

GENDER AND WELL-BEING  
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# **GENDER AND WELL-BEING IN EUROPE**

**Historical and Contemporary  
Perspectives**

EDITED BY

**Bernard Harris, Lina Gálvez  
and Helena Machado**

 **cost**

# GENDER AND WELL-BEING IN EUROPE

# Gender and Well-Being

*Series Editors:* Cristina Borderias, Professor of Contemporary History, University of Barcelona, Spain and Bernard Harris, Professor of the History of Social Policy, University of Southampton, UK

The aim of this series is to enhance our understanding of the relationship between gender and well-being by addressing the following questions:

- How can we compare levels of well-being between women and men?
- Is it possible to develop new indicators which reflect a fuller understanding of the nature of well-being in the twenty-first century?
- How have women and men contributed to the improvement of individual well-being at different times and in different places?
- What role should institutions play in promoting and maintaining well-being?
- In what ways have different social movements contributed to the improvement of well-being over the last 300 years?

The volumes in this series are designed to provide rigorous social-scientific answers to these questions. The series emerges from a series of symposia, organized as part of COST Action 34 on 'Gender and Well-being: Work, Family and Public Policies'. Participants were drawn from disciplines including economics, demography, history, sociology, social policy and anthropology and they represent more than 20 European countries.

# Gender and Well-Being in Europe

## Historical and Contemporary Perspectives

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# Preface

Cristina Borderias and Bernard Harris

The chapters in this book are based on papers which were originally presented at a symposium on Gender and Well-Being at the University of Modena in Italy in 2006. The symposium formed part of a series of meetings funded by COST (European Cooperation in Science and Technology). COST is an intergovernmental framework which is designed to promote international collaboration across Europe in areas of scientific and technical research. In 2006, 34 countries were directly affiliated to COST and 23 countries included participating institutions. There was also one country, Israel, which enjoyed the designation of a 'cooperating state'.<sup>1</sup>

COST Action 34 is specifically concerned with the study of 'Gender and well-being: interactions between work, family and public policies'. It currently includes individuals from 24 countries and is coordinated by the University of Barcelona. The Action is chaired by Cristina Borderias and the Vice-Chair is Antoinette Fauve-Chamoux. The Modena symposium was organised by Antonella Picchio and Tindara Addabbo, with the assistance of Lina Gálvez, Bernard Harris and Helena Machado.

The Action has two central, but interrelated aims. Its first aim is to explore the impact of economic and social change on the lives of females and males using traditional indicators of well-being, such as income and wages, the allocation of household resources, access to services, and health status. The second aim is to explore the scope for the development of a new concept of well-being, and new social indicators, which reflect the circumstances of both male and female lives. It was hoped that the development of this concept would also contribute to the emergence of a set of new criteria for evaluating the impact of social policies both now and in the future.<sup>2</sup>

The Modena symposium was specifically concerned with the measurement of well-being in past societies and the development of a new set of welfare indicators for the study of gender differences in the present day. In addition to those sessions which focused directly on the development and application of different welfare indicators, it also included further sessions on the themes of health, the life cycle, access to resources, and the production of well-being in the household, and

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1 See [www.cost.esf.org/?id=9#faq](http://www.cost.esf.org/?id=9#faq) (accessed on 13 March 2008).

2 The original prospectus for the Action is set out in the Memorandum of Understanding between the Proposer, Cristina Borderias, and COST, dated 28 April 2005. This can be downloaded from the Action website at <http://www.cost.esf.org/index.php?id=320>.

these sessions were complemented by two specially-convened panel discussions which addressed the questions of interdisciplinary approaches to the definition and measurement of well-being and the development of new statistical sources. The organisers prepared a full report on the proceedings and this was accepted formally by the Action's Management Committee in April 2007 (see <http://www.ub.edu/tig/GWBNet/>).

This book seeks to build on the achievements of the symposium in two main ways. Part I aims to provide a historical introduction to the evaluation of the impact of economic and social change on the well-being of females and males in the European past. The chapters in this section seek to explore these issues by exploring such questions as the impact of gender on incomes and earnings (Wall); the use of height and weight as gender-sensitive indicators of well-being (Baten and Guntupalli; Harris); the role of gender in the formulation of household inheritance strategies in the Pyrenees (Arrizabalaga); the emergence of chlorosis as a 'female' disease (Bernabeu et al.); and the conceptualisation of well-being in the professional campaigns of female trade-unionists (Haggren). The second part of the book examines the relationship between gender and well-being in a more contemporary perspective. The chapters in this section explore such themes as the impact of fiscal policy on female labour force participation rates (Villota); the relationship between violence and gender inequality in the UK (Anand and Santos); the development of 'non-androcentric' welfare indicators (Carrasco); the evaluation of living and working conditions in present-day Modena (Addabbo and Picchio); attitudes to infertility (Machado and Remoaldo); and the relationship between gender and time-use (Sauvain-Dugerdil).

Many of the contributors to the original COST Action have been influenced, directly or indirectly, by the work of Amartya Sen and Martha Nussbaum. Sen (1993: 31) argued that traditional indicators of well-being had failed to take account of what he called 'functionings' and 'capabilities'. 'Functionings' represented 'the various things that [a person] ... manages to do or be in leading a life' and 'capabilities' represented the alternative combinations of functionings from which a person might choose, and which they might achieve'. Although Sen was primarily interested in the well-being of individuals, he has also recognised that 'the conversion of personal resources into functionings is influenced ... by social conditions, including public health care and epidemiology, public educational arrangements, and the prevalence or absence of crime and violence' in a particular location (Sen 2007). Nussbaum (2000; 2003) extended his approach by suggesting that certain capabilities, such as the capability of being able to live to the end of a life of normal human length and enjoying good health and adequate nourishment and shelter, should in fact be regarded as 'central human capabilities' which constitute a fundamental entitlement of all human beings, regardless of their gender. These ideas provide an important starting point for much of what follows.

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# Chapter 1

## Gender and Well-Being from the Historical and Contemporary Perspective

Bernard Harris, Lina Gálvez and Helena Machado

As the Series Editors have already explained,<sup>1</sup> this book is based on a selection of papers which were originally presented to the introductory symposium of COST Action A34: Gender and well-being: work, family and public policies. All the papers have been extensively revised in light of the discussions which took place at the symposium and subsequent comments. One of the main features of COST Action A34 has been the broad range of social-science disciplines which have been represented within it and we hope that this interdisciplinarity has also been reflected in the construction of this volume. Although many of our contributors would describe themselves as either economists or as economic and social historians, the volume also includes contributions from individuals whose own disciplinary backgrounds include medicine, anthropology and sociology.

The interdisciplinary nature of the volume is also reflected in the organisation of this introductory chapter. In Part I, we begin by looking at the ways in which the relationship between gender and well-being has been studied by economic and social historians, with particular reference to the long-running debate over the development of the ‘standard of living’ during the course of the British industrial revolution. We then consider the ways in which new ideas about the conceptualisation and measurement of well-being in the disciplines of economics and sociology have been reflected in the development of such concepts as ‘relative poverty’, ‘social exclusion’ and ‘human development’, before moving on to explore the emergence of alternative concepts of well-being in the more recent past.

### **Industrialisation and the Standard of Living**

As the previous section has already suggested, the relationship between welfare, well-being and the standard of living constitutes one of the most important and long-running questions in the field of economic history. During the first half of the twentieth century, historians of Britain’s industrial revolution devoted considerable attention to the calculation of changes in real wages during the period between *circa* 1770 and 1850, in the belief that even if wages were not exactly synonymous

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1 See Preface.

with the 'standard of living', they were nevertheless a primary determinant of it (see, e.g., Clapham 1926; Gilboy 1936). This approach has continued to play a very important role in the subsequent development of the discipline, as more recent work by Feinstein (1998), Clark (2001; 2007) and Allen (2001) amply demonstrates.

However, even though it would obviously be foolish to ignore the extent to which incomes and wages are related to well-being, it is also important to recognise their limitations as measures of well-being. Even if we were to confine our attention to the individual wage-earner, it would still be necessary to take account of a wide range of other factors including (but certainly not limited to) such issues as the nature and quantity of the work needed to obtain an individual income, the costs associated with the acquisition of the skills necessary to acquire such work, the conditions under which it is undertaken, and the goods and services which can be acquired as a result of it. However, even this would not allow us to take a full account of the relationship between individual wages rates and the well-being of society as a whole. As Hans-Joachim Voth (2003: 274) has argued:

To the extent that wages rise because they compensate for urban disamenities or the riskiness of particular kinds of work, measuring income may seriously overstate gains in the standard of living. Also, while income at low levels of development is essential for purchasing additional food, housing or health care, it is also often associated with the purchase of products that harm physical well-being, such as alcohol and tobacco.

Several writers have also criticised the traditional approach to the measurement of living standards from a more explicitly feminist standpoint. As Horrell and Humphries (1995a; 1995b) have argued, we know rather more about changes in male wage rates than we do about either the wages or the labour force participation rates of women and children, and this has often led historians to neglect the contribution which these individuals might also have made to the aggregate income of the household as a whole (see also Camps-Cura 1998; Sarasúa 1998). It is also important to recognise the importance of non-monetary contributions to household well-being. Even when women and older children were not earning money, they were nevertheless making a vital contribution to the well-being of their own and other people's households through the provision of a wide range of different forms of care and support (Chinn 1988; Ross 1993).

Many writers have also explored the question of inequalities in the distribution of resources within the household. At the beginning of the 1860s, the government inspector, Dr Edward Smith, reported that male labourers in many parts of rural England '[eat] meat or bacon almost daily', whilst their wives and children 'may eat it but once a week' (qu. Harris 1998: 418), and this pattern was found in many other parts of Europe during both the nineteenth and twentieth centuries. In Germany, Stephan Klasen (1998: 446) has pointed out that 'several authors discuss contemporary reports about women receiving lowest priority in food

allocation, with the survival of women often being considered less important than the survival and well-being of livestock'. In Spain, Borderias, Pérez-Fuentes and Sarasúa (2007: 8) found that 'although it is extremely difficult to quantify, evidence from travellers, reformers' reports and doctors clearly [shows] that ... women eat [smaller] quantities of food, of poorer quality, lower price, [and] in different places'.

Although much of this literature is based on documented evidence from historical sources, it also draws directly on accounts from contemporary developing countries. In a famous article, originally published in the *New York Review of Books*, Amartya Sen (1990) alleged that more than one hundred million women were 'missing' from the world's population as a result of sex-specific inequalities in the distribution of resources. It is difficult, and possibly even misleading, to attempt to draw a direct link between the experience of women and girls in today's developing countries with those of women and girls in the European past, but it is clear that both girls and women suffered different forms of discrimination which had a direct bearing on various aspects of their well-being (see also Klasen and Wink 2002; 2003; Harris 2008).

Feminist researchers have also raised questions about what might be meant, in the broadest sense, by terms such as 'living standards' and 'well-being'. As Sen (1987: 1) himself observed:

the idea of [the standard of living] is full of contrasts, conflicts and even contradictions ... You could be *well-off* without being *well*. You could be *well*, without being able to live the life you *wanted*. You could have got the life you *wanted*, without being *happy*. You could be *happy*, without much *freedom*. You could have a good deal of *freedom*, without *achieving* much. We can go on.

These arguments are as relevant to our understanding of the lives of people in the past as they are to Sen's own aim of understanding the lives of people today.

During the last three decades, economic historians have utilised a range of measures which have been designed to reflect a broader conception of the nature of well-being. One such approach, inspired by the work of Nordhaus and Tobin (1973) and pioneered among economic historians by Peter Lindert and Jeffrey Williamson, is to attempt to estimate the extent of the 'urban disamenities' associated with industrialisation by adjusting conventional measures of the standard of living to take account of changes in infant mortality and urban density (Williamson 1981; Lindert and Williamson 1983). A second approach involves the search for an alternative index of well-being which is capable of incorporating all the aspects associated with the 'quality of life' in a single measure. In 1984, Roderick Floud suggested that the average height of a population might represent one such measure because it 'already include[s] the effects of environmental or exogenous influences on welfare which are not included within conventional measures of income' and is therefore 'much closer to what we think of as welfare or the standard of living than artificial constructs such as national income per



capita or the real wage' (1984: 19–20). However, he also conceded that it was much more difficult to use height as a measure of individual well-being and that it was extremely difficult to isolate any single factor which might influence the growth rate of children at any particular age (Ibid: 22).

In more recent years, a number of authors have sought to develop a third approach, based on the methodology associated with the construction of the United Nations' Human Development Index. This index, which is directly related to Sen's original work, attempts to summarise the welfare of different populations by combining information about national income (using the logarithm of gross domestic product per head), literacy and expectation of life at birth (Steckel and Floud 1997: 11). In addition to this, efforts have also been made to extend the 'conventional' Human Development Index to take account of other factors, such as civil and political freedom and democratic accountability (Dasgupta and Weale 1992). Crafts (1997: 634) concluded that when all these factors were taken into account:

the correlation between real GDP per person and measures of the quality of life [in mid-nineteenth century Britain] seems to be weaker than for recent times. This suggests that an approach ... based on capabilities and well-being may be even more important for economic historians than for contemporary development economists.

### **Poverty and Social Exclusion: The Absence of Well-Being**

While historians are interested in measuring changes in the standard of living over time, economists and sociologists have often been more concerned about identifying sections of the population whose standard of living falls below minimum accepted levels and to compare differences in living standards across populations. However, although many of these investigations are primarily concerned with the identification of the levels of income needed to lift individuals out of *poverty*, they are also directly connected to broader questions about the definition of well-being.

In Britain, one of the earliest attempts to measure the incidence of poverty 'scientifically' was undertaken by the chocolate manufacturer, Seebohm Rowntree, in his home city of York, in northern England, in 1899. Rowntree tried to estimate the number of people living in what he called 'primary poverty' by comparing the normal weekly income of each household with the cost of those items which he regarded as necessary for the maintenance of 'merely physical efficiency'. He also used the term 'secondary poverty' to describe those households which displayed signs of 'obvious want and squalor' even though their incomes were theoretically sufficient to lift them above the 'poverty line' (Rowntree 1902: x, 296–8). At the time of publication, Rowntree's attempt to estimate the overall extent of poverty (including both primary poverty and secondary poverty) on observational or

impressionistic grounds was strongly criticised, and this led him to focus most of the energy he devoted to the study of poverty in subsequent surveys on the application and development of the 'primary poverty' line (Harris 2000: 72).

In order to estimate the number of families in primary poverty, Rowntree needed to be able to identify those goods which were deemed necessary for the maintenance of 'merely physical efficiency'. When he conducted his initial survey, he divided these goods into four main areas – food, fuel, clothing and rent. However, because he recognised that there was a difference between the concept of a poverty line and the *experience* of poverty, he also attempted to modify this poverty line in order to take account of the kinds of expenditure which were associated with living a 'normal' life in the society of his day. This meant that when he published his second survey of York in 1941, he based his findings on a revised list of 'essential' items, derived from his studies of the 'human needs of labour' in 1918 and 1937. This list included a number of additional items, including expenditure on newspapers, incidental travel, recreation, children's presents, beer and tobacco, subscriptions to religious organisations and membership of sickness and burial clubs, stamps, writing-materials, hair-cutting, and drugs (Harris 2000: 71–5).

As this list suggests, Rowntree's conception of the nature of poverty extended well beyond the concept of subsistence, but he was reluctant to go further and acknowledge that one of the logical corollaries of the concept of human needs was that the meaning of poverty was also likely to change over time, and this was the major difference between his conception of poverty and the conception articulated by the leading British sociologist, Peter Townsend, at the beginning of the 1960s (see Harris 2000: 75). Townsend (1962: 210) went much further than Rowntree in arguing that "both "poverty" and "subsistence" can only be defined in relation to the material and emotional resources available at a particular time to the members either of a particular society or different societies'. In his landmark study of *Poverty in the United Kingdom* he expressed this idea in the following terms:

Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the types of diet, participate in the activities and have the living conditions and amenities which are customary, or are at least widely encouraged and approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average individual or family that they are, in effect, excluded from ordinary living patterns, customs and activities (1979: 31).

