these new technics and technologies cause even higher financial tributes for women. Or if the inclusion of new
technics and biotechnologies are being transferred in the general rise of financial tributes for men and women.
Stress at work is increasingly recognised as a serious health hazard, and the costs of occupational stress are substantial. Despite the fact that female participation in the workforce has grown in recent years and women account for nearly 50% of the labour force in Western societies, studies on stress have largely been restricted to male populations. The studies that have included women show that they experience a greater amount of work-related stress than men and that jobs dominated by women have lower status and are less well paid. Women are confronted with additional stressors such as conflicts between work and family responsibilities, sex role attitudes and sexual harassment. Women also experience more psychological and physical symptoms.

Studies of gender differences in workplace stress have often been performed in organisations where women are employed in different roles than men, which makes comparisons difficult. In studies where gender differences are found, the results may be due to the fact that the women and men were working in different types of jobs and at different levels in the organisations. However, few studies have compared men and women working in the same type of job or organisational settings.

The present study attempts to shed light on the context of stress for men and women in the same type of job. Interviews using the Critical Incidence Technique were conducted with 40 sales employees, both at the managerial and the non-managerial level in a Swedish telecom company. The study showed both similarities and differences in stressors reported across levels and gender.
ABSTRACT

MATERNAL POWER AGAINST A DEAF IRISH STATE
UNEARTHING THE NARRATIVES OF MOTHERS
OF CHILDREN WITH LEARNING DISABILITIES

Anna Karin Kingston, University College Cork, Ireland

Presented at Gender and Power in the New Europe, the 5th European
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Mothers of children with learning disabilities belong to a marginalized group of women, not only in our society but also in feminist research where their voices are seldom heard. This is particularly true for Irish mothers who face a greater challenge than many of their peers in other European countries. The Irish Constitution, influenced by a strong Catholic ethos, limit the choices Irish women can make, in particular those women who have children with special needs.

This paper discusses findings from a qualitative study of mothers with children with Autistic Spectrum Disorders, Down syndrome and/or Attention Deficit Hyperactivity Disorder (ADHD) in Ireland. Firstly, I will give a brief historical introduction to existing disability policies in Ireland and give examples of the power struggle between mothers and the Irish State. Secondly, I discuss my preliminary research findings of my participants’ lived experience of mothering a child with special needs. Finally, I call upon the feminist movement to help emancipate this group of women in our society who, as active agents for their children, are fighting a lonely battle.
SCREENING NETWORKS: SHARED AGENDAS IN FEMINIST AND DISABILITY MOVEMENT CHALLENGES TO ANTENATAL SCREENING AND ABORTION.

Dr Janice McLaughlin, University of Newcastle

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This paper identifies common ground in feminist and disability movement concerns with the social and ethical implications of antenatal screening and abortion. By examining the frameworks used by particular authors within each area, I argue that they both can and do have a shared agenda, which is focused on the social values that are embedded in antenatal screening and promote abortion as the obvious choice to the diagnosis of a congenital condition. It is important to develop some kind of shared agenda in order to construct theoretical and methodological approaches, which pay equal attention to pregnant women (disabled and non-disabled) and disabled people. To aid the development of such an agenda I draw on Actor Network Theory (ANT), which focuses on analysing the role of sociotechnical networks in securing particular social values and moral worlds. The issue for both disability studies and feminism is what kind of screening networks produce moral worlds that promote abortion, shape women’s choices and express discrimination against disabled people?
ABSTRACT

