

Course	Category	Subject	SubjectCode
<b>B.A.</b>	<b>MINOR</b>	<b>SOCIOLOGY OF GENDER</b>	<b>BA-SO-302</b>
<b>Total Credit: 6</b>		<b>Max.Marks:100 (Internal:40+External:60)</b>	

## UNIT-I

### Sociology of Gender

In sociology, we make a distinction between sex and gender. **Sex** are the biological traits that societies use to assign people into the category of either male or female, whether it be through a focus on chromosomes, genitalia or some other physical ascription. When people talk about the differences between men and women they are often drawing on sex – on rigid ideas of biology – rather than gender, which is an understanding of how society shapes our understanding of those biological categories.

**Gender** is more fluid – it may or may not depend upon biological traits. More specifically, it is a concept that describes how societies determine and manage sex categories; the cultural meanings attached to men and women’s roles; and how individuals understand their identities including, but not limited to, being a man, woman, transgender, intersex, gender queer and other gender positions. Gender involves social norms, attitudes and activities that society deems more appropriate for one sex over another. Gender is also determined by what an individual feels and does.

The **sociology of gender** examines how society influences our understandings and perception of differences between **masculinity** (what society deems appropriate behaviour for a “man”) and **femininity** (what society deems appropriate behaviour for a “woman”). We examine how this, in turn, influences identity and social practices. We pay special focus on the power relationships that follow from the established **gender order** in a given society, as well as how this changes over time.

Sex and gender do not always align. **Cis-gender** describes people whose biological body they were born into matches their personal gender identity. This experience is distinct from being **transgender**, which is where one’s biological sex does not align with their gender identity. Transgender people will undergo a gender transition that may involve changing their dress and self-presentation (such as a name change). Transgender people may undergo hormone therapy to facilitate this process, but not all transgender people will undertake surgery. **Intersexuality** describes variations on sex definitions related to ambiguous genitalia, gonads, sex organs, chromosomes or hormones. Transgender and intersexuality are gender categories, not sexualities. Transgender and intersexual people have varied sexual practices, attractions and identities as do cis-gender people.

People can also be **gender queer**, by either drawing on several gender positions or otherwise not identifying with any specific gender (*nonbinary*); or they may move across genders

(gender fluid); or they may reject gender categories altogether (*agender*). The **third gender** is often used by social scientists to describe cultures that accept non-binary gender positions

Sexuality is different again; it is about sexual attraction, sexual practices and identity. Just as sex and gender don't always align, neither does gender and sexuality. People can identify along a wide spectrum of sexualities from heterosexual, to gay or lesbian, to bisexual, to queer, and so on. Asexuality is a term used when individuals do not feel sexual attraction. Some asexual people might still form romantic relationships without sexual contact.

Regardless of sexual experience, sexual desire and behaviours can change over time, and sexual identities may or may not shift as a result.

Gender and sexuality are not just personal identities; they are **social identities**. They arise from our relationships to other people, and they depend upon social interaction and social recognition. As such, they influence how we understand ourselves in relation to others.

The distinctions between men and women are more social than natural and the conceptual distinction between 'sex' and 'gender' seeks to capture this view. Social scientists use concepts as analytical categories to study society and social behavior. There are several concepts in gender studies that provide a conceptual framework for the study of behavior. Lilly Matthews first introduced the concept of gender in her study of 'Construction of Femininity' in 1984. In Mathews' view, the concept of gender recognizes that every known society has distinctions between men and women. Therefore, the concept of gender is a systematic way of understanding men and women socially and the patterning of relationships between them. In the concept of gender, we can study the differences in behavior between men and women, and assess the basis for these differences as primarily biological or as constructed by society. In this unit we are also going to understand the concept of patriarchy that sheds light on male dominance in society. Throughout the feminist writings and discourse on gender studies, concepts of sex, gender and patriarchy are fundamental to our understanding of the differences between men and women in our society and to understand the male dominance in the society. Understanding these concepts serves as an analytical

## **SEX AND GENDER**

**SEX:** Sex, in its broadest sense, refers to biological and physiological differences between men and women. The term sex refers to the distinction between the biological male and female. So, when an infant is born, he or she is referred to as a boy or girl based on their sex. This characterization is based on the genital differences between males and females. Several early academic feminists, including Simone de Beauvoir (1988) and Ann Oakley (1972), as well as more conservative 'sex role' theorists, sought to establish a distinction between 'sex' as a biological reality and 'gender' as a cultural, psychological, and historical reality. It has been argued that there is a biological difference between the sexes, and that most people are born (with a few ambiguous cases in between) as one sex or another. Nonetheless, it was argued that individuals who are born into a certain sex are then socialized according to specific gender expectations and roles. A biological male learns to take on masculine roles and think and act in a masculine manner, whereas a biological female learns to take on feminine roles and think and act in a feminine manner. This is captured in Simone de Beauvoir's much cited claim that, "One is not born, but rather becomes, a woman" Beyond the differences in genitals and reproductive organs, there are not many differences between a male and female child at birth. Rather, society constructs differences between the sexes

through gender construction. Some psychological and socially constructed differences between men and women can be explained by biological differences. However, some feminist writers, such as Judith Butler, contests this view.