Townsend's idea of relative poverty is arguably the most important conceptual contribution to British empirical social research in the postwar period. It influenced a generation of poverty studies in the 1980s and 1990s (e.g., Mack and Lansley 1985; Gordon and Pantazis 1997), and is closely related to the concept of 'social exclusion', which has played an increasingly important part in the development of European social policies since the 1970s (see, e.g., Atkinson and Davoudi 2000). However, as several authors have pointed out, the concept of social exclusion is

also more wide-ranging than the concept of poverty, because it recognises that individuals may be excluded from the normal activities of their society by factors which are not, in themselves, directly or exclusively associated with the lack of material resources (see, e.g., Barata 2000; Sen 2007). This is also reflected in the Council of the European Union's (2004: 9) definition of social exclusion, which reads as follows:

Social exclusion is a process whereby certain individuals are pushed to the edge of society and prevented from participating fully by virtue of their poverty, or lack of basic competencies and lifelong learning opportunities, or as a result of discrimination. This distances them from job, income and education opportunities as well as social and community networks and activities. They have little access to power and decision-making bodies and thus often feel powerless and unable to take control over the decisions that affect their day to day lives.

From the point of view of this volume, the concept of social exclusion is particularly important because of the extent to which it recognises that gender itself can be a cause of exclusion from 'normal' social life. This is only partly related to the fact that women often face a higher risk of poverty as a result of differences in employment rates, pay and lifetime earnings. As the European Commission's Expert Group on Gender, Social Inclusion and Employment has recently concluded, 'there are [also] gender differences in how men and women experience the stresses and social isolation of life on a low income, as well as gender differences in health and life-expectancy, the experience of crime, and homelessness' (Expert Group on Gender, Social Inclusion and Employment 2006: 7).

## **Development and Well-Being**

As the previous section has demonstrated, many sociologists and social investigators have attempted to measure levels of well-being by identifying sections of the population whose standard of living falls below generally accepted levels, either because they lack the resources to purchase a minimally acceptable basket of goods and services, or because they are excluded from some or most of the activities which the majority of the population takes for granted. An alternative approach seeks to compare average levels of well-being across populations as a whole, either by comparing levels of national income per head or by developing more broad-based indicators of the 'standard of living'.

One of the earliest attempts to devise a suitable method for comparing national living standards was undertaken by the American food economist, Merrill K. Bennett, in 1937. Bennett identified fourteen sets of statistical series which could be grouped under three main headings to provide a composite picture of 'the *per capita* quantum of goods and services utilised annually by the inhabitants of a country', and these are summarised in Table 1.1. Based on these indicators,

**Table 1.1 Indicators for the measurement of relative national standards of living, 1937**

| Field                       | Indicator  |
|-----------------------------|--|
| Professional services       | <ul style="list-style-type: none"> <li>• Deaths per 1,000 inhabitants, inverted</li> <li>• Births per 1,000 inhabitants, inverted</li> <li>• Percentage of total occupied population engaged in professional service</li> <li>• Percentage of population aged 5–20 attending elementary and secondary schools</li> <li>• Pieces of mail per capita handled by postal services</li> </ul> |
| Transport and communication | <ul style="list-style-type: none"> <li>• Telephone instruments per 1,000 inhabitants</li> <li>• Mileage of telephone and telegraph wire per 100,000 inhabitants</li> <li>• Railway locomotives per 100,000 inhabitants</li> <li>• Motor vehicles per 1,000 inhabitants</li> </ul>  |
| Food consumption            | <ul style="list-style-type: none"> <li>• Raw sugar per capita domestically retained</li> <li>• Tobacco per capita domestically retained</li> <li>• Tea, coffee and cacao per capita domestically retained</li> <li>• Citrus fruits and bananas domestically retained</li> </ul>  |

Source: Bennett 1937: 322–3.

Bennett attempted to divide the populations of these countries into five separate groups. The United States enjoyed the highest standard of living, followed by Britain, Switzerland, Holland and Belgium. The third group consisted of Sweden, Germany, Norway and France. The fourth group included Finland, Italy and Spain. The country with the lowest standard of living was Portugal and, like the United States, it also stood alone.

Following the publication of Bennett's article, a number of international organisations, including the International Labour Office (1938), the Food and Agriculture Organisation (1949) and the United Nations' Department of Social Affairs (1951) carried out enquiries into different aspects of the standard of living, and in 1952 the UN General Assembly instructed the Secretary-General to convene an Expert Committee 'to prepare a report on the most satisfactory methods of defining and measuring standards of living ... in the various countries' (United Nations 1954: iv). The Committee identified a total of 40 separate indicators which could be used to measure differences in health, food and nutrition, education, conditions of work, employment, consumption and savings, and transportation, but it was unable to identify suitable indicators for measuring housing, clothing, recreation and entertainment, social security, and human freedoms. It also

identified eight 'priority indicators' (expectation of life at birth, infant mortality, average food supplies, proportion of children in school, literacy, the percentage of the population which was 'economically-active', the distribution of economically active people by industrial and occupational category, and personal consumption), and three 'priority synthetic indicators' (national income, the relationship between changes in national income and changes in the population, and average expectation of life at different ages), but it concluded that the majority of countries lacked the data needed to measure differences in the standard of living under most of these headings. Its overall conclusion was that 'it is not realistic ... to expect that annual changes can be measured in the components of levels of living for purposes of either national or international comparison' until more efficient methods of data collection had been developed (United Nations 1954: 59–64, 79–91).

The UN also devoted considerable effort to the development of a standardised set of national income accounts, culminating in the publication of *A System of National Accounts and Supporting Tables* in 1953 (United Nations 1953). However, as Nordhaus and Tobin pointed out, national income, or GNP, is an index of production rather than consumption and cannot therefore be regarded as measure of economic welfare (see also United Nations 1954: 39). They attempted to address the problem in three main ways: first, by reclassifying GNP expenditure as consumption, investment and 'intermediates'; second, by imputing values for the services of consumer capital; and, third, by making allowances or adjustments, for the 'disamenities' of urbanisation (Nordhaus and Tobin 1973: 512–3).

Nordhaus and Tobin's paper reflected a growing apprehension about both the benefits and the inevitability of economic growth (see also Steckel and Floud 1997: 10), and breathed new life into the search for alternative measures of living standards and well-being. During the 1970s, Amartya Sen (1973; 1974; 1976; 1979) highlighted the need for measures which took account not only of the size of a country's national income but also the way in which it was distributed (see also Kakwani 1981; Dagum 1990; Atkinson 1997; Gruen and Klasen 2008), and Morris D. Morris (1979) developed the concept of the 'Physical Quality of Life Index', based on two health measures – infant mortality and expectation of life at the age of one – and an educational measure – basic literacy. In 1990, the United Nations introduced the Human Development Index, incorporating indices based on the logarithm of gross domestic product per head, literacy and life expectancy at birth (United Nations Development Programme 1990). Dasgupta and Weale (1992) sought to extend this concept with the aid of statistics based on indices of civil and political freedom, although the introduction of these additional variables made little difference to the overall ranking.

Although the HDI is now widely accepted as 'an alternative to GNP and ... the neoclassical measure of "consumer utility"' (Sharma 1997: 60), it also faced strong criticism as a result of its failure to take account of gender-differences in the level of development in different countries, and this led to a series of proposals for the development of more gender-sensitive indicators, such as the Gender-related Development Index (GDI) and the Gender Empowerment Measure (GEM),

both of which were adopted by the United Nations in the *Human Development Report* for 1995. The GDI attempts to identify differences in the level of human development with the aid of separate figures for life-expectancy at birth, education (a composite of adult literacy and school enrolment rates) and share of national income (calculated by combining sex-specific wage rates and employment rates). The GEM seeks to measure the extent of women's participation in economic, professional and political life, using a combination of statistics based on women's share of national income, the proportion of jobs in professional, technical, administrative and managerial grades, and women's share of Parliamentary seats (United Nations Development Programme 1995: 72–86).

However, despite these advances, neither the GDI nor the GEM has been accepted without criticism. As Dana Schöler (2006) has argued, the GDI is not in itself a measure of gender inequality, and therefore needs to be interpreted in conjunction with the HDI, and not as an alternative to it. However, even then it becomes clear that the GDI does not add a great deal to the HDI because it is largely dependent on the same sources of information about income, life-expectancy, school enrolment and literacy. This has led a number of commentators putting forward proposals for alternative indicators, such as the Relative Status of Women (RSW) Index (Dijkstra and Hanmer 2000). This index differs from the GDI in that it is explicitly designed to measure the degree of inequality within countries rather than measuring differences in the level of human development attained by men and women between countries.

The UN also attempted to measure the degree of female empowerment by means of the GEM, but this index has also been subjected to criticism. As both Pillarisetti and McGillivray (1998) and Schöler (2006) have pointed out, the GEM may underestimate the extent of female political empowerment in certain contexts because it is primarily concerned with political representation at the national rather than local level. At the same time, the index may also overestimate the extent of women's economic participation, particularly in developing countries. This is because the income variables are largely dependent on information obtained from the non-agricultural sector, in which women's economic participation can often be greater.

## **Well-Being, Happiness and the Quality of Life**

Although there is now a vast amount of evidence which demonstrates that there has been a substantial improvement in the material well-being of most of the world's population over the course of the last century, many observers have questioned the extent to which these improvements have also been associated with increases in happiness or subjective well-being (see, e.g., Diener 1984; 1994). As the economist, Richard Layard (2005: 3) has argued: 'There is a paradox at the heart of our lives. Most people want more income and strive for it. Yet as western societies have got richer, their people have become no happier'.

One of the main problems associated with the development of what Layard calls the 'new science' of happiness is the problem of measurement; as Bertrand and Mullainathan (2001: 60) have pointed out, there is a natural tendency to be sceptical about the objective value of subjective statements. However, there is now a very substantial psychological literature which suggests that attitudinal surveys do reflect real differences in the way people feel and are not simply reflections of underlying personality differences. As a consequence, the results of these surveys are now widely accepted as genuine indicators of subjective well-being (Kahneman and Krueger 2006: 3; Clark, Frijters and Shields 2006: 8–12).

However, although it is undoubtedly important to know how individuals feel about their own well-being, there are also dangers in assuming that this constitutes a universal measure. As Amartya Sen (1999: 62) has pointed out, 'concentrating exclusively on mental characteristics (such as pleasure, happiness or desires) can be particularly restrictive when making *interpersonal* comparisons of well-being and deprivation. Our desires and pleasure-taking abilities adjust to circumstances, especially to make life bearable in adverse situations'. It is also important to acknowledge the possibility that our appreciation of improvements in objective standards of living may be undermined by the 'hedonic treadmill' of rising expectations. As Richard Easterlin (2001: 481) has often argued, 'the increase in income itself engenders a corresponding rise in material aspirations, and experienced utility does not rise as expected' (see also Easterlin 1974: 90; 1995: 36).

One of the most controversial aspects of the study of happiness concerns its relationship to gender. During the last thirty years, it has often been pointed out that women command a smaller proportion of the world's resources than men and tend to devote a disproportionate amount of their time to the performance of routine household tasks (see, e.g., Addabbo and Picchio's contribution to this volume) but the majority of social surveys have concluded that there is little difference between women and men in the way they assess their own well-being (see, e.g., Offer 2006: 29; Van Praag and Ferrer-i-Carbonell 2008: 116–37). Many feminist writers would argue that this constitutes a good example of the extent to which the assessment of well-being can be distorted by the kind of 'adaptive preferences' to which Sen referred (see, e.g., Annas 1993: 281–2; Nussbaum 2000: 111–66).

However, although one should certainly be cautious in interpreting the results of these surveys, it would surely be wrong to ignore them altogether. This is particularly true of those surveys which have explored the direct relationship between happiness and economic well-being. If it is indeed the case that continued economic growth has failed to make people happier, what are the reasons for pursuing it?

In fact, recent research into the relationship between happiness and economic growth suggests that the real picture is a little more complicated than this summary suggests. In the first place, it seems fairly clear that income is correlated quite closely with happiness within countries; and, secondly, there is also growing evidence that improvements in objective living standards can lead to significant



improvements in subjective well-being in poorer countries (Diener and Biswas-Diener 2002; Frijters, Haisken-DeNew and Shields 2004; Clark, Frijters and Shields 2006: 6). The main problem concerns the relationship between happiness and well-being in countries which are already wealthy and this is why some observers have concluded that the benefits of economic growth diminish as national wealth increases.

If this is the case, then it is clear that one of the main challenges facing many European countries today is the challenge of devising new ways of living which are capable of combining continued economic growth with an increase in subjective well-being. As many of the essays in this book will indicate, the search for a solution to this problem will almost certainly raise questions about the relationships between men and women, and between people of both sexes and their environment.<sup>2</sup>

## **Gender and Well-Being**

As we have already indicated, the remaining chapters are divided into two sections. Part I is concerned with the analysis of gender and well-being in past societies, and includes chapters which focus on both the conceptualisation and measurement of well-being among historical populations. Part II has a more contemporary focus. The chapters in this section are concerned with the definition and measurement of well-being in different parts of Europe in the present day. By bringing these papers together, we hope to shed new light on the origins and nature of gender-inequalities at different points in time and explore the continuities between past and present. We also hope to contribute to the development of alternative sets of social indicators which may lead to advances in the measurement and definition of well-being in the future.

In Chapter 2, Richard Wall takes a wide-ranging look at the relationship between economic inequality and women's perception of well-being in a variety of historical settings. He begins by looking at the relationship between female and male earnings in a rural area of southern England (Corfe Castle) at the end of the eighteenth century and contrasts this with the situation which existed in the London parish of St George's-in-the-East in the mid-nineteenth century. He then examines a number of different dimensions of well-being including health, leisure, workplace autonomy and the valuation of domestic labour, before going on to look at women's ability to shape their home environment and their responses to adversity. Although he recognises the problems involved in attempting to evaluate such a diffuse concept as well-being over a long period of time, he concludes that

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2 The relationship between feminist and environmental approaches to the measurement of well-being is also discussed at much greater length in the paper which Lina Gálvez and Esther Velazquez presented at the Symposium on Gender and Well-Being in Modena in 2006 (see Gálvez and Velazquez 2006 for further details).



even though income differences may have narrowed as a result of urbanisation, ‘evidence abounds that power within the household remained in male hands through their control, direct and indirect, of the household’s finances’.

The following two chapters are both concerned with the use of anthropometric indicators to explore differences in male and female well-being. Aravinda Guntupalli and Jörg Baten begin by looking at the question of whether differences in the size of males and females – or ‘gender dimorphism’ – should be attributed to biology or to gender inequality, before examining a number of different settings in which male and female heights appear to have diverged. They use archaeological evidence to suggest that the gap between male and female heights, and therefore male and female living standards, narrowed during the Renaissance of the fifteenth and sixteenth centuries. They then examine a range of published studies which appear to suggest that the gender differential in height widened in both Britain and Germany during the first half of the nineteenth century, before narrowing thereafter. In the final part of their paper they examine trends in the average heights of girls and boys in eastern Germany after Reunification, before concluding with a brief summary of studies of male and female heights in ‘middle income’ and Less Developed Countries and a call for further research.

Although Bernard Harris’s chapter draws on a similar range of material to Guntupalli and Baten, he focuses more directly on the nineteenth and twentieth centuries and does not always share their conclusions. After a brief survey of the literature on the relationship between stature and the standard of living, he examines some of the main sources for comparing male and female heights and the methodological problems associated with doing so. He then looks at the available evidence of changes in the heights of male and female children in different parts of Europe during the twentieth century, before examining the heights of adults in both the nineteenth and twentieth centuries. Although his account draws on the many of the same sources as those consulted by Guntupalli and Baten, he is more sceptical of claims that there was a divergence in the heights of men and women during this period, but he also draws attention to new work on adult weights which may provide more unambiguous evidence of gender differences in health and well-being.