ORDERLY BORDERS

Britt-Marie Thurén, Umeå university, Sweden

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One theme running through European cultural history for centuries is the disciplining of the body. It continues to be present in current thinking in many ways. For feminist theory, it is important to develop ways to describe how discourses about bodily freedom/control circulate, and how they are changed/reproduced. This paper describes how the body was interpreted and handled (dressed, moved, talked about, etc.) at a social club in Madrid, Spain, in the 1990's. The context was conservative (the club catered to conservative-minded members of the upper middle class) in a wider context where change was held to be a mostly positive word (Spanish big city life). This caused tension and contradictions and meant that the so-called "traditional" discourse on body, gender, family and sexuality was far from traditional in the sense of something old that is unproblematically reproduced. The dominant discourses within the club were implicit arguments against what was going on in the wider society. What happened at the club can be seen as adaptation and reproduction of defensive positions, ideological reinforcements of what used to be dominant (perhaps) but was now insistently questioned by most Spaniards. The club was a sheltered place where conservative persons could reproduce their anti-modern and anti-feminist view of things among each other without having to debate openly with positions they experienced as irritating and dangerous. But since what forced them to do this was a new situation, their interpretations and arguments had to be new, too. Believing they defended something old, they created something new. The purpose of the analysis is to illustrate cultural change in a complex society growing more complex, with special attention to ideas about the body and their significance for processes of power in the gender order.
ABSTRACT

What could a feminist perspective on power bring into Public Health?

Anne Hammarström¹ and Margie Ripper²

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The issues raised in this editorial indicates that public health research must embrace the advances made in the understanding of gender and other power dynamics, which influence the social distribution of health and illness among the population. Furthermore, it is crucial to recognise that social research (including that in health) is part of the social fabric – not separable from – the processes of power. Thus, a power perspective in public health can bring a more comprehensive and subtle understanding of the multiple and contradictory elements of gender and other relations of power that impact on health status of populations.

Key words: power, feminism, empowerment, economic structuralism, pluralist structuralism, post-structuralism, Foucault,

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ABSTRACT

FEMINIST THEORY ON HEALTH AND POWER –
THE CASE OF HIV/AIDS AND WOMEN IN AFRICA

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This paper presents some results from an ongoing research project on feminism and gender in HIV activism in South Africa (especially on the Treatment Action Campaign in SA). We work by contrasting activists’ views with academic discourses on women and health. What are the feminist politics that can be detected in these different approaches? What does activism tell us about the feminism in feminist theory?

While many feminist scholars present a gender sensitive agenda and an intention to valorize the problem in complex ways, there are three themes that are worth a discussion. First, HIV/AIDS does not seem to be the major feminist concern in the Anglo-American scholarship on women’s health. Second, paradoxically, texts that focus on HIV/AIDS and women in Sub-Saharan Africa, tend to start with a presentation of very alarming numbers, e.g. that 30% of young women are already HIV+, employing a discourse of extreme catastrophe in Africa (Patton 1997). Third, in HIV/AIDS texts, the focus is on prevention—despite the numbers of women already infected. What we will do in our paper is to try to understand this peculiar and paradoxical way of dealing with this global health issue. We believe the odd discursive turns can be traced to the feminist theorization on power, medicalization, materialism, and “the other”—leading to an inability to address concrete health inequalities on a global scale. The activist approaches go beyond a dichotomous perspective on power, knowledge and global economy, thus offering new ways of thinking around politics, change, and feminism.
ABSTRACT

GENDER TROUBLE AND FERTILITY DECLINE.

GENDER IN DEMOGRAPHY

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Ever since the rise of the modern state, issues of population policy have been of national interest in every country. Ongoing negative fertility rates in most European nations have even given them growing attention within the general public for the last few years. The relatively recent science of demography is concerned, among other subjects, with recording, analysing and evaluating trends in fertility. In this contribution I intend to describe this discipline in more detail and analyse its approach to women’s childbearing behaviour.

We assume that “gender inequality” is an important category within population science. Therefore the cultural and economic concepts of demography have to be critically scrutinised by this category forming the basis of surveys. When demography is concerned with fertility it tends to reduce a most complex human activity to a clearly measurable phenomenon in which women are fatally ignored as the ones who guarantee reproduction. Social statistics means the presentation of supposedly incontrovertible statistical facts. Morality is supposed to be absent within its parameters but it lurks, unacknowledged, in its categories, i.e. in the questions chosen for investigation.

Within demographic research households are usually considered to be an undifferentiated, harmonious units. Therefore the issue of power is central to an approach that would illuminate not only political/economic power issues but also the previously neglected distribution of power within households. So considerations of changing power relations among the sexes are important when discussing the fertility decline.

Finally I will present some of the results of the Austrian project “Population Policy Acceptance Survey” by testing the hypothesis that the perception of inequality in the public field as well as the imbalance in sharing family duties might have an effect on childbearing decisions.