The evidence for this distinction comes from a variety of sources. Several historical and anthropological studies have shown, for instance, that what is classified as 'typically' male or female varies considerably between cultures - even though biological differences are relatively constant. The roles and characteristics that are attributed to males in one society may be attributed to females in another. Therefore, what we consider to be naturally masculine may actually be a cultural construct and certainly not typical of men in other cultures or times. Furthermore, a number of cases have been identified where people have, by some quirk of birth, developed the 'wrong' gender for their sex and had then at some point changed their gender on the basis of an ambivalence regarding their biological sex. Individuals seem to be capable of changing their genders, while their biological constitutions remain unchanged. This paved the way for a powerful feminist critique. Feminists contend that the distinction between sex and gender is often overlooked. A great deal of gender is assumed to be a fixed fact of nature (sex). Often, cultural or social 'facts' are interpreted as biological facts, so gender relations are 'naturalized' and persistent inequalities between the sexes are justified as inevitable. As a result of these assertions, a series of nature/nurture debates erupted, simultaneously scientific and political, in which the evidence for and against each attribute being biologically or socially based was mounted. In Judith Butler's view the underlying principle of the sex/gender distinction is that sex comes first and is natural. Gender is seen as a secondary construct that is superimposed on top of the 'natural' distinction. According to Butler, 'sex' itself is a social category, that is, the distinction between 'male' and 'female' is a human, social distinction. It pertains to our particular perception of the world and division of it. Hence, 'sex' is as much a product of culture as is gender. Indeed, it might be deemed secondary to it as 'sex' is a category shaped by 'gendered' discourse. Or rather, the distinction between sex and gender itself collapses. Although Butler does not discuss them in detail, debates and shifts in the scientific (biological) meaning and definition of sex are an important source of evidence for this argument, since they indicate that the category of sex is theoretically rooted, historically variable and have shifted over time. Furthermore, Butler and others revisit the aforementioned instances of individuals whose biological sex at birth are unclear and cannot be decided on the basis of conventional procedures. These cases, she believes, blur and problematize sexual categories. They suggest that these categories are, in some degree at least, arbitrary. According to Butler, 'sex' is not merely an analytical category. In fact, it is also a normative category. It specifies what women and men are. Additionally, it specifies what men and women ought to be. In addition, it formulates rules for regulating men's and women's behaviour. Butler proposes that sex is also a social category. This is very apparent in the ambiguous cases, where an individual's 'sex' cannot be decided on biological grounds. A sex is allocated to them and in many cases biological ambiguities are removed by way of surgery. This is an extreme example but, again, it illustrates a more general point for Butler, namely, that the category of 'sex' has a normative content and does not so much describe a pre-given reality as orient practices which produces sex. This relates to her further concern with the 'performativity' of sex and gender. This normative discourse on sex, Butler continues, is intimately interwoven with a normative discourse on sexuality, which again divides individuals into types (heterosexual, homosexual, bisexual, and so on) and stipulates, often seemingly on biological grounds, how they ought to identify and behave. The heterosexual 'norm' what Butler, in her early work, refers to as the 'heterosexual matrix', is a strategic center around which forms of classification and regulation which seek to discipline

human agents circulate. Sexuality, sex and gender are interconnected normative models from this point of view, which are enforced at numerous points throughout the social body. The argument goes that, as infants are classified as a specific 'sex', they are then subject to a range of gendered expectations regarding their behavior and to a gendered socialization process. The argument departs from the earlier feminist position in questioning the notion of 'sex' as bedrock upon which gender is constructed. Most research designs in sociology assume that each person has one sex, one sexuality and one gender, which are congruent with each other and fixed for life. A woman is assumed to be feminine female and a man a masculine male. These research variables polarize sex as males and females; sexuality is polarized as homosexual and heterosexuals; gender is polarized as women and men - these reflect conventionalize bodies that do not take into account transvestites, transsexuals, bisexuals and so on. When infants are categorized as a particular sex, they are subject to a range of gendered behaviour through gendered socialization. This brings us to the question what is gender?

Gender: Currently, gender is being used as a sociological or conceptual category, and it has been given a very specific meaning. It refers to the sociocultural definition of man and woman; the way societies distinguish men and women and assign them social roles. Gender is used as an analytical tool to understand social realities with regard to women and men. The distinction between sex and gender was introduced to deal with the general tendency to attribute women's subordination because of their anatomy. It has been believed for ages that the differences in characteristics and roles accorded to men and women in society are directly related to biology (that is, sex) and therefore cannot be changed. A gender refers to the socially constructed roles and relations between men and women. As a social construct, gender describes the social attributes and opportunities associated with being male or female, as well as the relationships between men and women and girls and boys. These attributes, opportunities, and relationships are socially constructed and acquired through socialization. These attributes, opportunities, and relationships are context/time specific and ever-changing. The concept of gender, as we now use it, came into common parlance during the early 1970s. Gender is an analytical category that is socially constructed. The term gender also refers to the differences in behaviour between men and women that are described as 'masculine' and 'feminine'. The purpose of affirming a sex/gender distinction was to argue that the actual physical or mental effects of biological difference have been exaggerated to sustain patriarchal power and construct a consciousness among women that they are naturally suited to domestic roles. Writings by feminists emphasize this aspect and argue that these differences are not biological, but social constructions of patriarchal society. According to some theorists, the biological differences between men and women also contribute to their mental and physical differences. For example, they claim men are physically and mentally better than women. Other theorists claim that the biological differences between men and women are exaggerated. Patriarchal society creates these differences by describing men as superior to women. Consequently, women become subordinate to men in society. Each culture values girls and boys differently and assigns them different roles, responses, and attributes. All the social and cultural 'packaging' that is done for girls and boys from birth onwards is 'gendering'. Every society gradually transforms males and females into men and women, into masculine and feminine, with different qualities, behaviors, roles, responsibilities, rights, and expectations. As opposed to sex, which is assumed to be biological, the gender identities of women and men are based on social and psychological factors - which means historically and culturally-based. Ann Oakley's 'Sex, Gender and Society' (1972) made the sex-gender distinction very popular in sociology. For Oakley, sex is 'a word that refers to the biological differences between male and female: the visible