In Chapter 5, Marie-Pierre Arrizabalaga explores different aspects of the relationship between gender and well-being in the Pyrenean stem-family system, which emphasised the welfare of the family and household as a whole above that of the individuals within it. During the period of the *ancien regime*, Pyrenean families sought to protect the integrity of their property across the generations by means of a system of primogeniture, but this system was outlawed by the Napoleonic Code of 1804, which insisted that all children should be treated equally. However, despite this prohibition, families in the Basque Country continued to use the inheritance system to ensure that their property was not broken up. The main aim of Arrizabalaga’s chapter is to examine the implications of this system for the welfare of males and females within each family. Although the welfare of heirs and heiresses was usually greater than that of non-heirs and non-heiresses, male

heirs fared better than female heirs, and male non-heirs fared better than female non-heirs. Arrizabalaga therefore concludes that even though the Napoleonic Code was designed to create greater equality, it had the effect of increasing the degree of inequality between the sexes.

In the following chapter, Josep Bernabeu-Mestre, María Galiana, Ana Cid and Josep Esplugues attempt to reconstruct the history of a now-forgotten disease, chlorosis, which affected – or appeared to affect – large numbers of Spanish women in the late-nineteenth and early-twentieth centuries. Although some doctors regarded chlorosis as a consequence of poverty and overwork, others attributed it to what they regarded as the ‘peculiarities’ of either female physiology or the nervous system, and this means that it is difficult to establish how far it represented a ‘real’ condition as opposed to a diagnostic category. At the end of the chapter, Bernabeu et al. point out that the ‘chlorotic category’ disappeared from medical texts and hospital statistics in the early decades of the twentieth century, but they conclude by asking whether the symptoms which had previously been associated with the condition were not simply ‘transferred’ to new diagnoses such as neurasthenia, fibromyalgia and, most recently, chronic fatigue syndrome.

We return to the subject of health in Chapter 7, but in a very different context and country. In this chapter, Heidi Haggrén explores the history of the professional campaigns of Finnish nurses from the 1940s onwards. Her focus is not so much on health as an index of well-being as on the conceptualisation of well-being by a key group of health workers. As she points out, during the nineteenth and early-twentieth centuries the professional image of the nurse was built on the idea of nursing as a vocation, but this could also be seen as a form of ‘prison’. After the Second World War, Finnish nurses sought to expand their horizons by campaigning for greater autonomy at work and greater financial reward. Haggrén argues that the concept of a fair wage became integral to nurses’ sense of well-being during this period, but their pursuit of this goal was nevertheless constrained by social norms and structures that had a gendered nature.

In the opening chapter of the second part of the book, Paloma Villota examines some of the causes of variations in the levels of paid female employment among the fifteen member states of the European Union in 2001. Although she recognises the fact that employment itself is not the sole determinant of well-being and that levels of employment are likely to reflect the influence of a wide range of factors, including the provision of public services such as nursery care, her main focus is on the impact of fiscal policies. She points out that in some countries, each earner is treated independently and therefore enjoys a tax-free allowance on part of their own income, whereas in other countries the unit of taxation is the household, and so the second earner in the household is likely to pay tax on the whole of their income. She argues that this is more likely to discourage women from entering the labour market, because it means that they are subject to higher rates of taxation than women who live in countries where the second earner is taxed independently.

In the following chapter, Paul Anand and Cristina Santos concentrate on one of the ‘central human functional capabilities’ identified by Martha Nussbaum in

*Women and Human Development*, namely the capability of living a life which is free from the threat of physical violence (see, e.g., Nussbaum 2000: 78). Using data from a survey undertaken by members of the Open University in the UK, they begin by comparing men's and women's relationship to violence under three main headings, namely the experience of violence, current fears and self-reported vulnerability. They then explore the interrelationship between the experience of violence and feelings of anxiety, and vulnerability, before going on to discuss the relationship between violence and 'happiness' or, to use their own term, 'life satisfaction'. Their findings suggest that even though the risk of violence diminishes as household income rises, the most 'conflictual' households are those in which women contributed a higher proportion of total household earnings. They also found that there were marked differences in the type of violence experienced by women and men and that the fear of violence was strongly related to local experience. One of their most striking findings was that it is not so much the experience of violence itself as the feeling of vulnerability engendered by the experience of violence which has the greatest impact on subjective well-being. This was particularly true for women, although this may reflect differences in the type of violence experienced by men and women, rather than sex-specific differences in the way in which men and women respond to the same experience.

In Chapter 10, Cristina Carrasco extends the argument about gender and well-being by presenting a series of proposals for what she calls 'non-androcentric indicators'. She argues that the conventional approach to 'gender indicators' or 'gender-equality indicators' has failed to recognise the need 'to break with the current androcentric model by naming and valorising the activities, traditionally developed by women, which have been devalued by patriarchy'. She then outlines a series of 'capabilities' and 'indicators' which build on the work of earlier authors such as Amartya Sen (1993), Martha Nussbaum (2000; 2003) and Ingrid Robeyns (2003). In the final part of the chapter, she focuses on two particular capabilities, and their associated indicators, which are designed to illustrate the broader dimensions of her approach, namely 'access to adequate mobility and territorial planning' and 'access to care'.

Tindara Addabbo and Antonella Picchio's chapter is also informed by the search for 'an extended engendered definition of living conditions that includes domestic and care work'. In their study of living and working conditions in Modena, they use a range of indicators to compare different aspects of women's and men's lives, including paid employment, income, unpaid domestic labour, health and access to safe, secure and adequate housing. Even though Modena is a comparatively affluent area, with high rates of both male and female employment and good public services, their empirical research still reveals the existence of significant levels of gender inequality in each of these domains. However, they also demonstrate the need for a more expanded concept of well-being, which takes full account of the need to achieve 'a good and sustainable life, for everybody, as the tensions between the processes of production of commodities and social reproduction of people are not a woman's problem but a deep structural contradiction'.

In Chapter 12, Helena Machado and Paula Remoaldo explore the question of reproduction from a rather different angle. Their main concern is with the experience of infertility and the different ways in which this is interpreted and represented by the individuals who participated in a qualitative study undertaken in north-western Portugal in the summer of 2005. They find that women and men respond to the experience of infertility in very different ways – whereas the women in their survey reported feelings of ‘incompleteness’, the men felt threatened by their incapacity to procreate and attempted to compensate for this by appearing both ‘cooperative’ and ‘strong’. Machado and Remoaldo also examine the ways in which the development of assisted reproductive technologies, or ARTs, contributes to these discourses. Although they are ostensibly designed to give women more control over their bodies, they conclude that the new techniques restrict choice by reinforcing the view that it is a woman’s biological destiny to give birth.

As we have already noted, it can often be difficult to devise an objective measure of subjective well-being. In Chapter 14, Claudine Sauvain-Dugerdil describes her own attempt to overcome this difficulty with the aid of a time-use study conducted among 2000 young men and women between the ages of twelve and thirty in the west African state of Mali. She argues that the amount of time one is able to devote to oneself and the ways in which one uses that time can be used to capture both the objective and subjective dimensions of well-being, and her results illustrate the extent to which both the amount and the use of such ‘residual time’ vary by gender. Although the chapter highlights the need to situate time-use within the context of the value-systems within which it is embedded, it also demonstrates the extent to which such studies can shed new light on the relationship between gender and well-being.

Although the chapters in this book vary considerably in terms of their choice of both period and location, as well as in their disciplinary backgrounds and choice of indicators, they are united by a common awareness of the impact of gender differences on traditional measures of well-being and the inability of many of those measures to capture the full complexity of both men’s and women’s lives. By bringing them together in this volume, we hope to draw renewed attention to the problem of gender inequality and the need to develop new measures of well-being – and even new ways of living – in the future.

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PART I  
Gender and Well-Being in the  
European Past

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## Chapter 2

# Gender-based Economic Inequalities and Women's Perceptions of Well-Being in Historical Populations

Richard Wall

Careful interpretation of past censuses and surveys allows inferences to be drawn about the extent to which women in the past, even if poor in both a relative and absolute sense<sup>1</sup> could still take a positive view of their life situation. A range of factors that could foster feelings of well-being can be identified. Specifically it will be argued in this chapter that perceptions of well-being will be positive to the extent that the following circumstances apply to the particular women: adequate nutrition, good health and protection from the economic consequences of life-cycle crises such as the loss of the breadwinner. Other relevant factors are the amount of time women had available for leisure, their ability to fulfil their roles in society whether paid or unpaid free of interference from other persons and awareness that other persons, particularly close family members, valued those roles. Later sections of the chapter measure women's ability to impose their own imprint on their home and, when they made a will, to acknowledge particular family members and friends, and the different responses of men and women to personal crises. There are no doubt other factors determining well-being which ought to be considered but for those that have been listed at least some limited evidence is available.

### **Earning Capacity and Nutritional Status**

Given the differences between the earning capacities of men and women, it is evident that the economic consequences of widowhood were much more serious for women than for men in wage earning populations (and perhaps also in other societies). For example, the 1790 census of Corfe Castle in the county of Dorset in south-west England reveals that the wage differentials between men and women

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1 Absolute poverty signifies that the standard of living of these individuals fell below a defined poverty line, for example if they were at risk of starvation through lack of resources, relative poverty that their standard of living was lower than that of other groups in the population with whom they might have compared themselves.

were considerable. Men employed as labourers were said to earn 6 or 7 shillings (72–84 pence) weekly, fishermen and carters 7 shillings (84 pence), masons 9 shillings (108 pence), clay-cutters 10 shillings (120 pence) and quarry workers 15 shillings (180 pence).<sup>2</sup> Women earned much less. Just under two-thirds of unmarried women who headed their own household or lived as lodgers in the houses of other persons received between 12 and 16 pence from knitting. Half of all widows earned only 12 pence also from knitting. Apart from knitting, employment opportunities for women were limited but were better paid. A few women spun flax and earned between 21 and 36 pence. One woman was employed as a washerwoman and earned 30 pence. The best paid was the woman employed to teach spinning with a weekly wage of 72 pence. Wage differentials of this order clearly made it difficult for women to support themselves solely from their earnings.

This we can see by estimating the expenditure needed to support one adult (female or male) at the same level as that available to an agricultural labourer (see Table 2.1). The budget has to be estimated as only one budget detailing the earnings and expenditure of a woman living on her own was compiled in the eighteenth century (from Cumwhitton, Cumberland in 1796). There are, however, a number of budgets that have survived for households of labourers that were still in the early stages of development with few children and all of those under five.<sup>3</sup> A single adult, it is considered would need to spend on most food items about one-third of the amount spent by this labouring household to achieve the same standard of living.<sup>4</sup> On the other hand, it is more difficult to determine whether one adult could economise on the amounts spent by a four-person household on rent and fuel. The estimates presented in Table 2.1 assume expenditure on the same level as by a four-person household and in practice less expenditure might be required, saving

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2 Throughout this chapter payments are reported in the currency of the time: pence, shillings and pounds. Each shilling comprised 12 pence and each pound, 20 shillings or 240 pence. The currency remained in this form until decimalisation in 1971 when a pound was defined as equivalent to 100 (new) pence and the shilling was abandoned.

3 Budgets for a number of four-person households of agricultural labourers in the 1790s were included in Eden *The State of the Poor* (1797 vol. 3). A number of such budgets from Southern England and the Midlands were examined. The budgets differ in some details, reflecting differences in local economies and economic conditions when the budgets were compiled but expenditure on food varied within fairly narrow limits (82–112 pence per week) in the budgets examined but with somewhat greater variation in expenditure on rent (6.6–11.5 pence, weekly). Selection of the budget for inclusion in Table 2.1 was determined by the location of the particular household in Stogursey, a parish in the county of Somerset which adjoins Dorset where Corfe Castle is situated. The Cumwhitton budget is to be found in Eden (1797, 2001 vol. 2: 75–6).

4 An exception was, however, made in the case of expenditure on tea and sugar (not separately distinguished in the budgets), on the assumption that poorer women in this period were particularly heavy consumers of tea. See Buchan (1826: 6–7). Expenditure on tea and sugar by a widow or spinster living alone was therefore calculated at half that of a four-person household.

**Table 2.1 Weekly expenditure (in pence) of four person household of agricultural labourer and estimated expenditure required for maintenance of a widow or spinster in Stogursey, Somerset, in 1795**

| Nature of Expenditure        | 4 Person Household <sup>a</sup><br>(expenditure in pence) | % Total Budget | Widow/<br>spinster <sup>b</sup><br>(expenditure in pence) | % Total Budget |
|------------------------------|---|----------------|---|----------------|
| Bread                        | 22  | 17             | 7   | 12             |
| Barley                       | 30  | 23             | 10  | 18             |
| Yeast                        | 2   | 2              | 1   | 2              |
| Bacon                        | 12  | 9              | 4   | 7              |
| Tea and Sugar                | 12  | 9              | 6   | 11             |
| Soap                         | 3   | 2              | 1   | 2              |
| Candles                      | 6   | 5              | 6   | 11             |
| Cheese                       | 0   | 0              | 0   | 0              |
| Small Beer                   | 0   | 0              | 0   | 0              |
| Milk                         | 0   | 0              | 0   | 0              |
| Potatoes                     | 14  | 11             | 4.2   | 7              |
| Thread and Worsted           | 2   | 2              | 2   | 4              |
| Sub-Total                    | 103   | 78             | 41.2  | 73             |
| Rent                         | 10.5  | 8              | 10.5  | 19             |
| Fuel                         | 1.2   | 1              | 1.2   | 2              |
| Clothes                      | 9.6   | 7              | 3.2   | 6              |
| Sickness, births and burials | 8.4   | 6              | 0   | 0              |
| <b>Total</b>                 | <b>132.7</b>  | <b>100</b>     | <b>56.1</b>   | <b>100</b>     |

*Note:* <sup>a</sup>Expenditure as reported in Eden (1797 [2001]) vol. 3: cccl. This household consisted of a man and woman aged 40 and 38 and two children aged 5 and 2. Comments appended to this budget identify that the increased price of wheat in this parish had reduced consumption and that labourers were no longer able to grow their own potatoes having exhausted their own supplies. <sup>b</sup>Expenditure estimated on the assumption that a widow or spinster would spend one third of that of a four person household where the eldest child was aged 5 with the following exceptions: (1) expenditure on tea and sugar would be just half that of the four person household, (2) any sickness costs and parochial fees for births, that burials would be paid by others, in particular the Poor Law, and (3) widows and spinsters would not be able to economise on rent, fuel and candles.

*Source:* Eden (1797 [2001], vol. 3: cccl).

perhaps between 18 and 40 per cent of the expenditure on rent.<sup>5</sup> However even if we assume that a single adult might escape payment of both rent and fuel (as they were paid by others) and all fees for births and burials, the evidence set out in Table 2.1 indicates that this adult would still need to find just under 32 pence for food plus a further 5 pence for clothes, thread and worsted, 6 pence for candles and one penny for soap. Reference back to the earnings of unmarried women and widows in Corfe Castle in 1790 shows just how far short almost all these women were from meeting such costs from their own earnings. Indeed this was possible only for the spinning schoolmistress (earnings of 72 pence). The best paid flax spinners were 19 per cent short while the women employed as knitters could only provide between a quarter and a third of the sums required for their own maintenance. A number of these women also had dependent children in need of support. Moreover, the standard of living of a labourer (even if it could be achieved) was itself not a high one. Almost three-quarters of expenditure by labourers went on food and more than half of this expenditure on food was absorbed solely by the purchase of bread and barley (see Table 2.1). Yet in many cases the evidence presented by Eden (1797 [2001]) shows that their earnings failed to cover even this modest expenditure.

