

**Article: “Medicalization versus Demedicalization of Women's Health Care”**

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result, rape and other sexual assaults committed during riots, wars, and other political conflicts were viewed as distinct deviant acts perpetrated by a few individuals. In this paper, I argue that the common view of rape as an individual act spontaneously committed during violent confrontations is erroneous. In fact, sexual assault is a common strategic weapon in the commission of political violence.

The first half of this paper focuses on how and where incidents of gendered political violence occurred. Narrowly defined, gendered violence includes molestation, rape, other sexual assaults against women, and rape-murders. These acts of abuse have a broader purpose than the sexual exploitation of individual women, however, because they serve as a way to demoralize individuals and damage entire communities. This explains why gender violence is often closely associated with ethnic cleansing and genocide. Excerpts from a human rights fact-finding task force report are provided to reveal how victims of gendered political violence suffered during and after armed conflicts in Gujarat and Kashmir. These reports conclude that the state did not sufficiently protect or defend women from having their civil rights violated. After the assaults ended, women continued to suffer from psychological trauma, miscarriage, unwanted pregnancy, social ostracism, divorce and abandonment, domestic violence, and life in refugee camps. A review of these cases suggests the assaults against women were strategically planned, deliberate attempts to incite violence by recruiting new members and clearly identify an enemy, supporting the thesis that violence against women is an integral part of hostile political struggles.

The second half of this paper exposes the narrative that supports collective violence against women. Religious norms, traditional rituals, and indigenous customs are rearranged to construct a new identity politics of community. Gender is an essential component of this warrior discourse, which is composed of the dichotomous rhetoric of masculinity versus femininity as well as the deeply gendered rhetoric of family. Through this discourse, dominant men make women signifiers of the family and community, and chastity comes to symbolize the group's honor. In the context of this ideology, raping women is a highly effective way to denigrate the enemy group's honor. Transformed into objects by men's struggle

for power, marginalized women become trapped between enemy men and their own men in a desperate attempt to prove the authenticity of their own bodies. In volatile political situations, marginalized groups are called on to prove their worth in the community, and women are often exploited by both their own men and enemy men as the men struggle for power. Thus, the dynamic of communal violence against women both has its roots in, and supports the commission of, domestic violence.

By comparing the political violence during riots in Gujarat and military occupation in Kashmir to other incidents of collective violence against women around the world, as well as to particular forms of domestic violence in India—*sati*, *dowry* murder, and triple *telaq*—this paper reveals how political violence is deeply gendered, and how patriarchal ideology and family structure support both domestic and communal violence. Each of these individual cases of violence against women was justified using the discourse of family privacy. As long as women are confined to the domestic sphere and that space is defined as one where men are entitled to exert authority over other family members, women will continue to be victimized. In the age of globalization and democratization, however, patriarchy is facing serious challenges in politically volatile societies like India. The basic units of society—family and community—are in the process of transformation, as are the concepts of tradition and religion. I conclude that we must not only assign gender a central place in analyses of political processes, but that we also need to develop a feminist critique of politics based on bordered sovereignty. Such a critique may enable us to develop an alternative way of organizing the political system to effectively challenge violence in our international society.

### **Equal Employment Policy in the United States**

—Joyce Gelb,  
*City University of New York*

Title VII of the Civil Rights Act of 1964, which prohibited employment discrimination based on sex, as interpreted and advocated for by a women's policy network, has proven to be a potent resource for American

women in the labor force to date. Additional legislation in 1972 and 1991 expanded the scope of women's equal employment rights. The presence of a national enforcement agency, the Equal Employment Opportunities Commission, (EEOC) and sanctions for non-enforcement have also been significant factors in creating dramatic increases for women in professional and managerial positions, where they now number over 45%.

The cause of equal employment for women was aided by the EEOC's power to prosecute discrimination cases and act as a repository for complaints. Litigation has proven to be a crucial tool for American feminists, sometimes supported by government efforts through the EEOC and other federal enforcement agencies. There have been thousands of cases litigated in U.S. courts since 1964; as of 2002, one in five civil lawsuits dealt with harassment or discrimination, as opposed to one in 20 a decade ago, supporting the view that women as individuals and groups have often mobilized effectively to seek favorable judicial rulings from the court system.

In the U.S., when outcomes have been most helpful to working women, policy communities have brought together bureaucrats ("femocrats") and feminist advocates, as well as members of Congress, to support legislation and other government action to strengthen civil and employment rights.

### **Medicalization versus Demedicalization of Women's Health Care**

—Marian Lief Palley,  
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This essay focuses attention on some specific issues related to medicalization versus demedicalization of women's health care.

The intersection of cultural norms, politics, economics, and demographics is especially apparent in the broad area of women's reproductive health care. Included within this rubric are concerns with puberty, pregnancy and childbearing, and menopause. All of these states are normal; no one of these life cycle stages is an illness as illness is usually defined. The *Webster-Merriam Dictionary* defines illness as "an unhealthy condition of body or mind." It also relates illness to sick-

ness. Sickness is “ill health,” “a disordered, weakened, or unsound condition,” or “a specific disease.” Puberty, pregnancy and childbearing, as well as menopause, are not unhealthy conditions nor are they specific diseases. Quite to the contrary, these are normal and healthy conditions.

Whereas women’s reproductive health cycles have been medicalized, there are several health-related prob-

lems women confront that are seen as politically explosive and have, in effect, been demedicalized. In particular, a woman’s right to terminate a pregnancy, violence against women, and rape have health care implications and have been excluded from the women’s health agenda. There are political reasons that must be understood as one ponders the reasons for such demedicalization.

The question then arises as to why some conditions have been medicalized whereas others have been demedicalized. Also, has the medicalization of women’s life cycle stages produced a positive or negative situation for women, or is the answer someplace in the middle? This essay focuses on one specific case of medicalization, pregnancy and child birth, and one case of demedicalization, abortion rights.