differences in genitalia, the related difference in procreative function. And “‘Gender’ is a matter of culture; it refers to the social classification of men and women into ‘masculine’ and ‘feminine’”. People can be identified as male or female by referring to biological evidence. However, people being, masculine or feminine cannot be judged in the same way and the criteria for being masculine and feminine are cultural, differing with time and place. The constancy of sex must be admitted, but so also must be the variability of gender. She concludes that gender has no biological origin and the connections between sex and gender are not really ‘natural’ at all. Judith Butler’s theorization about gender introduces the notion of performativity, an idea that gender is involuntarily ‘performed’ within the dominant discourse. She further states that “sex / gender distinction suggests a radical discontinuity between sexed bodies and culturally constructed gender”. This approach questions the way gender identity is attributes, opportunities, and relationships are socially constructed and acquired through socialization. These attributes, opportunities, and relationships are context/time specific and ever-changing. The concept of gender, as we now use it, came into common parlance during the early 1970s. Gender is an analytical category that is socially constructed. The term gender also refers to the differences in behaviour between men and women that are described as ‘masculine’ and ‘feminine’. The purpose of affirming a sex/gender distinction was to argue that the actual physical or mental effects of biological difference have been exaggerated to sustain patriarchal power and construct a consciousness among women that they are naturally suited to domestic roles. Writings by feminists emphasize this aspect and argue that these differences are not biological, but social constructions of patriarchal society. According to some theorists, the biological differences between men and women also contribute to their mental and physical differences. For example, they claim men are physically and mentally better than women. Other theorists claim that the biological differences between men and women are exaggerated. Patriarchal society creates these differences by describing men as superior to women. Consequently, women become subordinate to men in society. Each culture values girls and boys differently and assigns them different roles, responses, and attributes. All the social and cultural ‘packaging’ that is done for girls and boys from birth onwards is ‘gendering’. Every society gradually transforms males and females into men and women, into masculine and feminine, with different qualities, behaviors, roles, responsibilities, rights, and expectations. As opposed to sex, which is assumed to be biological, the gender identities of women and men are based on social and psychological factors - which means historically and culturally-based. Ann Oakley’s ‘Sex, Gender and Society’ (1972) made the sex-gender distinction very popular in sociology. For Oakley, sex is ‘a word that refers to the biological differences between male and female: the visible differences in genitalia, the related difference in procreative function. And “‘Gender’ is a matter of culture, it refers to the social classification of men and women into ‘masculine’ and ‘feminine’”. People can be identified as male or female by referring to biological evidence. However, people being, masculine or feminine cannot be judged in the same way and the criteria for being masculine and feminine are cultural, differing with time and place. The constancy of sex must be admitted, but so also must be the variability of gender. She concludes that gender has no biological origin and the connections between sex and gender are not really ‘natural’ at all. Judith Butler’s theorization about gender introduces the notion of performativity, an idea that gender is involuntarily ‘performed’ within the dominant discourse. She further states that “sex / gender distinction suggests a radical discontinuity between sexed bodies and culturally constructed gender.

**DECONSTRUCTING SEX AND GENDER:** In rethinking gender categories, it is important to split what is usually conflated as sex/gender or sex/sexuality/gender into three conceptually distinct categories: sex (or biology, physiology), sexuality (desire, sexual

preference, sexual orientation), and gender (a social status, sometimes with sexual identity). Each is socially constructed but in different ways. Gender is an overarching category – a major social status that organizes almost all areas of social life. Therefore, bodies are gendered and are built into major social institutions of the society such as economy, ideology, polity, family and so on. The components of the gender of an individual are the sex categories assigned at birth according to how the genitalia appear. Each category provides a gender identity, gendered sexual orientation, marital and procreative status, a gendered personality structure, gender beliefs and attitudes, gender displays, work and family roles. These social components are meant to match one's biology and be consistent with it. The actual combinations may or may not be congruent with each other and with the components of gender and sex, likewise, the components may not line up neatly on one side of the binary divide. The necessity for the categorization of infants into neat legal descriptions of 'boy' or 'girl' soon after birth in societies is often subject to rather arbitrary sex assignment. It is not uncommon for infants with anomalous genitalia to undergo sex change surgery. The rationale given for categorizing the ambiguous as female or male sheds light on the practices that perpetuate the illusion of sex differences. Without such critical exploration, sex differences may be regarded as natural rather than socially constructed.

## Gender

The definition of **sex** (the categories of man versus woman) as we know them today comes from the advent of modernity. With the rise of industrialization came better technologies and faster modes of travel and communication. This assisted the rapid diffusion of ideas across the medical world.

**Sex roles** describe the tasks and functions perceived to be ideally suited to masculinity versus femininity. Sex roles have converged across many (though not all) cultures due to colonial practices and also due to industrialization.

For example, in early-2014, India legally recognized the hijra, the traditional third gender who had been previously accepted prior to colonialism.

Sex roles were different prior to the industrial revolution, when men and women worked alongside one another on farms, doing similar tasks. Entrenched gender inequality is a product of modernity. It's not that inequality did not exist before, it's that inequality within the home in relation to family life was not as pronounced.

In the 19th Century, biomedical science largely converged around Western European practices and ideas. Biological definitions of the body arose where they did not exist before, drawing on Victorian values. The essentialist ideas that people attach to man and woman exist only because of this cultural history. This includes the erroneous ideas that sex:

- Is pre-determined in the womb;
- Defined by anatomy which in turn determines sexual identity and desire;
- Differences are all connected to reproductive functions;
- Identities are immutable; and that
- Deviations from dominant ideas of male/female must be “unnatural.”