Fifty years later, a survey by the Statistical Society of London of St George in the East, a working class district in East London, also documented the greater earning capacity of men although the difference between male and female earnings was less than in Corfe Castle with men with families earning 2.6 times what women with children could earn and three times the earnings of an unmarried woman or childless widows (see Table 2.2 and Statistical Society of London 1848 [1974]).<sup>6</sup> In Corfe Castle the earnings of males were six times those of the majority of widows while in the rural parish of Ardleigh in Essex in eastern England the occasional earnings of women constituted no more than ten per cent of those of local men in 1796 (Sokoll 1993: 122). One of the reasons for the smaller disparity between the earnings of males and females in St George in the East may have been that women in this community had a much broader range of employments. The 151 widows with children practised 21 different occupations; the 64 unmarried women and childless widows, practised 19 different employments (Statistical Society of London 1848 [1974]: 206–7).

Even though there was less disparity between the earnings of men and women in St George in the East than in Corfe Castle it is evident that in St George in the East female headed households would still need to make some economies.

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5 These adjustments to the estimates are advanced taking account of the proportionate savings on rent made by widows and unmarried women and childless widows relative to the amount spent on rent by married men in the London parish of St George in the East in 1845, see below, Table 2.2. In a rural parish half a century earlier the savings might have been more or less than these calculations suggest.

6 These (plus unmarried men) are the only types of household identified in the survey and in the absence of data for individual households no re-categorisation is possible.

**Table 2.2 Weekly earnings of family head and entire family and expenditure on rent (in pence) by different families resident in the London working class parish of St George in the East in 1845**

| Earnings and Rent                      | Men with Families<br>(with or without children) | Widows with Children | Unmarried Men | Unmarried Women and Childless Widows |
|--|---|----------------------|---------------|--------------------------------------|
| Family Size                            | 4.2   | 3.4                  | 1.4           | 1.2                                  |
| Rent (pence)                           | 45  | 37                   | 33            | 27                                   |
| Earnings of Head (pence)               | 243   | 93                   | 279           | 82                                   |
| Earnings of Family (pence)             | 293   | 119                  | 388           | 98                                   |
| Rent as % Earnings of Family           | 15.4  | 31.0                 | 8.5           | 27.6                                 |
| Income per Person (pence) <sup>a</sup> | 95  | 54                   | 277           | 82                                   |
| Number of Families                     | 1651  | 151                  | 64            | 88                                   |

*Notes:*<sup>a</sup>Children in the households of men with families and with widows have been counted as half an adult.

*Source:* Calculated from Statistical Society of London (1848): 208–9; reproduced in Wall (1974).

One possibility was to move to cheaper accommodation. Indeed Table 2.2 does make it clear that widows with children were paying less in rent than men with families: about 18 per cent less. Unmarried women and childless widows were paying 40 per cent less. However Table 2.2 also reveals that both groups were had to devote a much higher percentage of their household income to pay the rent than were men with families. Widows with children had to use nearly a third of their household income for rent – unmarried women and widows over a quarter. Men with families, on the other hand, only spent 15 per cent of their household income on rent. What this indicates is that despite the fact that female-headed households needed to make economies, there was such a strong demand for housing in St George in the East that they were unable to procure the cheaper accommodation they required.

The necessary economies therefore had to be made from elsewhere within their budget and one option which they clearly adopted was to economise on food



**Table 2.3** Frequency of consumption of ‘animal food’ by different families in London working class parish of St George in the East in 1845

| Attribute                      | Men with families (with or without children) | Widows with Children | Unmarried Men | Unmarried Women and Childless Widows |
|--------------------------------|--|----------------------|---------------|--------------------------------------|
| Animal food once a week        | 14   | 49                   | 2             | 54                                   |
| Animal food twice a week       | 13   | 17                   | 0             | 17                                   |
| Animal food three times a week | 19   | 20                   | 6             | 4                                    |
| Animal food 4 times a week     | 14   | 9                    | 2             | 9                                    |
| Animal food 5 times a week     | 2  | 1                    | 0             | 2                                    |
| Animal food 6 times a week     | 13   | 2                    | 28            | 0                                    |
| Animal food 7 times a week     | 24   | 1                    | 62            | 13                                   |
| Number of families             | 1370   | 138                  | 50            | 46                                   |

*Source:* Calculated from Statistical Society of London (1848 [1974]: 213) reproduced in Wall (1974). For definition of ‘animal food’ see text.

(Table 2.3). The survey records how often in the week the different types of family consumed animal-based products. ‘Animal food’ was never defined but can be assumed to have been intended to include a much broader range of products than meat such as eggs, cheese and butter.<sup>7</sup> Yet whether the term was always understood this way by those who participated in the survey is more uncertain, particularly if they only consumed small quantities of eggs, butter and cheese as seems very likely given their low incomes. It is probably sensible, therefore, to interpret the survey as reporting the daily consumption of meat rather than a wider range of animal-based products. The term ‘animal food’ rather than meat will, however, be retained for the discussion which follows.

According to the survey, households of unmarried men were the most likely to consume animal food on a regular basis with more than 60 per cent of them eating it seven times a week and 90 per cent six or seven times. Men with families experienced a considerable reduction in their diet with 14 per cent having animal food just once a week and nearly half no more than three times a week. However,

<sup>7</sup> The distinction between animal and vegetable food was common in this period. It can be found, for example, in Buchan (1826: 45).

the most deprived were clearly the female-headed households. Just under half of all the widows with children and just over half of unmarried women and childless widows consumed animal food just once a week. The impact of this meagre diet on the health of these women and in the case of widows with children, also on the health of their children, must have been considerable. The latter point reinforces the findings of Horrell, Humpries and Voth (1998) who noted the smaller stature of sons when the only co-resident parent was the mother and attributed this to inadequate income and defective diets.

Other sections of their budgets where female-headed households decided to make savings were on clothing and furniture (Statistical Society of London 1848 [1974]: 213). The least well-provided with clothing were the households of widows with children of whom only just over a third were considered to possess sufficient clothing. This compares with over half of the households of men with families and of unmarried women and childless widows, and almost 90 per cent of the households of unmarried men. On the other hand the clothing of the members of households of widows with children was usually reported as clean. Both types of female-headed household were also more poorly furnished than were those where there was a male head although no more than a third even of male-headed households were considered well furnished. For female-headed households it was under a fifth. The cleanliness of the accommodation occupied by widows with children was also thought to be particularly deficient with under a third of widows with children living in accommodation classed as well-cleansed compared with just under half of the accommodation occupied by men with families, unmarried men and unmarried women, and childless widows. For widows with children this is further evidence of the consequences of having to provide for their dependants from meagre resources.

Even within the households of married men, however, there is evidence dating from the early twentieth century that indicates that food was portioned out inequitably with many married women curtailing their own consumption and/or being denied an equal share. What little food there was, and the most nourishing items, a housewife might well decide ought to be reserved for her husband, as the fate of the family could depend on the continued good health of the major wage earner, and for her children.<sup>8</sup> Such women were inadequately fed, and would have been well aware of this and accepted the situation. Other women may have been forced to curtail their consumption as their husbands prioritised their own spending (Payne 1991: 46). Widows and unmarried women when acquiring provisions for their own households would also have known that they could not afford the quantity or quality of food that was available to households supported by male earnings.

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8 The poor diets of married women as they concentrated on feeding their families were noted by contemporary middle class observers and have also been reported by their own children when writing accounts of their early life. See the accounts of working class women in London in the early years of the twentieth century as cited by Ross (1993: 55).

Whether there was more widespread gender-based inequality in the allocation of food to different members of the household with boys, particularly if of working age, given preference over girls, is more uncertain. There would be some logic to the distribution of resources on this basis as from an early age male earnings tended to exceed those of females. This is apparent in the 1790 census of Corfe Castle and working class parents in early twentieth-century New York were willing to allow their co-resident sons to retain a proportion of their earnings once they reached the age of 18 while their daughters had to wait until they were 21.<sup>9</sup> However, little direct evidence has been found that indicates that boys in general were better fed than girls. One exception is the account of working class life in Salford at the opening of the twentieth century as recalled by Robert Roberts. According to Roberts, it was small girls who were the least well fed as their mothers considered that they did not need much, ‘not the same as lads’ (Roberts 1971 [1977]: 109). Yet when in the same decade school medical inspectors began recording the nutritional status of children in Great Britain, in most, but not all, areas they reported that more boys than girls were malnourished.<sup>10</sup>

### **Health and Well-Being**

Poorer nutrition can also be one cause of poor health and indeed the Statistical Society of London did report that slightly higher percentages of women than of men in St George in the East were ill at the time of their survey in 1845: 4.2 per cent against 2.2 per cent with a further 3.6 per cent of women declared to be aged and infirm as compared with 2.6 per cent of the men (Statistical Society of London 1848 [1974]: 228).<sup>11</sup> However, many other investigations of sickness rates for more recent times when there was no reason to suspect greater malnourishment in the general female population also report higher rates of sickness among females (Riley 1997: 167). One possibility is that the weaker males had already died but whatever the cause might be, higher rates of sickness for women than men would not foster any sense of well-being at least for this minority of women (and their presumably female carers). Nor would the inadequate nutrition of a much larger number of women foster a sense of well-being. Moreover many, even of the women who were less immediately at risk of having to seek assistance from the Poor Law in England, did become considerably poorer once they were widowed. When a

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9 In Corfe Castle both sons and daughters began earning when they were eight. At age ten, sons were earning on average 21 pence and daughters 15 pence and at age 15 sons 48 pence and daughters 23 pence. See Wall (2004). For the New York evidence, see More (1907).

10 Some of this evidence is reported in Wall (1994b) and see also Harris (1998:417).

11 The survey does not make it clear whether illness was self-reported or inferred by the investigators. It should also be noted that the survey reported a higher incidence of ill-health among male than among female children (2.9 and 1.7 per cent respectively).

husband died leaving both a widow and adult children, any property he owned, whether in the form of houses, land, cash or goods was often shared out between the widow and the children for whom no prior provision had been made.<sup>12</sup>

## Leisure Time

The next attribute of well-being to be considered is the relative amount of leisure time available to men and women in the past. For this purpose we can use the information on the balance between work-time and leisure-time in the time budgets of members of peasant, craftsmen and labouring families assembled by Le Play and his followers in the middle and later years of the nineteenth century (Le Play 1855, [1877–9]); *Ouvriers des Deux Mondes* 1857–1899). The information collected included how much time within the working day each member of the family that was surveyed devoted to work – paid or unpaid.<sup>13</sup> The time spent on housework and child rearing was included. Any time not accounted for can be considered time within the working day that was available for leisure. If leisure is defined in this way, the budgets indicate that men and women had on average equal amounts of leisure time – about 13 per cent of the working day. There was, however, considerable variation from individual to individual in the amount of leisure time available. For married women this variation was particularly marked. For example a quarter of the women married to piece workers had more than a fifth of their working day free for leisure while another quarter had at most just a tenth.<sup>14</sup> On the other hand, surveys of leisure activities conducted in the twentieth century indicate that the amount of time that married men could devote to leisure exceeded the time that women had available. In 1989 *Social Trends* reported that men in the United Kingdom in full-time employment had a third more ‘free time’ than did women who were also employed full-time and 12 per cent more

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12 Evidence on this point, based on an analysis of the provisions married men, who shared the surname of Farrer, made for their families in their wills between 1500 and 1850 is included in chapter 4 of Moring and Wall (2009).

13 Admittedly the time budgets are not always easy to interpret. In the first place, when the budgets were published (Le Play 1855, 1877–9 and *Ouvriers des Deux Mondes* 1857–1899), working time was expressed in terms of days worked per year rather than in hours per day as apparently reported by the families. Secondly, time use was based on a notional working day of ten hours (the average of longer hours in summer and shorter hours in winter). Outside this working day further time existed for leisure. Moreover, some individuals worked more than a daily average of ten hours, producing a working year of more than 365 days. However, as very few individuals put in longer working days the impact of the latter idiosyncrasy on the estimates of leisure time is minimal.

14 This variation represents the inter-quartile range of time available for leisure of 22 wives of piece workers. The results are reported in Table 2 of Wall (1997).

than women who were employed part-time (see for example Payne 1991: 82).<sup>15</sup> Differences between men and women in the amount of time they had available for leisure were even more marked in other societies. For example, in the Russian city of Pskov in the 1960s, married men in full-time employment had 78 per cent more leisure time than married women who were employed full-time although the latter devoted almost as much time to paid employment as married men (12 per cent less) (calculated from Tyazhelnikova 2006: 183). Taken at face value, these comparisons suggest that since the latter years of the nineteenth century there has been a marked increase in the time men have available for leisure relative to the time which women are able to find.

### Autonomy in Work Roles

We will now move on to consider the issue of how much independence married women enjoyed when performing their duties of housework and child rearing, where there is evidence for some wealthier members of colonial North America shortly before Independence. Some years ago Mary Beth Norton compared the different types of claims for compensation which men and women presented to the British government for the economic losses they had suffered as a result of their support for the losing side in the American War of Independence (Norton 1976). Men, if widowers or separated from their wives, were unable to provide detailed lists of the household items such as furniture that had been lost. This would suggest that not only had they not routinely undertaken household chores but that they had not been actively involved in the purchase of equipment for the household. Women, on the other hand, did provide detailed descriptions of household goods (Norton 1976: 396). What, however they were usually unable to do (if claiming as widows or separated from their husbands) was to specify the monetary value of the houses, land, crops and livestock for the loss of which they were seeking compensation. On the other hand, providing they had lived on the property they were able to specify the acreage and detail the crops cultivated and tools used (Norton 1976: 391–2). If, rarely, they did express the monetary value of their losses, such information was based on hearsay or represented the opinion of a male relative (Norton 1976: 389–92). One widow was even ignorant of the terms of her husband's will as regards the property to be bequeathed to her (Norton 1976:

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15 *Social Trends* 1991: 170, Table 10.2, and see Payne 1991: 82. The only group of women identified by *Social Trends* who had more 'free time' than men were 'housewives' who had 53.3 hours of 'free time' per week in 1989 compared with 44.2 hours for men. Like Le Play, *Social Trends* reported time use only for part of the day. Le Play based his calculations on time use within a working day of ten hours (see above); *Social Trends* assumed seven hours of sleep for each adult.

393).<sup>16</sup> In this colonial society, therefore, the roles of husband and wife appear to be complementary rather than cooperative implying that both enjoyed considerable independence within their own sphere. The degree of autonomy exercised by the wives was, however, limited given that control of the family's finances rested with the husband. Indeed this did have serious consequences for the wife, for example when, as a widow, she had to prepare a claim for compensation (Norton 1976: 394).

These 'loyal' colonialists (at least the wealthier ones on whom Norton comments in detail) were relatively prosperous before Independence but there is also evidence for much more modest levels of society that different members of the household undertook different tasks. For example Le Play's collection of 36 time budgets of peasant, craftsmen and labouring households from various parts of Europe in the middle of the nineteenth century shows that 21 out of 36 married women (58 per cent) had sole responsibility for housework and child rearing. When they did receive some assistance, this was usually provided by daughters over the age of thirteen with sons participating in housework only in cases where there was no daughter in the family or no daughter over the age of ten (Le Play 1855 [1877–9]) as summarised in Wall (1994a: 327–8). Within the family economy, Le Play reported that the only work which husbands and wives commonly shared was gardening. Husbands took responsibility for repairs of the house and furniture and the provision of food and fuel while wives prepared the food, did the housework, cared for the children, made, mended and cleaned the clothes, and in rural areas raised poultry and gleaned. Wives had many more distinct tasks to perform for the family economy: 123 are listed in the 36 budgets, an average of 3.4 for each woman. By contrast, Le Play recorded only 53 tasks undertaken for the family economy by the 36 married men, representing an average 1.5 tasks for each married man. Much of this sort of work involved husbands and wives working on their own. This was the case with just over half of the tasks identified by Le Play. When a married woman did work together with other family members, it was more likely to be with her daughter (a fifth of all tasks) than with her son or husband with each participating in 11 per cent of all her tasks. The pattern of task-sharing

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16 This inability by wives to specify the value of property sits a little uncomfortably alongside the fact that many widows in the American colonies, as in England were appointed by their husbands as executrices of their wills. As has been argued by Amy Erickson, appointment as executrix implies that when married, women must have shared financial responsibilities with their husbands or they would not have acquired the skills necessary to administer the estate or the respect that ensured that their decisions would not be challenged; see Erickson (1993: 221). However, Erickson does also report that the percentage of wives who acted as executrices in colonial America did decline dramatically over the course of the eighteenth century and that the wealthier testators were usually less likely to choose their wife to be their executrix (Ibid: 159). In England the percentage of wives chosen to be executrices of their husbands' wills also declined from about 80 per cent in the seventeenth century to 60 per cent in the eighteenth century – a significant but not a dramatic fall; see Moring and Wall (2009).

by married men differed in that their work in the family economy was more likely to be shared with their wives (a quarter of all their tasks) than with either their sons or daughters (about a fifth of all tasks).