As I show further below, there is more variation across cultures when it comes to what is considered “normal” for men and women, thus highlighting the **ethnocentric** basis of sex categories. Ethnocentric ideas define and judge practices according to one’s own culture, rather than understanding cultural practices vary and should be viewed by local standards.

## **Social Construction of Gender**

Gender, like all social identities, is **socially constructed**. Social constructionism is one of the key theories sociologists use to put gender into historical and cultural focus. Social constructionism is a social theory about how meaning is created through social interaction – through the things we do and say with other people. This theory shows that gender it is not a fixed or innate fact, but instead it varies across time and place.

**Gender norms** (the socially acceptable ways of acting out gender) are learned from birth through childhood socialization. We learn what is expected of our gender from what our parents teach us, as well as what we pick up at school, through religious or cultural teachings, in the media, and various other social institutions.

## **Feminism Meaning**

Feminism has many definitions depending on who you ask, but [Britannica](#) provides a simple framework: it’s the belief in the social, economic, and political equality of the sexes. No one should be refused certain rights – such as the right to vote, to hold political office, and to work outside the home – because of their sex or gender. Feminism goes beyond basic rights, however, and seeks deeper cultural shifts like an end to sexism and intersectional oppression based on gender, race, sexuality, and class. In this article, we’ll cover a brief history of feminism, different types of feminism, and whether we still need feminism today.

*At its core, feminism is the belief that women deserve equal social, economic, and political rights and freedoms. Over the years, feminism has focused on issues like the right to vote, reproductive and sexual freedom, and equal pay. Feminism has also explored racism, gender norms, self-expression, and much more*

### **A history of feminist movements**

There have always been cultures where women held power, like [ancient Sparta](#) where women could own and inherit property, make business transactions, and receive a good education. There have also always been [women who fought back](#) against patriarchal cultures. However, “feminism” as we know it is a fairly new concept. Mary Wollstonecraft published “A Vindication of the Rights of Women” in 1792, and while she’s considered a feminist icon today, that term wasn’t applied in her time. The term became more well-known in the 1890s in Great Britain and America.

This is when “the first wave” of feminism began to surge. The movement was closely tied with abolitionist movements and focused on suffrage. In 1848, at the Seneca Falls Convention, three hundred attendants agreed on the movement’s goals and strategies. Around the world, women’s rights slowly began to improve. In 1893, New Zealand allowed women to vote in the national elections. The US gave women the right to vote in 1920 while Great Britain followed in 1928.

The second wave began in the 1960s. It was aligned with the anti-war and Civil Rights movements. Reproductive rights and issues related to sexuality also became more prominent. Feminism became more intellectually diverse and complex during these years, as well. Capitalism, the role of women, sexuality, and gender were all discussed as feminist movements around the world became less elitist and more inclusive than during the first wave.

Third-wave feminism is trickier to define, but it both built on and challenged what second-wave feminism started. Third-wave feminism embraced individuality, irony, and the right to self-expression, which included attire and cosmetics their second-wave mothers might have considered oppressive and sexist. The internet played a big role during this era, as well, as it helped spread creative, multicultural feminist content. With its diversity of ideas, third-wave feminism represents a less cohesive movement than the first and second waves.

Are we in the fourth wave of feminism? The wave metaphors are not perfect, but given massive shifts in societies around the world, it's safe to say that feminism is in a different era compared to the 1990s-2010s. There have been renewed attacks against women's rights, especially reproductive rights, while the rise of social media gave feminist activists more tools. The fourth wave also represents the most diverse and inclusive version of feminism so far.

## Feminism: three main types

Feminism may seem simple at its core, but there are many different types. Here are three of the main ones to know:

### **Liberal feminism**

Liberal feminism is what most people think of when they hear the word "feminist." It can also be described as "mainstream feminism." As defined by philosopher Alison Jagger, liberal feminism focuses on political rights and equality in education and the workplace. That includes issues like equal access to education, equal pay, safer working conditions, and an end to job segregation based on sex. Liberal feminism is also concerned with private life as the distribution of unpaid work at home impacts a woman's ability to participate in public life. In the United States, liberal feminists focused on the Equal Rights Amendment, which would have amended the constitution to ensure legal gender equality. Feminists worked on the ERA in the 1960s and 1970s, but it was never ratified by enough states.

Over the years, liberal feminism has faced criticism on how it measures success and equality by patriarchal standards and fails to analyze gender, race, and class. Liberal feminism can also fail to challenge institutional power and end up reinforcing destructive capitalist cycles. With its focus on what individual women can do to "get ahead," liberal feminism often fails some of society's most vulnerable.

### **Radical feminism**

As the name suggests, radical feminism is more aggressive. It focuses on dismantling the patriarchy and traditional gender roles by ensuring reproductive rights, critiquing the nuclear family and motherhood, and challenging institutional power. Rather than trying to change things through established systems, radical feminists are more inclined to change the systems



themselves. The movement rose during the 1960s when women in the anti-war and Civil Rights movements found themselves sidelined. Many activists founded feminist groups and embraced more radical ideas.

Today, radical feminism is often linked to trans-exclusionary radical feminism, which denies that trans women are real women. The term “TERF” originated in the 1970s when radical feminists began to split over support of trans women. Trans-exclusionary radical feminists also call themselves “gender critical.” Because of the negative connotations, feminists who support trans women tend to not identify as radical feminists.