Such widespread division of labour in the allocation of work within the family economy allowed for a considerable degree of autonomy in both the planning and performance of the various tasks. Yet this autonomy was also limited in a number of important ways. In the first place the tasks were complementary in that the well-being of the whole household depended on each task being performed efficiently. A slovenly housewife or a lazy or spendthrift husband was likely to give rise to strife within the family. Secondly, although very little is known about how tasks were allocated within the family economy, in the vast majority of cases free choice is not likely to have been an option, particularly as regards the amount of housework undertaken by married women. Some autonomy for married women in the sphere of work may therefore have existed but the choice of sphere was restricted both by custom and by the decisions and needs of other members of the household.

Such constraints on the autonomy of married women as to the sort of work they undertook were particularly evident in poor families. In these families, decisions taken by a husband could have immediate consequences both for his wife and for the whole household economy. For example, one advice manual directed at Irish peasant populations in the early nineteenth century indicated that husbands could stipulate what products the household could afford to consume and what work the wife might undertake outside the household (Leadbeater 1812: 48–50, 54–5, 58–9). The same advice manual also counselled peasant women on how to exercise restraint when voicing complaints, to approach in a conciliatory manner such contentious issues as the excessive consumption of alcohol by their spouse and to undertake themselves the redecoration of their cottage if the husband was too exhausted (or perhaps too lazy). Admittedly the advice offered in manuals, even in the more practical ones like those of Leadbeater which provided recipes designed for poor people who could rarely purchase meat, could present a distorted image of the reality of household life. However, it is significant that she thought it was feasible to urge husband and wife to cooperate in order to improve the management of peasant households and thereby avoid arguments and economic disasters. A wife's autonomy in her own work sphere but also that of her husband (although probably to a more limited extent), was therefore limited because their poverty necessitated their collaboration.

Even in the much more affluent populations of the present-day western world, the successful management of the household budget depends critically on both husband and wife limiting their personal spending: in other words limiting their autonomy, freely or otherwise, in order to promote the well-being of the household. Just how this might work in practice was made clear in Pahl's 1989 investigation of how 102 married couples in Kent in south-east England managed their money. Just under two-thirds had joint bank accounts (Pahl 1989: 89) although it was the husband whom Pahl identified as more likely (60 per cent of couples) to have ultimate control of the household's finances. The wealthier the household, the



more likely it was that the husband would control the household's finances (Pahl 1989: 107). The majority of the women interviewed (that is all the women in the survey, not just the wealthier ones) also reported that decisions about how the housekeeping budget should be spent were either taken by their husbands (36 per cent) or were shared (24 per cent) (Pahl 1989: 90). The autonomy of these married women to decide how housekeeping money should be spent was therefore limited, in some cases because decisions on expenditure were made jointly with their husbands and/or because their husbands controlled the finances.

### **Valuation of Women's Work**

A more positive impression of women's well-being emerges from a consideration of the final two factors identified as likely to promote feelings of well-being: appreciation of the work they undertook and their ability to control their immediate environment, however mean that environment might be. One guide to the value accorded to women's work is provided by the payments which various public bodies were prepared to authorise for specific housekeeping skills. For example, when Justices of the Peace met in Oakham, Rutland, in 1610 to set the maximum rates of pay for particular types of work, they stipulated that the best woman servant could be paid 14 per cent more than the second most skilled woman servant and two-thirds more than the least skilled. It is true that the payment of these premiums did not result in the equalisation of maximum rates of pay for men and women. However, the rates of pay authorised were far closer to the rates authorised to be paid to males than the differential between male and female earnings in Corfe Castle, Ardleigh or even in St George in the East (respectively 6:1, 10:1 and 2.6:1; see above, and Sokoll 1993 and Wall 1994a). For example, the Oakham Justices set a maximum wage for the best male servant in husbandry that was 1.9 times the maximum allowed the chief woman servant and a maximum wage of a mean male servant that was 1.8 times the maximum pay of a mean female servant (Eden 1797 [2001], vol. III: xcv-xcvi).

Another perspective on this issue is offered by considering the lower proportion of their earnings that males could allocate to their personal consumption when they were married compared with their position when they were bachelors. The difference indicates the price men were prepared to pay for having a wife to run the household, look after their children, work in the family economy and contribute her supplementary earnings to the household. If, for example, rates of pay were as in Corfe Castle in 1790 and if husbands did consume 50 per cent more of the household's resources than their wives, then marriage would reduce male income from 108 pence to 48 pence, representing a fall in income of 55 per cent. It should be noted that such inequality in the distribution of the resources of the household between husbands and wives is still considerably less than the differential between the earnings of men and women in this population indicating that one of the functions of households in Corfe Castle continued to be that of



transferring resources from higher paid males to less well paid females. Different assumptions about how income was distributed within households would of course alter these estimates. If, for example, husband and wife took equal shares of the household's resources, male income on marriage would fall by 69 per cent rather than 55 per cent. Alternatively if the husband's share of household resources was a quarter larger than has been assumed, marriage would only reduce male income by 44 per cent.

### **The Impact of Women on the Home Environment**

The final factor of well-being to consider is the extent to which women were able to influence the character of their homes. Women's imprint on the home environment is apparent in Norton's study of American colonists at the time of Independence (Norton 1976) but their influence is also apparent in a much poorer population, that of the East London parish of St George in the East surveyed by the London Statistical Society in 1845. One of the more unusual aspects of this survey is that it recorded the numbers of households which owned books or pictures. Both books and pictures were then categorised, presumably after personal inspection on the part of those conducting the survey, as serious theatrical or miscellaneous.<sup>17</sup> Income, the type of household in which one lived or personal preference might all influence whether a particular individual did or did not own books and pictures. In St George in the East in East London in 1845 the frequency of ownership of books and pictures varied greatly between the different household types identified. Households with children (whether headed by a married couple or a widow) were far more likely to own books or pictures than were households of unmarried men and childless widows and unmarried women. This would suggest that the amount of the household's income had only a limited impact on the ownership of books and pictures as unmarried males were high earners.

More interesting is that households of different types also differed in the type of books and pictures that they owned. For example widows with children and unmarried women and childless widows were less likely than married men to own pictures which those conducting the survey considered 'theatrical'.<sup>18</sup> In addition, all unmarried women and childless widows heading households which contained at least one book, owned 'serious' books. Unfortunately, the report of the survey failed to define what was meant by the use of the term 'serious' (or 'theatrical' or

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17 Very few books were classed as theatrical, presumably because the time available for the survey precluded such categorisation. For details see Statistical Society of London (1848, 1974: 217), reproduced in Wall (1974).

18 The percentages in this paragraph report how many of the book and picture owning families possessed these different types of books and pictures and not the frequency of ownership of 'serious' books and pictures, etc. in the total population.

‘miscellaneous’).<sup>19</sup> What is clear, though, is that households which contained few if any adult males preferred to display more sober images when they acquired pictures. Unmarried women and childless widows were also the most likely to own ‘serious’ books.

In the specific context of this East London parish in 1845, therefore, it is possible to see how even very poor women who headed their own households might be able to shape some aspects of their home environment. Amy Erickson, however, has argued that in early modern England, women with sufficient means, for example those with some assets to bequeath in their wills, were also able to extend their influence beyond the home by leaving bequests to members of their families and friends (Erickson 1993: 205–22), bequests that differed in a number of ways from those made by most men. Such bequests by women, according to Erickson, reveal the importance they accorded their female friends (Ibid: 213) and indicated that female testators were well aware of the potential or actual economic vulnerability of a number of these women (Ibid: 222). Most of their bequests were smaller and more personalised than those made by men. Personalised gifts may have had relatively little monetary value but were considered by the testator as likely to be particularly appreciated by the recipient and provide a long lasting remembrance of the testator. Whether these bequests by women were made to close or more distant relatives or to friends, more of the recipients would be women than received bequests in men’s wills. Women usually also made bequests to a wider range of kin (Ibid: 212, 215). However, as Erickson has also pointed out, recognition of a broader range of kin in the wills of women is to be expected given that the majority of these women were widows and their wills completed the process of devolving property that had seen the bulk of the valuable property transferred earlier by their late husbands either through *inter-vivos* gifts or in their wills. These women therefore did not necessarily have a wider network of friends than their husbands but were simply freer to acknowledge them in their wills.

### **Coping with Adversity**

Just as there are many different aspects to well-being, there is a considerable variety of responses to adversity according to the severity of the crisis, the personality and capability of the persons affected, and the extent and nature of the resources they had already accumulated or could access in the case of necessity. We can take the case, for example, of widows whose late husbands had owned land. Widows who received land through the wills of their late husbands were immediately faced with the need to find a way of replacing the male labour that had been lost. This they might do by seeking the assistance, with particular tasks, of a male relative, particularly an adult son if available or by hiring male labour if it was not. Widows

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19 As the survey was taken in 1845, it can be assumed that most if not all of the serious books and pictures depicted religious themes.

could also choose to dispose of parts of the estate, temporarily or permanently (if they had been granted it outright) and try and live off the income this generated. However, these widows were also very likely to have to support themselves from a smaller property portfolio than had been available to their late husbands as estates were divided to meet the claims of other heirs particularly if there were any adult children. Nevertheless it is clear that some widows made an economic success of widowhood in that on their death they left more moveable property than had been bequeathed to them by their husbands.<sup>20</sup> Erickson reports that the majority of widows in Sussex and Lincolnshire whose inventories she compared with those of their former husbands, left as much or more personal property than was listed in the inventories of their husbands (Erickson 1993: 193). However, comparison on similar lines for couples from parishes in Gloucestershire and Derbyshire, indicate that in these cases the value of a husband's inventory usually exceeded that of his widow's (see Moring and Wall 2009: Chapter 4).

Attempts by poorer women as well as by poorer men to cope with adversity are well documented in their correspondence with the Overseers of the Poor when they were resident in one parish but were entitled to support from the Poor Law in the parish (which might be miles away) where they had acquired rights of settlement.<sup>21</sup> The letters mention the cause of the distress (such as illness, death of a relative or unemployment) and the consequences such as want of food and clothing, and poor housing. Some of the letters adopt an apologetic tone while others are content with a statement of the facts and others plead for help. Regardless of the tone, however, most of the letters do seem to have succeeded in eliciting some financial assistance if not always all that had been requested (Sokoll 2001: 68). Admittedly the pauper whose name appeared at the bottom of the letters may not have written them herself or himself but both their content and style indicate that there was little recourse to professional scribes and that most of the letters were either written by the paupers themselves or by someone close to them – either a family member or a neighbour (Ibid: 58–60, 64). From the present perspective, whether or not the pauper women did write their own letters or not is irrelevant as it is clear that they had been able to develop a strategy which could secure the assistance from the Poor Law that they and their families needed.

On the other hand there were certain circumstances in which women were far less successful in defending their own interests, as for example when they failed to secure an adequate share of the household's resources. This could be because they saw the curtailment of their share as necessary in order to support or propitiate the chief wage earner or to enable investment in the next generation. Alternatively, they might simply have felt that this was how they expected their life to be or

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20 The principal types of moveable property include cash, loans made by the deceased, leases, household goods and tools, and harvested crops (stores of grain, hay, etc.).

21 Sokoll (2001) includes transcripts of all the correspondence from Essex paupers preserved in the Overseers Accounts in the Essex Record Office.

were too repressed to claim their due share of the household's resources.<sup>22</sup> Another group of women who felt they would be unable through their own efforts to escape their plight were the formerly wealthy American colonists studied by Norton. According to Norton these women loyalists perceived themselves as helpless even if they were not and that this may have affected the way they responded to crisis, for example in seeking charitable help rather than by looking for work. Male loyalists, on the other hand, never referred to themselves as helpless, even if they were, and believed that they would be able to better their circumstances through their own efforts, given some luck (Norton 1976: 406). The reason for these different reactions to the loss of fortune is matter for conjecture. Norton, however, stresses what are essentially differences in approaches to life with women much more emotionally involved with a spouse and children and thus suffering the greater devastation as a result of the death of the former and their inability to support the latter (Ibid: 407). The fate of these American women was clearly exceptional in that most had not only lost their spouse and all their economic resources but also their friendship networks which they found more difficult than men to replace (Ibid: 399). Nevertheless the desolation that these women experienced following the death of their spouse is likely to have been shared with many other widows.

### **Perspectives of Well-Being in Time and Place**

The detailed evidence from Corfe Castle and St George in the East presented above has given some idea of the variation that was possible in the past between male and female earnings in different English populations. It is also apparent that the Poor Law authorities tried to ameliorate the consequences of these inequalities for women particularly those who had no adult males in their households whose earnings they could access. However, economic inequalities remained (Wall 2003). On the other hand, other factors such as the gendered division of labour within the household and family economy, the value which public authorities and these women's husbands placed on this work, and women's ability to influence their immediate environment, may have helped foster feelings of general well-being among women in widely different circumstances, ranging from wealthy Americans on the eve of Independence to the wives of European peasants and craftsmen in the mid-nineteenth century. With a concept as multi-faceted as well-being there should not be any occasion for surprise that some aspects of well-being suggest a positive image of women's standing in the community while others yield a negative one. It is the latter that predominate.

Even more difficult is to chart how feelings of well-being may have evolved over time. Many of the sources that have been analysed are specific to particular time periods and populations. It is also necessary to take account of how the social

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22 See above and for the continuation of this pattern into the late twentieth century, the summary of a number of studies in Payne (1991: 80).

structure and economy of Europe has changed over time. In the three hundred years since 1700, not only have the agricultural, industrial and service sectors undergone many transformations but there has also been a major shift in the distribution of the population, from rural to urban and on to an urbanised countryside and from employment in rural and small town economies to work in industrial cities and the predominance of the service sector. The evidence that has been presented here suggests that gender determined inequalities in earnings might have lessened with urbanisation in the nineteenth century while leaving inequalities in the access to household resources largely untouched. Even in the late twentieth century, evidence abounds that power within the household remained in male hands through their control – direct and indirect – of the household’s finances.

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# Chapter 3

## Measuring Gender Well-Being with Biological Welfare Indicators

Aravinda Guntupalli and Jörg Baten

Measuring gender well-being for the period before the twentieth century is a difficult task, given that quantitative information is often lacking. However, some studies have employed height as an indicator for measuring biological welfare in general and gender differences in welfare in specific (to mention a few examples: Nicholas and Oxley 1993; Johnson and Nicholas 1995; Harris 1998a; Horrell et al. 1998; Baten and Murray 2000). We review these research papers and some others that applied gender differences in height as a proxy of net nutritional status, and health. Moreover, we will review previous research which has studied the gender inequalities during the Middle Ages, the early modern period that includes the ‘witch hunting’ period, the early industrial revolution in Britain, as well as still agricultural societies in other countries such as Bavaria and Ireland in the nineteenth century. In addition, modern societies in the transition from socialism to market economy were also considered for this overview.