## **Intersectional feminism**

Intersectional feminism examines how sexism, racism, classism, and xenophobia intersect and form systems of oppression. It counters “white feminism,” which by ignoring racial oppression, can support white supremacy. White feminism was born during feminism’s earliest days as the most famous figureheads – like Elizabeth Cady Stanton- only cared about suffrage for white women. The suffragettes also excluded poor, working women and dismissed issues involving wages, working hours, and unions.

There have always been feminists embracing and advocating for intersectional thinking, but the term “intersectionality” was coined in a 1989 paper. In the paper, critical legal and race scholar Kimberlé Williams Crenshaw showed how the intersection of race and gender impacted the experiences of Black men and women in the legal system. Sociologist Patricia Hill Collins’ 1990 book Black Feminist Thought is another essential text on intersectionality and how oppression based on race, gender, class, sexuality, and nation forms what Collins calls “a matrix of domination.” Today, intersectional feminism continues to broaden society’s ideas about feminism, power, and oppression.

## **UNIT-II**

### **Social Construction of Gender**

The social construction of gender comes out of the general school of thought entitled social constructionism. Social constructionism proposes that everything people “know” or see as “reality” is partially, if not entirely, socially situated. To say that something is socially constructed does not mitigate the power of the concept. Take, for example, money. Money is a socially constructed reality. Paper bills are worth nothing independent of the value individuals ascribe to them. The dollar is only worth as much as value as Americans are willing to ascribe to it. Note that the dollar only works in its own currency market; it holds no value in areas that don’t use the dollar. Nevertheless, the dollar is extremely powerful within its own domain.

These basic theories of social constructionism can be applied to any issue of study pertaining to human life, including gender. Is gender an essential category or a social construct? If it is a social construct, how does it function? Who benefits from the way that gender is constructed? A social constructionist view of gender looks beyond categories and examines the intersections of multiple identities and the blurring of the boundaries between essentialist categories. This is especially true with regards to categories of male and female, which are

viewed typically as binary and opposite. Social constructionism seeks to blur the binary and muddle these two categories, which are so frequently presumed to be essential.

- Sex is defined as the anatomical and physiological characteristics that signifies the biological maleness and femaleness of an individual.
- Gender emphasises the social construction of masculinity and femininity, products of social cultural and psychological factors which are acquired by an individual in the process of becoming man or a woman.
- Sex is natural while gender is socio-cultural and is man-made.
- Sex is biological. It refers to the physical differences in the anatomy of a male and the female body. Gender refers to the masculine and feminine qualities, behaviour and roles.
- Sex is constant while gender is variable. Gender Division of Labour
- Production: Refers to the activity which produces goods and services for consumption.
- Reproduction: are of two kinds, biological and social.
- Community: refers to all activities needed to run community life.
- Patriarchy means the rule by the male head of social units like family or tribe.
- Walby defines Patriarchy as a system of social structure and practices in which men dominate, oppress and exploit women.
- Patriarchy is both a structure and an ideology.

She has identified 6 structures of Patriarchy

- i. Production Relations in household
  - ii. Paid Work
  - iii. Patriarchal State
  - iv. Male violence
  - v. Patriarchal Relations in Sexuality
  - vi. Patriarchal Cultural Institutions
- Forms of Patriarchy

## **Concept of sex and Gender**

We are surrounded by gender lore from the time we are very small. It is ever-present in conversation, humor, and conflict, and it is called upon to explain everything from driving styles to food preferences. Gender is embedded so thoroughly in our institutions, our actions, our beliefs, and our desires, that it appears to us to be completely natural. The world swarms with ideas about gender – and these ideas are so commonplace that we take it for granted that they are true, accepting common adage as scientific fact. As scholars and researchers, though, it is our job to look beyond what appears to be common sense to find not simply what truth might be behind it, but how it came to be common sense. It is precisely because gender seems natural, and beliefs about gender seem to be obvious truths, that we need to step back and examine gender from a new perspective. Doing this requires that we suspend what we are used to and what feels comfortable, and question some of our most fundamental beliefs. This is not easy, for gender is so central to our understanding of ourselves and of the world that it is difficult to pull back and examine it from new perspectives.<sup>1</sup> But it is precisely the fact that gender seems self-evident that makes the study of gender interesting. It brings the challenge to uncover the process of construction that creates what we have so long thought of as natural and inexorable – to study gender not as given, but as an accomplishment; not simply as cause, but as effect; and not just as individual, but as social. The results of failure to recognize this

challenge are manifest not only in the popular media, but in academic work on language and gender as well. As a result, some gender scholarship does as much to reify and support existing beliefs as to promote more reflective and informed thinking about gender. Sex and gender Gender is not something we are born with, and not something we have, but something we do (West and Zimmerman 1987) – something we perform (Butler 1990). Imagine a small boy proudly following his father. As he swaggers and sticks out his chest, he is doing everything he can to be like his father – to be a man. Chances are his father is not swaggering, but the boy is creating a persona that embodies what he is admiring in his adult male role model. The same is true of a small girl as she puts on her mother's high-heeled shoes, smears makeup on her face and minces around the room. Chances are that when these children are grown they will not swagger and mince respectively, but their childhood performances contain elements that may well surface in their adult male and female behaviors. Chances are, also, that the girl will adopt

1 This kind of stepping back is easier for people who feel that they are disadvantaged in the social order, and it is no doubt partially for this reason that many recent theories of gender have been developed primarily (though not exclusively) by women.

2 that swagger on occasion as well, but adults are not likely to consider it as cute as her mincing act. And chances are that if the boy decides to try a little mincing, he won't be considered cute at all. In other words, gendered performances are available to everyone, but with them come constraints on who can perform which personae with impunity. And this is where gender and sex come together, as society tries to match up ways of behaving with biologically based sex assignments.

Sex is a biological categorization based primarily on reproductive potential, whereas gender is the social elaboration of biological sex. Not surprisingly, social norms for heterosexual coupling and care of any resulting children are closely intertwined with gender. But that is far from the full story. Gender builds on biological sex, but it exaggerates biological difference, and it carries biological difference into domains in which it is completely irrelevant. There is no biological reason, for example, why women should mince and men should swagger, or why women should have red toenails and men should not. But while we think of sex as biological and gender as social, this distinction is not clear-cut. People tend to think of gender as the result of nurture – as social and hence fluid – while sex is the result of nature, simply given by biology. However, nature and nurture intertwine, and there is no obvious point at which sex leaves off and gender begins. But the sharp demarcation fails because there is no single objective biological criterion for male or female sex. Sex is based in a combination of anatomical, endocrinal and chromosomal features, and the selection among these criteria for sex assignment is based very much on cultural beliefs about what actually makes someone male or female. Thus the very definition of the biological categories male and female, and people's understanding of themselves and others as male or female, is ultimately social. Anne Fausto-Sterling (2000) sums up the situation as follows: labeling someone a man or a woman is a social decision. We may use scientific knowledge to help us make the decision, but only our beliefs about gender – not science – can define our sex. Furthermore, our beliefs about gender affect what kinds of knowledge scientists produce about sex in the first place. (p. 3) Biology offers up dichotomous male and female prototypes, but it also offers us many individuals who do not fit those prototypes in a variety of ways. Blackless et al. (2000) estimate that 1 in 100 babies are born with bodies that differ in some way from standard male or female. These bodies may have such conditions as unusual chromosomal makeup (e.g., 1 in 1,000 male babies are born with two X chromosomes as well as a Y, hormonal differences such as insensitivity to androgens (1 in 13,000 births), or a range of configurations and combinations of genitals and reproductive organs. The attribution of intersex does not end at birth – for example, 1 in 66 girls experience growth of the clitoris in childhood or

adolescence (known as late onset adrenal hyperplasia). When “anomalous” babies are born, surgical and/or endocrinal manipulations may be used to bring their recalcitrant bodies into closer conformity with either the male or the female category. Common medical practice imposes stringent requirements for male and female genitals<sup>3</sup> at birth – a penis that is less than 2.5 centimeters long when stretched, or a clitoris<sup>2</sup> that is more than one centimeter long have commonly been subject to surgery in which both are reduced to an “acceptable” sized clitoris (Dreger 1998). As a number of critics have observed (e.g. Dreger 1998), the standards of acceptability are far more stringent for male genitals than female, and thus the most common surgery transforms “unacceptable” penises into clitorises, regardless of the child’s other sexual characteristics, and even if this requires fashioning a nonfunctional vagina out of tissue from the colon. In recent years, the activist organization, the Intersex Society of North America,<sup>3</sup> has had considerable success as an advocacy group for the medical rights of intersex people, and the medical profession has become more sensitive to both physical and psychological issues associated with gender assignment and surgery (e.g. Lee et al 2006). In those societies that have a greater occurrence of certain kinds of hermaphroditic or intersexed infants than elsewhere,<sup>4</sup> there sometimes are social categories beyond the standard two into which such babies can be placed. But even in such societies, categories that go beyond the basic two are often seen as anomalous.<sup>5</sup> And even where sex assignment seemed 2 Alice Dreger (1998) more accurately describes these as a “phallus on a baby classified as male” or a “phallus on a baby classified as female”. 3 The website of the Intersex Society of North America (<http://www.isna.org>) offers a wealth of information on intersex. [The publisher has used its best endeavors to ensure that the URLs for external websites referred to in this book are correct and active at the time of going to press. However, the publisher has no responsibility for the websites and can make no guarantee that a site will remain live or that the content is or will remain appropriate.] 4 For instance, congenital adrenal hyperplasia (which combines two X chromosomes with masculinized external genitalia and the internal reproductive organs of a potentially fertile woman) occurs in 43 children per million in New Zealand, but 3,500 per million among the Yupik of Southwestern Alaska ([www.isna.org](http://www.isna.org)). 5 There are cultures where what we might think of as more than two adult gender categories are named and otherwise institutionally recognized as well: the berdache of the Plains Indians, the hijras in India. Although details vary significantly, the members of such supernumerary categories are outside the “normal” order of things, and tend to be somewhat feared or devalued or otherwise socially disadvantaged. Nonetheless, there is apparently considerably more tolerance for nonstandard gender categories in some societies than in the western industrial societies most likely to be familiar to readers of 4 straightforward at birth, an individual may develop a gender identity different from the one initially assigned on the basis of anatomical criteria. Transgender people may embrace the other of the two options standardly on offer or they may resist gender dichotomies altogether. Kate Bornstein, a trans woman who finds gender deeply problematic, sums up this resistance nicely in her 1995 book title, *Gender Outlaw: On Men, Women and the Rest of Us*<sup>1</sup>. It is commonly argued that biological differences between males and females determine gender by causing enduring differences in capabilities and dispositions. Higher levels of testosterone, for example, are said to lead men to be more aggressive than women; and left-brain dominance is said to lead men to be more rational while their relative lack of brain lateralization should lead women to be more emotional. But the relation between physiology and behavior is not simple, and it is all too easy to leap for gender dichotomies. And the physiology itself is more complex than is usually acknowledged. It has been shown that hormonal levels, brain activity patterns, and even brain anatomy can be a result of different activity as well as a cause. For example research with species ranging from rhesus monkeys (Rose et al. 1972) to fish (Fox et al. 1997) has documented changes in hormone levels as a result of changes in social position.