Our review considers the quantitative evidence regarding gender-specific well-being. In the following section we discuss gender dimorphism and gender differences in height, reviewing the biological literature on the topic. In the second section we argue that gender difference in stature is not a simple biological mechanism. In the third and fourth sections we report the studies on the impact of economic factors on gender differences in height and recent archaeological findings about male and female stature during the Middle Ages and the early modern period. We then discuss the problems and advantages of these methods by reviewing the literature that applied them for studying the welfare of the eighteenth and nineteenth centuries. Gender inequality in the transition period from socialism to market economy during the twentieth century is discussed in section six and we conclude with plans for future research in section seven. In this paper we use archaeological data of Koepke and Baten (2005) and Baten and Murray’s southern Germany data (2000) to support our discussion.

### **Human Stature and Gender Dimorphism**

The average height of a larger population group is mostly influenced by the quality and quantity of nutrition, and the disease environment. Many economic historians



used height as a measure of net nutrition and living standards (Fogel et al. 1983; Komlos 1985; Steckel 1995; Floud and Harris 1997; Steckel and Floud 1997; Baten 2000a). This literature argued that it could be useful to supplement the conventional indicators of well-being, such as GDP per capita, with other welfare measures, especially anthropometric indicators. In particular, anthropometric indicators have been successfully implemented to analyse living standards in historical and pre-historical periods (Koepeke and Baten 2005). Moreover, research teams at the World Health Organization suggest measures of height as a principal index of nutritional status for both males and females even today (WHO Working Group 1986).

Average heights were proved to be a successful proxy of economic welfare as heights are sensitive to nutritional status and health care. Historical data on mean stature were used to trace the trends and levels of well-being in a population. However, stature has only recently been accepted as an indicator for measuring gender differences in the biological well-being of populations.

The final size a child attains as an adult is the result of a continuous complex interaction between genetic and environmental factors during the growth period (Eveleth and Tanner 1976). According to them, two genotypes that could produce the same adult height under optimal environmental circumstances produce different heights under circumstances of deprivation. Thus, two children that would be taller in a well-off community may be shorter under poor economic conditions. Moreover, one might be significantly smaller than the other due to the non-additivity of genotype and environmental factors. A child's development may be stunted due to lack of environmental stimulus – that is essential for child's growth – during 'sensitive periods'. During illness, a child's growth may slow down and in case of availability of better nutrition this slowdown is followed by a catch up. However, this catch up less often occurs among girls if there is bias against girls in terms of allocation of food and health care.

At which ages is the influence on final adult height the strongest? The use of anthropometric indicators for measuring nutrition rests on a well-defined pattern of human growth between childhood and maturity that reflects the interaction of genetic, environmental, and socioeconomic factors. The average annual increase in height is greatest during infancy, falls sharply up to age three and then falls more slowly during the remaining pre-adolescent years, except for the teenage growth spurt (Fogel et al. 1983). Baten (2000a) found that environmental conditions during the first three years play an important role in determining adult height compared to the later part of the growth period. In contrast, the height of still growing children and young adults is also strongly influenced in the one or two years preceding the measurement of height. For those still growing persons, catch-up growth normally wipes out temporary influences until final adult height is attained. Thus, height data can be extended to study differences in the quality of net nutritional status and health care during early childhood between males and females.

The term gender dimorphism in stature<sup>1</sup> (also known as Sexual Size Dimorphism by biologists and anthropologists) is used to describe the difference between male and female stature. Gender dimorphism is calculated in most of the studies as the absolute difference between male and female adult height (GD1). However some recent studies used the ratio between male and female stature (GD2). In this study gender dimorphism (Figure 3.2) was calculated as the difference between the mean heights of the genders expressed as a percentage of male height.

$$GD1 = \text{maleheight} - \text{femaleheight}$$

$$GD2 = \frac{\text{maleheight} - \text{femaleheight}}{\text{maleheight}} \times 100$$

### **Gender Dimorphism: Does It Reflect Gender Inequality, Female Robustness or a Default Biological Mechanism?**

Biologically men and women have differences in the nature of growth, final adult size and behaviour. Males tend to have a larger stature, and more robust cranial and facial features, along with greater muscularity and strength (Frayer and Wolpoff 1985). However, apart from these biological differences between men and women, other determinants like nutrition, health care, and disease might play an important role in determining stature differences between men and women. For example, malnourishment in young girls and neglect of immunisation against disease can create many hurdles for girls to attain their growth potential. If boys compared to girls are provided with better nutrition and medical facilities, then young girls will have a severe negative impact on their tempo of growth. In this context, how might we really distinguish socially-induced gender inequality from biological stature differences?

Some biological studies emphasised a decrease in male-female height differences under conditions of nutritional stress (Wolanski and Kasprzak 1976; Gray and Wolfe 1980; Brauer 1982; Lieberman 1982; Stini 1985). According to these studies, dimorphism increases with improvement in nutritional status. Based on these findings and their biological theorising, they hypothesised that women are more 'resilient' during crisis periods. They argued that males are more susceptible to fluctuations in nutritional quality and show greater impairment in long bone growth compared to females facing similar food crises (Clutton-Brock and Harvey 1984). So a long-term nutritional shortage would not only mean a reduced adult height size in both sexes but also more impact on men. In this case, it is not possible to use height as an indicator in measuring gender inequality as crisis would mean lower gender dimorphism. However, there is still a paucity of

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1 Gender dimorphism in the formula is expressed as GD.

information about the coping strategies if crisis affects males and females equally. We reject the argument of Clutton-Brock and Harvey in the later stages of the paper and argue for the use of gender dimorphism in studying gender inequality.

The female robustness argument based on the above studies suffers from lack of good data. The sample sizes of all the studies that studied sexual dimorphism are too small to be reliable. This concern is especially applicable to the studies for prehistoric periods covering North America (Hamilton 1982), Mexico (Nickens 1976), Europe (Frayer 1984), India (Kennedy 1984), China and South-East Asia (Brace et al. 1984). All these above mentioned studies mostly focus on prehistoric time periods and have small sample sizes.

Tanner describes gender differences in growth and regulation using data on Japanese boys and girls who were exposed to radiation from the atomic bombs (Tanner 1978). He argued that girls had an advantage as the radiation slowed down the growth of boys compared to girls. Though Tanner argues for the existence of female robustness in the situations of radiation and undernutrition, there is a dearth of information about sample size and physiological mechanisms.

Apart from the robustness hypothesis, the argument that the sexual dimorphism is a function of stature questions the use of gender dimorphism for studying gender inequality welfare. Some biologists argue that sexual size dimorphism is positively correlated with height (for example, Brace et al. 1984). This positive relation between height and dimorphism implies that increasing height of males and females in general will see increases in stature difference between males and females. However, recent research does not support this hypothesis. For example, Moradi and Guntupalli (forthcoming) found that the mean stature of both females and males increased with food supply generally at the same rate. Their research on the Indian population between the 1930s and 1970s does not support the hypothesis of increasing dimorphism with increasing stature. They also showed that during the food crisis period in the states of Kerala and Orissa, an increase in gender dimorphism was observed pointing to a rise in gender discrimination. Guntupalli's (2007) recent finding that Indians in South Africa had higher dimorphism compared to Africans and European South Africans due to Indian cultural preference for male children also supports the use of dimorphism indicators for studying welfare differences by gender.

Clearly, it is important to review the biological literature on this question. Recent biological research also rejects the argument that dimorphism is a function of height. Gray and Wolfe (1982) pointed out that dimorphism increases with increasing mean height. However, Gaulin and Boster (1985) have countered that the findings of Gray and Wolfe are not reliable due to their small sample size. Recently, Gustafsson and Lindenfors (2004) tested if populations with larger stature exhibited more dimorphism using data from adult males and females over 19 years old from 124 population groups from the latter part of the twentieth century. They rejected the hypothesis of increasing dimorphism with increasing stature in humans using phylogenetic methods to correct for errors arising as a consequence of populations sharing a common ancestry. Phylogeny is the evolutionary history

of a group of organisms and the modern phylogenetic investigations are based on molecular data, primarily nucleotide sequences. Basically, the more closely related two organisms are, the more genes they will have in common. Hence, Gustafsson and Lindenfors controlled for genetic ancestry to compare evolutionary dimorphism.

What were the explanations given by biologists about gender dimorphism? Holden and Mace (1999) tried to relate sexual division of labour and gender dimorphism by observing 76 aboriginal populations. By comparing gender gap in stature and sexual division of labour data from the 'Ethnographic Atlas', they concluded that sexual dimorphism in stature is negatively correlated with women's labour force participation. They argued that this negative association stems from sex-biased parental investment. Development economists, demographers and economic historians have frequently used relative indicators like mortality and height ratios to study gender inequality either in the pre-1950 developed countries or the recent developing countries, and made similar arguments (Dyson and Moore 1983; Nicholas and Oxley 1993; Klasen 1998; Horrell and Oxley 1999; Boix and Rosenbluth 2004; Guntupalli 2007).

In sum, based on the evidence we have collected from previous research we conclude that there is not enough evidence to support the argument that dimorphism is a function of height (Holden and Mace 1999; Gustafsson and Lindenfors 2004; Guntupalli 2007; Moradi and Guntupalli forthcoming). However, more biological research is required to reject concretely the female resiliency argument. Besides, we can argue that reduction in female heights relative to male heights despite the existence of female resiliency is observable, simply because female discrimination is so severe that it outweighs the resiliency effect. Hence, female resiliency hypothesis supporters can still use gender dimorphism to study inequality by assuming that if women's height declines, this might even imply a stronger downturn of food intake and health care. We should mention the caveat that for the recent period, food consumption behaviour patterns are complicated to measure at higher income levels. For example, teenage girls in rich societies might consume less food in order to be slim to achieve the standard set by the fashion industry. However, in the historical period food and health resources were scarce goods, and there were gender-related allocation conflicts within the households.

### **Gender Dimorphism from an Economic Perspective**

What views from economic theoretical perspectives can be applied to the study of gender dimorphism? Apart from the biological stature difference between men and women, some other determinants like changing agricultural patterns play an important role. For example, before the twentieth century in Europe and some other world regions, women were more often specialized in cattle farming and garden work, increasing their 'advantage of proximity' to milk and vegetables. In contrast, grain cultivation requires more male upper-body strength than herding

cattle; hence a grain-oriented society might distribute more nutrition and health resources to male offspring. When agricultural patterns changed in the eighteenth and nineteenth centuries in Europe, for example, from cattle farming towards grain-based agriculture, we find a declining trend in women's welfare as Klasen (1998) argued assessing relative mortality. In grain-based agriculture men play an important role and this devaluation of women's labour by shifting from cattle farming to grain-based agriculture reduces relative female welfare. Moreover, if there is a preference for male work and male workers, women will face a *double disadvantage*. First, their proximity to protein reduces and second, their demand in job market declines due to higher demand for male jobs. But those 'rational' distribution patterns are not that simple to study. Ogilvie (2004) argued, for example, that while this sounds plausible, in early modern Germany almost all occupations in which males had seemingly rational brawn advantages, there were also active women. Moreover, they were actually actively excluded from those occupations not because they were unsuccessful, but because male competitors succeeded in creating institutions (guilds, etc.) to exclude them and limit their activity.

Apart from agricultural specialisation, the expected income of girls which determines the relative parental investment in their female offspring could also be influenced by other labour market relations, such as the relative efficiency of female labour in factories, for example, or a labour market for female domestic services. In other words, parents develop a specific expectation of the income which their male and female children might earn later in life. The later income of their children will likely help them after retirement. Hence if women are likely to obtain substantial own income later on, girls receive more resources early in life in order to increase their survival probability. However, parents' expectation is not the sole determinant of gender inequality and we need to consider cultural and other economic challenges boys and girls face during their growth to have a complete picture. There is also a need for empirical research to strengthen this argument.

The relative mobility of marriage partners might also play a role. In this context, 'mobility' is defined as the mobility to leave the partner and the family. Boix and Rosenbluth (2004) have argued that male brawn that can be used for grain production is a relatively mobile factor, whereas female specialisation in child rearing is an immobile, family-specific investment. Given that most societies have the traditional division of labour with women performing more of the child-rearing, males have a better bargaining position by threatening to run away. Boix and Rosenbluth illustrated this with the empirical fact that in hunter-gatherer societies, dimorphism tends to be relatively small. When these hunter and gatherer societies switched to a sedentary lifestyle and grain cultivation, male brawn became relatively important for the grain harvest, and female gathering skills lost their importance. Hence the male bargaining position increased and dimorphism grew.

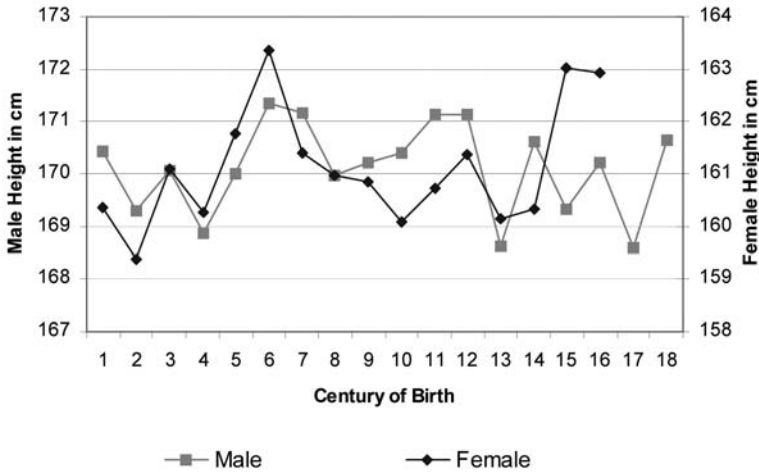
Other than the biological and economic factors, disease and cultural factors can also play an important role in deciding welfare differences between genders. The relative exposure of women to disease also can play an important role in the differential welfare of males and females. For example, if girls are kept isolated

in a household, their infection risk might be lower, in spite of the otherwise deleterious effects. On the other hand, if they have to perform unhealthy tasks in the household or if cultural norms dictate unhealthy behaviour, their disease exposure might be higher. Nevertheless, it is difficult to measure exposure to disease. Culturally-determined discrimination patterns play an important role and this was especially proved in case of some Asian countries like India and China. For example, Das Gupta (1993) argued that the relation between discrimination against girls and available resources has an inverse relation where acute scarcity results in gender bias. In other words, bad periods are particularly problematic for women, whereas with improving overall welfare, the discrimination might decline somewhat ('better times are better for women in particular'). We can test this hypothesis with our historical data. In sum, the economic views on dimorphism focused on the ways in which mobility-based bargaining patterns, agricultural specialisations and other labour market factors influence the expected revenue from female labour unlike biological theories.

### **Were the Middle Ages Good for 'Wise Women' and the Early Modern 'Witch Hunting Period' a Transition to a More Male-dominated Society?**

A relatively new area of study has focused on male and female heights using human bones from archaeological excavations. Koepke and Baten (2005) have employed almost 10,000 height estimates from more than 300 sites all over Europe to estimate human stature by century, region, and gender. A large amount of their study focuses on strategies of minimising measurement error; hence in this study we will not repeat those issues again, but refer the reader to Koepke and Baten's original study.

What can we learn from the archaeological study of bones about gender inequality? The most important aspect is probably the strongly changing distribution of biological welfare between the Middle Ages and Renaissance (Figure 3.1). Koepke and Baten (2005) found that the Dark Ages were really dark for women, whereas the Renaissance brought redistribution in favour of women. To be more specific, especially women in the tenth to twelfth and fourteenth centuries were particularly short in relation to men, whereas the fifteenth and sixteenth-century women were actually quite tall. While the increase in female heights during the fifteenth century is supported by only a small sample (18 observations), the positive trend of the sixteenth century relies on 118 cases, compared with much larger samples for male heights. However, 118 cases do not constitute a large sample and we need to check whether there were obvious regional or social biases which might have made those women look relatively taller than the average European women during this period. Fortunately, most women were from the southern Rhine region in central Europe; hence they came from a European region that had average height. In terms of social selectivity, they were of similar social origin to the males of those centuries (overwhelmingly of low status, as opposed



**Figure 3.1 Male and female height from the first century to the eighteenth century**

*Source:* Koepke and Baten 2005.

to middle or upper social status). We conclude that women had better relative anthropometric values during the Renaissance period, compared with the Middle Ages. This stands clearly in contrast to the view in much of the historical gender literature that ‘wise women’ could have had a stronger position during the Middle Ages, before the start of the ‘witch hunting period’ in the fifteenth century in order to increase male dominance.