Work on sex differences in the brain is very much in its early stages, and is far from conclusive (Fausto-Sterling 2000). Men's supposedly smaller corpus callosum, larger amygdala, larger preammygdala nucleus, are among the questionable structural differences that are supposed to account for gender differences from men's greater visual-spatial skills to their tendency to stare at breasts<sup>2</sup>. Much of the popular work on gender differences in the brain are based on shaky evidence, and are commonly exaggerations and even distortions of what appears in the scientific literature. And the scientific literature itself is based on very small samples, often from sick or injured populations. In addition, not that much is known about the connections between brain physiology and behavior or cognition – hence about the consequences of any physiological differences scientists may be seeking or finding. And above all, the brain is very plastic, changing in response to experience. Thus the causal relation between brain physiology and activity is completely unclear (Eliot 2009).

Nonetheless, any results that might support physiological differences are readily snatched up and combined with any variety of gender stereotypes in some often quite fantastic leaps of logic. And the products of these leaps can in turn feed directly into social, and particularly into educational, policy, with arguments that gender equity in such “left-brain areas” as mathematics and engineering is impossible. (For additional critiques of sex difference science, see Kaplan & Rogers 2003), Fine 2010), and Jordan-Young 2010). Deborah Cameron (2009) refers to the search for gender differences in biology as “the new biologism”, and points out that the linguistic traits that scientists are trying to explain biologically (such as women's greater language ability) are not even themselves supported by serious linguistic study. Furthermore, those pushing for biologically based explanations of sex differences ignore the fact that the very same linguistic differences that they see between the genders also correlate with race and social class, and many of the sex differences they cite as biologically based actually vary historically and crossculturally. The eagerness of some scientists to establish a biological basis for all gender difference, and the public's eagerness to take these findings up, points to the fact that we put a good deal of work into emphasizing, producing, and enforcing the dichotomous categories of male and female. In the process, differences or similarities that blur the edges of these categories, or that might even constitute other potential categories, are backgrounded, or erased, including the enormous range of differences among females and among males. The issue here is not whether there are sex-linked biological differences that might affect such things as predominant cognitive styles. What is at issue is the place of such research in social and scientific practice. Sex difference is being placed at the center of activity, as both question and answer, as often flimsy evidence of biological difference is paired up with unanalyzed behavioral stereotypes. And the results are broadcast through the most august media as if their scientific status were comparable to the mapping of the human genome. To make things worse, the use of fancy scientific technology, such as fMRI (functional magnetic resonance imaging) often lends a patina of scientific rigor to generalizations based on meaninglessly small and uncontrolled samples. (see Liberman 2007 for some nice examples).

And speaking of the genome, in a review of the extensive research on sex-related differences in genetic effects for traits and common diseases, Patsopoulos et al (2007) found that many of these studies were spurious. More than half the reported gene-sex interactions had failed to reach statistical significance, when significance was found it tended to be quite weak, and even the best studies had rarely been corroborated. Sarah Richardson (forthcoming) points out that sex difference is an easy target in genetic studies since sex is one category that is marked in all genetic databases, making for easy and convenient statistical study. The mere fact of this shows clearly that everyone, from scientists to journalists to the reading public, has an insatiable appetite for sensationalist gender news. Indeed, gender is at the center of our social world. And any evidence that our social world maps onto the biological world is

welcome evidence to those who would like an explanation and justification for the current gender arrangements or, indeed, those of the past

### **UNIT-III**

**Concept of Inequality**–Gender inequality has been a crucial social issue in India for centuries. Census 2011 shows the child sex ratio among children of 0-6 years to be 918 girls for every 1000 boys in India. This statistic speaks for itself and demands urgent and efficient solutions to address the cause of gender inequalities.

The discrimination starts even before the girl child is born. In many instances, she is prevented from being born. The girl child is considered a burden. She is often deprived of the basic rights and equal opportunities to lead a wholesome childhood and adult life. According to the 2011 Census, of the total child population in India, girls account for 48%, many of whom are engaged in child labor, child trafficking and child marriage.

### **Causes of Gender Inequality in India**

Undoubtedly, gender discrimination in the society is a grave concern, and a host of personal, societal and cultural aspects are at the core of this development. Our Experts have found several causes of gender inequality in India and some of them are discussed here.

#### **1. Poverty**

Poverty stands as one of the primary drivers of gender inequalities. According to the World Bank, approximately 70% of the world's impoverished population is female. Poverty restricts access to education, healthcare, and economic opportunities, thereby reinforcing a vicious cycle.

#### **2. Child Marriage**

Child marriage is another alarming aspect of gender inequality, disproportionately affecting girls. UNICEF estimates that 12 million girls are married before the age of 18 every year. Such practices hinder their personal development and perpetuate gender disparity across generations.

Lack of education is one of the key causes of gender inequality that significantly exacerbates the problem. UNESCO reports that 132 million girls are out of school globally, with less access to learning opportunities than boys. Right to education is crucial in empowering girls to make informed choices, pursue careers, and challenge societal norms.

#### **2. Poor Medical Health**

Poor medical health also plays a pivotal role in maintaining gender discrimination in the society. In regions with inadequate healthcare facilities, girls face higher maternal mortality rates, limited access to family planning, and health-related biases.

#### 4. Lack Awareness & Patriarchal Norms of

Lack of awareness and ingrained patriarchal norms further contribute to gender inequality. When societies perpetuate gender stereotypes and discrimination, it becomes challenging to break free from the shackles of inequality.