### Gender Dimorphism during the Eighteenth and Nineteenth centuries

The economic historiography of relative heights mainly relies on prisoner records of female heights. The gender histories of England, Scotland and Ireland were the first studied with this type of source (Johnson and Nicholas 1995; Nicholas and Oxley 1993; Oxley 2004). A similar dataset is available for southern Germany (Baten 2000b; Baten and Murray 2000). Though doubts were raised about prisoners’ data – were they representative of the general population? – we argue that they provide some insights when approached with caution. Also, it is difficult to locate records other than prisoners’ data for studying gender differences in welfare for the eighteenth and nineteenth centuries.

Using data on heights of English and Irish women and men that were transported to New South Wales, Stephen Nicholas and Deborah Oxley (1993) found that English rural women suffered the most – depicted by a decline in stature – compared to urban and rural men, and urban women during 1800–1815



confirming the differential impact of industrialisation on English women's living standard. Declining labour market opportunities for women was one of the reasons for the differential welfare. Interestingly, during the same period, the height of Irish women increased – along with the height of men – suggesting that pre-famine Irish living standards were better compared to the famine period.

We argue that the increasing specialisation of some Irish regions in butter production for the English market could have caused this relatively positive development – after the fat had been removed, the remaining low-fat milk was a high quality food that could not be transported to urban or English consumers with high purchasing power. Hence the consumption of the low fat milk by the locals at very low cost improved their stature. This cross-sectional result of better Irish net nutrition is confirmed by Mokyr and O'Grada (1994) and can be explained by proximity effects to Irish milk (on this effect, see Baten and Murray 2000). Ireland had traditionally one of the highest cattle *per capita* ratios in Europe. This effect increased also the relative quality of female nutrition, as females had often more direct access to this perishable product. The 'proximity-and-equality effect' of local low-fat milk abundance is also visible in the more favourable mortality statistics of the English west coast and northern England (Klasen et al. 2005).

Johnson and Nicholas (1995) argued that both males and females born between the early 1820s and the mid-1850s in the UK suffered from nutritional stress. They found that men in England before 1850 suffered a major nutritional insult in line with the hungry forties argument and the female height decline and its timing parallels that for men. The manufacturing sector affected both male and female stature negatively whereas urban industrial living had a negative impact on the male standard of living. However, the decrease in female criminal heights in the 1820s and 1850s was greater than that for men. This reflects the differential impact of disease, work and inter-household allocation during the mid-nineteenth century crisis.

According to Horrell and Oxley (1999), gender bias in the treatment of children is expected to occur in the regions where there are few opportunities for women to work, especially at low income levels. They found that greater availability of work for children of one sex is not reflected in their well-being. For example, the textile industry provided opportunities for female employment, whereas in metal manufacturing male labour dominated. In both industries, boys received more food than girls. They conclude – based on other evidence – that a child's well-being is decided by the expected economic returns: both the likelihood of a child being employed and the length of time for which parents might expect to be the recipients of the earning, as evaluated by the parents. The removal of employment opportunities for girls had deleterious consequences on the welfare of females.

The British studies found a height decline for both genders in the 1830s and 1840s. However, Coll and Komlos (1998) found a slightly earlier decline of female heights by comparing all the European studies. This is especially true in the study on southern Germany (Baten and Murray 2000) and using this southern





**Figure 3.2** Height dimorphism in Bavaria, 1820–1875/7

*Source:* Calculated from data in Baten and Murray (2000).

Germany data, we study the gender dimorphism. We took neither the ratio of male and female heights nor the absolute difference between male and female heights. We calculated gender dimorphism as the difference between the mean heights of the genders expressed as a percentage of male height, as shown in the second equation for gender dimorphism in this chapter.

We found that in southern Germany, heights of men and women were less correlated compared to the British Isles. The height dimorphism was relatively high in the early period right up until the famine years of the mid-nineteenth century (Figure 3.2). However, gender dimorphism declined in the late 1850s and 1860s when the general situation improved, indicating that ‘better times are better for women’, which is quite opposed to the resiliency hypothesis.

### **Gender Differences in the Transition Period from Socialism to Market Economy in the Twentieth Century**

For the early twentieth century, Bernard Harris will give a more detailed and well-informed review than we could do here (see also Harris 1994; Harris 1998b). For the late twentieth century in contrast, anthropometric dimorphism has not yet been studied very well, partly because changing food habits could play a role in this period. However, one promising area of research is the transition period from

socialism to market economies between the 1980s and 1990s. Even if socialist countries were unsuccessful in providing a sufficient average standard of living (and political freedom), they promoted women's work and extended child care, which might have resulted in more gender equality. The hypothesis would be that gender inequality should have been lower in socialist countries and increased during the transition phase towards market economies.

Komlos and Kriwy (2003) found that gender differences were slightly smaller in the GDR compared both with western and eastern Germany after reunification. After reunification, the heights of male children and even military conscripts in the East converged rapidly towards the higher Western level (Hermanussen 1995; Hermanussen 1997; Komlos and Kriwy 2003), although the exact dimension of the previous gap is still debated (Greil 1998). Female height appears to have converged less than male height, which may indicate that girls continued to experience disadvantages in terms of the distribution of nutritional and medical resources within eastern German households after Reunification (Komlos and Kriwy 2003). Komlos and Kriwy (2003) note that male heights in Brandenburg improved more during and after Reunification, as was the case in other areas of eastern Germany (see also Schilitz 2001; Kromeyer et al. 1997). Zellner et al. (2004) postulate that the height of 7-year-old girls in Jena was 124.5 cm in 2001, whereas boys were 126.4 cm tall (Jena is situated in the Land of Thuringen, south-west of Berlin and Brandenburg). Also, heights in Kazakhstan – one of the former Soviet republics in Central Asia – have been stagnating or declining, with the height of girls developing even worse than boys' height due to religiously induced discrimination in the labour market (Dangour et al. 2003).

Further light is shed on this unresolved puzzle by the development of mortality rates in the years following German unification. Available data suggests that mortality rates deteriorated in eastern Germany during this period, although mainly for those in the middle age groups around age 40. Eberstadt, and Riphahn and Zimmermann studied the determinants of this surprising demographic development (Eberstadt 1993; Riphahn and Zimmermann 2000). They found that certain gender-specific age groups were most at risk. In general, female mortality decreased in eastern Germany after Reunification; only women in the age group 35–45 experienced some increase in mortality between 1989 and 1991. Eastern German men in this 35–45 age group also saw an increase in mortality. In the first few years after Reunification, younger eastern German males also experienced increased mortality, but their death rates moved back to normal values relatively fast. In contrast, as late as 1994, eastern German males around age 40 still had mortality rates 10–20 per cent higher than before Reunification.

One may speculate that younger people adjusted more easily to the new situation, while men of 35–45 years are typically in a life phase in which they want to apply the knowledge they have obtained up to that point. Not being able to do so and instead being faced with uncertainty and often unemployment, it seems likely that they experienced strong psycho-social stress. Riphahn and Zimmermann conclude that the increased mortality rates among eastern German

men of this age group were mostly caused by over-consumption of alcohol and by circulatory and cardio-vascular problems which were also related to psycho-social stress (Riphahn and Zimmermann 2000).

It is interesting that women were much less sensitive to this development, even though they were the main victims of the high unemployment which emerged in eastern Germany after Reunification. Only middle-aged women in eastern Germany saw some increase in their mortality rates after Reunification. For eastern German women as a whole, in contrast, life expectancy improved considerably, mostly because of falling mortality risks for elderly women and, to a lesser extent, for very young females. We interviewed a small sample of eastern German individuals after Reunification who suggested that men suffered more than women from the psycho-social stress of unemployment, because – in accordance with traditional gender roles – males felt more loss in social status from losing their jobs.

For the period after 1994, Baten and Boehm (2008) argued also for the Land of Brandenburg (eastern Germany) that boys of age six were taller than girls, which is not normally the case in the age range between birth and the teenage growth spurt. In fact, none of the available growth reference charts for the US and European countries suggest a height advantage for boys of this age (see <http://www.cdc.gov/growthcharts/>).

For the late twentieth century, there are also some studies on less developed countries and middle income countries. Conducting a worldwide comparison, Guntupalli and Schwekendiek (2006) investigate male and female malnutrition rates of children living in 117 countries at the end of the millennium (1995–2001). They found that a reduction of fertility rates and improvement in GDP lowers the malnutrition rates significantly for both male and female children. The Asian continent showed the highest female discrimination compared to the rest of the world.

## **Measuring Gender Differences in Well-Being: Discussion**

In all populations, mean male stature is greater than female stature. However, the interesting parameter is the size of stature differences between different populations – especially over time. We would argue that gender differences in stature can be used to answer some important questions: which societies discriminate against females more than others? What effect does relative female labour participation have? Does the dimorphism increase or decrease during famine and crisis periods?

However, the current available anthropometric data is not sufficient to answer these questions in a systematic way. More countries need to be documented, for example for the nineteenth and perhaps early twentieth centuries: all of eastern, southern, and northern Europe is missing from our database, and within central Europe only Bavarian data is available. For western Europe, the situation is somewhat better with existing studies on England, Scotland and Ireland, and

research on the Netherlands and Switzerland is currently proceeding. However, even within western Europe, France and Belgium are clearly missing. It is likely that prison records of female and male convicts have survived as they did in other countries. Even for countries such as Mexico, Brazil and Argentina, prison records have survived in the archives; hence we can expect the same from the 'white spot on the map' countries in Europe mentioned above.

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## Chapter 4

# Anthropometric History, Gender and the Measurement of Well-Being

Bernard Harris

As the previous chapter has also demonstrated, economic and social historians have often used height and other anthropometric indicators to investigate the well-being of earlier generations. Although much of this research has focused specifically on the heights and weights of men, there is also a growing body of evidence relating to women and to children of both sexes, and this work has enabled anthropometric historians to pay increasing attention to the distribution of resources within households and to the question of gender. This chapter draws on this material to examine some of the main changes in the well-being of males and females in Europe during the nineteenth and twentieth centuries.

### **Height, Weight and the Standard of Living**

As the introduction to this book has already demonstrated, the concept of the standard of living has a long and contested history. During the first half of the twentieth century, social investigators such as Seebohm Rowntree, Arthur Bowley and Herbert Tout attempted to measure the standard of living of different populations by looking at wage levels and household incomes and comparing them with the cost of purchasing the items necessary to satisfy an agreed set of 'basic needs'. However, this approach has been strongly criticised by feminists (and others) on a variety of grounds. These have included the failure to take account of the contribution made by women (especially) to the maintenance of household well-being or to take account of inequalities in the distribution of resources within the household. Writers such as Amartya Sen (1987: 1) have also argued that this kind of approach to the measurement of well-being is excessively reductionist, because 'the idea [of the standard of living] is full of contrasts, conflicts and contradictions'.

Many of the issues which have surfaced in debates about the measurement of living standards among present-day populations have also been reflected in debates about the well-being of historical populations. Sheila Ryan Johansson (1977) opened up a rich seam of work when she drew attention to the importance of inequalities in the distribution of resources within the household during Britain's industrial revolution, and Sara Horrell and Jane Humphries (1992: 850) have



pointed out that even though the majority of authors have attempted to measure changes in welfare by looking at adult male wage rates, ‘the standard of living is determined by the household’s access to all resources – including the contributions of other family members and welfare subsidies’. Historians have also used the example of the industrial revolution to draw attention to the broader dimensions of well-being. The socialist historian, J.L. Hammond (1930: 225), argued that even if real wages had increased, these benefits may well have been outweighed by ‘the ugliness of the new life, with its growing slums, its lack of beautiful buildings, its destruction of nature and its disregard of man’s [*sic.*] deeper needs’.

The use of anthropometric data, such as height, weight and body mass index (BMI), offers one potential solution to the questions which this debate raises. As we have already seen, one of the principal objections to the use of more traditional indicators, such as real wage rates, is that they reveal relatively little about the way in which resources are used or the way in which they are distributed within the household, whereas variations in height and weight can tell us something about the distribution of resources, both between adults and children and, in certain cases, between children of different sexes. In addition, differences in the average weight of different sections of the population also have the potential to shed new light on inequalities in the distribution of resources between men and women (see, e.g., Horrell, Meredith and Oxley 2006). However, because height is a measure of *net* nutritional status, it also has the potential to capture the impact of some of the broader aspects of welfare, such as changes in work intensity or environmental conditions. As Roderick Floud (1984: 19–20) argued:

the advantage of height over other measures of welfare is ... that height measures *already include* the effects of environmental or exogenous influences on welfare which are not included within conventional measures of income. Thus there is no need to impute for such influences in the manner of Usher (1980) or Williamson (1984).

In 1987, John Komlos introduced an important new dimension to arguments about the relationship between height and the standard of living when he compared changes in the average heights of United States army cadets at the West Point Military Academy with changes in *per capita* income. He argued that the two measures of welfare moved in opposite directions and that height was ‘a component of the biological standard of living’ (1987: 921). However, the concept of the ‘biological standard of living’ has not been accepted uncritically (Floud, Wachter and Gregory 1993a: 146; 1993b: 367). It implies that there is more than one ‘standard of living’, even though one of the key claims made by anthropometric historians is that height provides a more complete measure of living standards than that provided by wages alone. For this reason, it may be preferable to regard height as ‘a biological measure of the standard of living’ rather than a measure of ‘the biological standard of living’.

Although this chapter is primarily concerned with the relationship between height and living standards, it is important to recognise that anthropometric historians have also used height, and other anthropometric indicators, to address a wide range of other questions. Some of the earliest work in this field was designed to address questions raised by the medical writer, Thomas McKeown, about the relationship between improvements in nutrition and the decline of mortality (Fogel et al. 1978), and subsequent work has focused on the relationship between changes in height and weight, and the morbidity and mortality of successive generations (Fogel 1986; 1994). An increasing amount of attention has also been devoted to the relationship between height, weight and economic growth (Arora 2001; 2005).

### **The Measurement of Nutritional Status**

Although anthropometric historians have conceptualised the relationship between height and the standard of living in different ways, they agree on the basic principle that the average height and weight of a population during its growing years reflects the impact of economic, social and environmental conditions on its biological well-being. This insight is founded on the results of many years of research in the field of human auxology. As Eveleth and Tanner (1976: 1) observed:

A child's growth rate reflects, better than any other single index, his [or her] state of health and nutrition and often, indeed, his [or her] psychological situation also. Similarly, the average value of children's heights and weights reflects accurately the state of a nation's public health and the average nutritional status of its citizens, when appropriate allowance is made for differences, if any, in genetic potential. This is especially so in developing or disintegrating countries ... Indeed, as infant mortality goes down in a country's development, so the importance of monitoring growth rate increases.

It is important to emphasise that height is a measure of net nutritional status – in other words, it measures the net impact of both environmental and nutritional (or dietary) conditions. The two most important determinants of average height are diet and disease. Children who are undernourished tend to be smaller than children who are well-nourished, and children who grow up in a disease-ridden environment tend to be smaller than children who develop in a more disease-free environment. However, it is often difficult to distinguish the effects of malnutrition or undernutrition from those of infection. This is partly because those parts of the world where children are most susceptible to malnutrition are also those with the highest disease rates, but also because the effects of malnutrition and disease are mutually reinforcing. To quote Eveleth and Tanner (1976: 246) again: 'An ill child is a poorly-nourished child, although the extent of slowdown depends on a number of factors. Poorly-nourished children are more susceptible to more

severely affected by infection than well-nourished children ... Infection in turn lowers the nutritional intake of the child and the vicious spiral continues.’