Patriarchal norms hold back many girls from striving for their dreams by receiving a quality education, medical facilities and overall awareness for their well-being.

To address gender inequality effectively, we must tackle these interconnected causes of gender inequality and work towards establishing sustainable change patterns that will successfully eradicate this vicious cycle of gender inequality.

### UNIT-IV

**Gender, power, and resistance**—Gender, power, and resistance are tightly interwoven concepts. Throughout history and across cultures, gender has been used as a basis for assigning power and shaping social roles. This often leads to the marginalization of women and non-binary people. However, there's a strong counterpoint to this dynamic: resistance.

Here's a breakdown of the relationship:

**Gender Power:** Societal structures often position masculinity as the norm and associate it with dominance and leadership. This relegates femininity to a subordinate position. This power imbalance can play out in various ways, from leadership roles in business and politics to household expectations and access to resources.

**Resistance:** This power imbalance breeds resistance movements. These movements can be large-scale and organized, like the global feminist movement, or smaller, more personal acts of defiance against gender norms. Resistance can take many forms, such as:

**Social Movements:** These movements advocate for legal and social change to achieve gender equality. Think #MeToo or campaigns for equal pay.

**Individual Actions:** These can be personal choices that challenge expectations, like women pursuing careers traditionally seen as masculine.

**Cultural Interventions:** Art, music, and literature can challenge traditional gender roles and propose more equitable social structures.

Here are some additional points to consider:

**Complexity of Resistance:** Resistance itself can be complex. Sometimes, efforts to challenge gender norms can reinforce them in unintended ways.

**Intersectionality:** Understanding how gender interacts with race, class, and other social identities is crucial when looking at power and resistance.

#### **Women's healthcare movement**

Women's healthcare movement had **begun way back in 1885**. It took 65 years for likeminded professional to come together to establish FOGSI for the sole cause of women's health and education

## Women's health in India

Women's health in India can be examined in terms of multiple indicators, which vary by geography, socioeconomic standing and culture. To adequately improve the health of women in India multiple dimensions of wellbeing must be analyzed in relation to global health averages and also in comparison to men in India. Health is an important factor that contributes to human wellbeing and economic growth.

Currently, women in India face a multitude of health problems, which ultimately affect the aggregate economy's output. Addressing the gender, class or ethnic disparities that exist in healthcare and improving the health outcomes can contribute to economic gain through the creation of quality human capital and increased levels of savings and investment.

## Gender bias in access to healthcare

The United Nations ranks India as a middle-income country. Findings from the World Economic Forum indicate that India is one of the worst countries in the world in terms of inequality. The 2011 Programmer's Human Development Report ranked India 132 out of 187 in terms of gender inequality. The value of this multidimensional indicator, Gender Inequality Index (GII) is determined by numerous factors including maternal mortality rate, adolescent fertility rate, educational achievement and labor force participation rate. Gender inequality in India is exemplified by women's lower likelihood of being literate, continuing their education and participating in the labor force.

Gender is one of the main social determinants of health—which include social, economic, and political factors—that play a major role in the health outcomes of women in India and access to India. Therefore, the high level of gender inequality in India negatively impacts the health of women. Studies have indicated that boys are more likely to receive treatment from health care facilities compared to girls, when controlled for SES status.

The role that gender plays in health care access can be determined by examining resource allocation within the household and public sphere. Gender discrimination begins before birth; females are the most commonly aborted sex in India. If a female fetus is not aborted, the mother's pregnancy can be a stressful experience, due to her family's preference for a son. Once born, daughters are prone to being fed less than sons, especially when there are multiple girls already in the household. As women mature into adulthood, many of the barriers preventing them from achieving equitable levels of health stem from the low status of women and girls in Indian society, particularly in the rural and poverty-affected areas.

The low status of—and subsequent discrimination against—women in India can be attributed to many cultural norms. Societal forces of patriarchy, hierarchy and multigenerational families contribute to Indian gender roles. Men use greater privileges and superior rights to create an unequal society that leaves women with little to no power. This societal structure is exemplified with women's low participation within India's national parliament and the labor force.

Women are also seen as less valuable to a family due to marriage obligations. Although illegal, Indian cultural norms often force payment of a dowry to the husband's family. The higher future financial burden of daughters creates a power structure that favors sons in



household formation. Additionally, women are often perceived as being incapable of taking care of parents in old age, which creates even greater preference for sons over daughters.

Taken together, women are oftentimes seen less valuable than men. With lower involvement in the public sphere—as exemplified by the labor and political participation rates—and the stigma of being less valuable within a family, women face a unique form of gender discrimination.

Gender inequalities, in turn, are directly related to poor health outcomes for women. Numerous studies have found that the rates of admission to hospitals vary dramatically with gender, with men visiting hospitals more frequently than women. Differential access to healthcare occurs because women typically are entitled to a lower share of household resources and thus utilise healthcare resources to a lesser degree than men.

Amartya Sen has attributed access to fewer household resources to their weaker bargaining power within the household. Furthermore, it has been found that Indian women frequently underreport illnesses. The underreporting of illness may be contributed to these cultural norms and gender expectations within the household. Gender also dramatically influences the use of antenatal care and utilization of immunizations

A study by Choi in 2006 found that boys are more likely to receive immunizations than girls in rural areas. This finding has led researchers to believe that the sex of a child leads to different levels of health care being administered in rural areas. There is also a gender component associated with mobility. Indian women are more likely to have difficulty traveling in public spaces than men, resulting in greater difficulty to access services.