The effects of nutritional deprivation and environmental stresses may vary according to age and sex. Malnutrition during the third trimester of pregnancy can lead to low birth-weight and malnutrition after birth affects growth throughout childhood (Stein et al. 1975: 22–6; Tanner 1962: 121). Although children are particularly vulnerable to the effects of nutritional and environmental ‘insults’ during the periods in their lives when they should be growing most rapidly, the effects of these conditions can also be observed at other ages (Eveleth and Tanner 1976: 241–5; 1990: 194–8; Van Wieringen 1979; 1986).<sup>1</sup> Children who are consistently malnourished or subject to repeated bouts of infection grow more slowly than other children, and they reach adolescence at a later age. Such children are also likely to continue to grow for longer, but they still tend to be shorter than more favoured groups (Tanner 1962: 149).

Although height remains the most important single anthropometric indicator, there are also a number of other anthropometric measures which can shed light on a population’s well-being. As we have already seen, changes in economic and social circumstances affect both height and rate of growth, and a number of writers have taken advantage of this to study changes in children’s peak-height-velocity and (in the case of girls) age-at-menarche (see, e.g., Hauspie et al. 1997). Considerable attention has also been paid to changes in weight and in the relationship between weight and height, commonly expressed in terms of the body mass index. Although weight is a much more ambiguous measure of welfare than height, it can be used to measure changes in the health and well-being of adult populations, once growth in height has ceased (Floud 1998).

### **Sources for Comparing Male and Female Heights**

As we have already seen, most of the data which have been used to investigate the heights and weights of past generations have been obtained from military records and are confined to adult male populations. However, there is a significant amount of information which can also be used to shed light on the health of female populations, and to examine the specific relationship between gender and well-being.

Although Floud and Wachter (1982) and Floud, Wachter and Gregory (1990) collected data on the heights of boys recruited by the Marine Society in London from the late eighteenth century, there are no directly comparable data for girls at this time. At the beginning of the 1830s, the Belgian statistician, Adolphe Quetelet, collected data on the heights and weights of various groups of boys and girls, and published the results in 1842. However, as Tanner (1981: 130) has pointed out, ‘there

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1 For two illustrations of this, see the graphs showing changes in the heights of children measured at different ages in Stuttgart between 1911 and 1953, and in Oslo between 1920 and 1980, in Tanner (1989: 130, 158).

is something very odd, indeed almost unique' about the data. One would normally expect to find that both boys and girls experienced an increase in their rates of growth during adolescence, and, since girls reach adolescence sooner than boys, one would also expect to find that the heights of girls exceeded those of boys at certain ages. However, Quetelet's girls failed to show any significant evidence of an adolescent growth spurt and they were shorter than their male counterparts at all ages.

If the data, which were obtained from a variety of sources, including both schools and orphanages, are discounted, the first reliable information about the heights and weights of children of both sexes is probably the evidence obtained from two factory surveys which were conducted in north-west England in 1833 and 1837. Although these children were still extremely small by modern standards, they nevertheless displayed the same patterns of growth which one would expect to find in modern populations. The girls experienced their adolescent growth spurt between the ages of eleven and fourteen, the boys achieved their peak-height-velocities between the age of thirteen and fifteen, and the girls' heights exceeded the boys' heights between the ages of eleven and fifteen (Tanner 1981: 148, 155).

Although other authors also collected data on the heights and weights of orphans and factory children in the nineteenth century (Burgmeijer and Van Wieringen 1998: 246; Tanner 1981: 172–7), it was not until the very end of the nineteenth century that large amounts of information about the heights and weights of 'ordinary' children began to become available. During the second half of the nineteenth century, there was a growing demand for the introduction of school medical inspections, and an increasing number of children were weighed and measured as part of their routine health checks (Harris 1995: 27–32). In the majority of cases, it seems likely that these details were entered on the children's record cards and then forgotten, but some school medical officers published periodic tables, showing the average heights and weights of the children in their areas. These statistics will be discussed in more detail later in this chapter.

Despite the wealth of information which has been collected about the heights of adult men, much less is known about the heights of past generations of women, and most of what we do know is derived from the measurements of female convicts and prisoners (Nicholas and Oxley 1993; Johnson and Nicholas 1995; 1997; Riggs 1994; Baten and Murray 1997; 2000). On the face of it, it should be possible to compare the heights of male and female prisoners, if they are drawn from comparable populations. However, this assumption has not always been accepted and we will return to it.

As we have already seen, most of the information about adult male heights has been obtained from military records, which rarely include information about female recruits, at least before the end of the nineteenth century. However, substantial numbers of women were recruited by European armies during both World Wars and the data may be used to shed new light on the well-being of female populations in the future. In the United Kingdom, the National Archives hold data on 556 Officers of the Women's Royal Naval Service, approximately 30,000 airwomen, and approximately 7,000 members of the Women's Auxiliary Army Corps (out of

50,000 women who joined the corps between 1914 and 1918), and an increasing proportion of these records are now being made available electronically.<sup>2</sup>

### **Some Methodological Issues**

One of the main methodological problems associated with the analysis of height data is the problem of comparing the heights of people of different ages and sexes. We have already seen that girls are usually shorter than boys in early- to middle-childhood and reach adolescence at younger ages. This is particularly important in relation to school populations, in which the oldest children were often measured at ages at which girls had already reached adolescence, whilst large number of boys had yet to do so.

In earlier work (Harris 1988; 1989; 1994; 1998), I attempted to address this issue in the case of British children by comparing the average heights of boys and girls in the past with the distributions of boys' and girls' heights in London in 1965.<sup>3</sup> However, in 1995 Richard Steckel published a new set of height standards based on figures compiled by the United States National Center for Health Statistics in 1977 and these standards have since been accepted for use in historical analysis by other workers in the field (see, e.g., López-Alonso 2000; Komlos 2003: 40).

Although it seems reasonable to compare the heights of past generations of boys and girls with those of more recent children, this approach incorporates two important assumptions. In the first place, it assumes that the same standards can be applied to all populations, and takes little account of any potential differences in what Eveleth and Tanner (1976: 1) called 'genetic potential'. However, a number of studies have shown that international differences in height owe far more to social, economic and environmental variations than to differences in 'race' or ethnicity (Steckel 1983; Schmitt and Harrison 1988). Eveleth and Tanner (1990: 179–90) suggested that some differences persisted even when people from different ethnic backgrounds were brought up under comparable circumstances, but the differences were not great, and they did not suggest that there were any significant 'ethnic' differences between populations of European origin.

The second key assumption, which is particularly relevant to the subject of his paper, is that differences between the heights and rates of growth of males and females in the standard population are not themselves the consequence of persistent patterns of gender discrimination. One might argue that this assumption is ultimately untestable under 'natural' conditions, but it seems unlikely that gender discrimination exercised a greater influence on the heights and weights of

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2 The records of the WRNS can be found in ADM318; airwomen's records are in AIR80; and those of the WAAC are in WO398. The WAAC records are now available online (see <http://www.nationalarchives.gov.uk/documentsonline/> last accessed 24 March 2009).

3 I am grateful to Roderick Floud for recommending this strategy to me.

US children in 1977 than on the heights of European children in the more distant past (see also Harris 1998: 428).

Another important problem, from the point of view of gender-based comparisons, concerns the existence, or otherwise, of physiological differences in the reactions of males and females to adverse circumstances. According to James Tanner (1962: 127), 'girls ... are less easily thrown off their growth curves ... than boys' and McCance argued that 'males are more vulnerable [to undernutrition] ... and rehabilitate less completely' (see Thomson et al. 1967). These arguments are reinforced by evidence which suggests that the average heights of males increased more rapidly than those of females over the course of the twentieth century, although this may not necessarily have been true in all countries (see Silventoinen et al. 2000; Silventoinen 2003: 274–5). However, some economic historians believe that there is also evidence to suggest that 'females began to experience nutritional stress earlier than males during a[n economic] downturn and were less likely to show improvement in an upswing' (Komlos 1994: 217). If these arguments are correct, one implication would be that females experienced even greater hardship during periods of economic difficulty, despite possessing greater powers of resistance.

Although this chapter uses the NCHS standards, it is important to recognise that these do not necessarily represent the standards attained by an optimally-nourished population. There is now increasing evidence to suggest that the average heights of children in many parts of the world have continued to increase since the 1970s and the heights attained by many European populations are now significantly greater than those attained in the United States (Komlos and Baur 2004: 59).<sup>4</sup> As a result, it may well become necessary to identify a different 'standard population' in the future.

### **Anthropometric Indicators of Children's Well-Being**

In a previous article, I examined differences in the heights of boys and girls in different parts of the United Kingdom before the First World War. When the data were compared with the heights of children in London in 1965, it appeared that past generations of girls were taller, in comparison with their modern counterparts, than past generations of boys. These findings appeared to reinforce Tanner's view that girls were more resistant to adverse conditions and that there was more scope for the heights of boys to increase as conditions improved (Harris 1998: 425–8).

It is now possible to extend this analysis using data from a variety of other European countries. The original data were obtained from a number of sources, including Bodzsár and Susanne's edited collection on *Secular Growth Changes in Europe* (1998). This volume provides the most comprehensive published survey

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4 There has, however, been little change in the average heights of US children since 1977. See Kuczmarski, R.J., Ogden, C.L., Guo, S.S. et al. 2002: 11, 124.

**Table 4.1** Average heights of children in different European countries, 1865–1940

|                        | Year of measurement | Age  | Boys        |                   | Girls       |                   |
|------------------------|---------------------|------|-------------|-------------------|-------------|-------------------|
|                        |                     |      | Height (cm) | Height (centiles) | Height (cm) | Height (centiles) |
| <b>Germany (Jena)</b>  | 1880                | 9.0  | 123.2       | 5.85              | 122.3       | 7.18              |
|                        | 1921                | 9.0  | 128.1       | 23.75             | 127.6       | 24.84             |
|                        | 1932                | 9.0  | 130.5       | 38.35             | 129.7       | 35.32             |
| <b>Greece (Athens)</b> | 1920                | 9.0  | 120.0       | 1.68              | 122.4       | 7.39              |
|                        | 1928                | 9.0  | 127.1       | 18.71             | 126.2       | 18.77             |
|                        | 1931                | 9.0  | 126.8       | 17.34             | 126.2       | 18.77             |
| <b>Hungary</b>         | 1910–20             | 9.0  | 124.2       | 8.28              | 123.5       | 9.96              |
| <b>Italy</b>           | <1939               | 9.0  | 124.7       | 9.51              | 123.8       | 10.44             |
| <b>Netherlands</b>     | 1865 <sup>a</sup>   | 6.5  | 102.0       | 0.05              | 102.9       | 0.34              |
|                        | 1865 <sup>b</sup>   | 6.5  | 106.0       | 0.60              | 105.9       | 1.56              |
| <b>Norway (Oslo)</b>   | 1920                | 9.0  | 126.1       | 14.40             | 125.3       | 15.41             |
|                        | 1925                | 9.0  | 128.6       | 26.53             | 127.8       | 25.79             |
|                        | 1930                | 9.0  | 130.6       | 39.02             | 129.7       | 35.60             |
|                        | 1935                | 9.0  | 132.1       | 49.31             | 131.3       | 44.71             |
|                        | 1940                | 9.0  | 133.3       | 57.60             | 132.6       | 52.36             |
| <b>Sweden</b>          | 1883                | 13.0 | 142.0       | 4.40              | 145.5       | 4.57              |
|                        | 1938/9              | 13.0 | 153.6       | 36.65             | 155.0       | 37.99             |

Notes: <sup>a</sup> Orphans; <sup>b</sup> Schoolchildren.

Sources: Germany: Jaeger 1998: 140–1; Greece: Papadimitriou 1998: 165; Hungary: Bodzsár 1998: 177; Italy: Floris and Sanna 1998: 210–3; Netherlands: Burgmeijer and Van Wieringen 1998: 246; Norway: Brundtland, Liestøl and Walloe 1980: 311–2; Sweden: Ljung, Bergsten-Brucefors and Lindgren 1974: 247–9; NCHS Height Standards: Steckel 1995: 14–15, 18–19.

of changes in all aspects of physical growth across the continent as a whole during this period.

As we have already seen, it is difficult to make direct comparison between the heights of children of different sexes because girls are usually shorter than boys before adolescence, and girls and boys mature at different rates. In view of this, the heights of boys and girls have been expressed as centiles of the distribution of the heights of children of the same age and sex in the United States in 1977. This method has the additional advantage of enabling us to compare changes in the average values of the heights of children at different ages.

The results of this analysis for the period 1865 to 1940 are shown in Table 4.1. In Oslo, the average value of the heights of 9-year-old girls lagged behind that



**Table 4.2** Average heights of children in Oslo, 1940–45

| Age  | Height in centimetres |       |       |       |       |       |
|--|-----------------------|-------|-------|-------|-------|-------|
|  | Boys                  |       |       | Girls |       |       |
|  | 1940                  | 1943  | 1945  | 1940  | 1943  | 1945  |
| 8.0  | 128.3                 | 127.7 | 127.4 | 127.4 | 126.9 | 126.5 |
| 9.0  | 133.3                 | 132.9 | 132.5 | 132.6 | 131.7 | 131.4 |
| 10.0   | 138.5                 | 137.8 | 137.3 | 137.7 | 136.7 | 136.8 |
| 11.0   | 142.4                 | 142.3 | 142.2 | 143.2 | 142.4 | 141.8 |
| 12.0   | 147.1                 | 147.0 | 147.1 | 149.1 | 148.4 | 147.6 |
| 13.0   | 152.9                 | 153.2 | 152.9 | 155.0 | 154.6 | 154.2 |
| Height in centiles of the NCHS height distribution |                       |       |       |       |       |       |
|  | Boys                  |       |       | Girls |       |       |
|  | 1940                  | 1943  | 1945  | 1940  | 1943  | 1945  |
| 8.0  | 59.26                 | 55.02 | 52.87 | 56.34 | 53.18 | 50.63 |
| 9.0  | 57.60                 | 56.86 | 52.09 | 52.36 | 47.05 | 45.30 |
| 10.0   | 56.40                 | 51.93 | 48.72 | 46.65 | 41.13 | 41.68 |
| 11.0   | 44.78                 | 44.20 | 43.63 | 41.35 | 37.15 | 34.10 |
| 12.0   | 36.76                 | 36.28 | 36.76 | 36.85 | 33.12 | 29.27 |
| 13.0   | 33.60                 | 34.89 | 33.60 | 37.99 | 35.80 | 33.65 |

*Source:* NCHS Height Standards: Steckel 1995: 14–15; Oslo children's heights: Brundtland, Lietøl and Walløe 1980: 311.

of 9-year-old boys in 1925, 1930, 1935 and 1940, and in Jena, the average value of girls' heights was lower than that of boys' heights in 1932. However, in every other case, including Oslo in 1920, and Jena in 1880 and 1921, the girls were taller, in comparison with the NCHS height standards, than their male counterparts. Taken together, the data provide little support for the view that girls experienced systematic discrimination in the past, and are consistent with the suggestion that they showed greater resilience than boys, when subjected to the same conditions.

Although the data provide little support for the view that girls suffered systematic discrimination in the allocation of resources under ordinary circumstances, this was not necessarily the case under exceptional circumstances. As Angell-Andersen et al. (2004) have shown, the civilian population of Norway experienced considerable deprivation during the Nazi occupation of 1940–5 and this had a deleterious effect on the heights of children of both sexes. However, these authors did not attempt to compare the extent of these changes by age and sex. The data in Table 4.2 suggest that there were reductions in the average heights of boys between the ages of eight and ten, and girls between the ages of eight and thirteen, but the heights of older boys remained largely unchanged. However, it is not clear whether this reflects differences in the experience of children of different ages (in which case particular attention



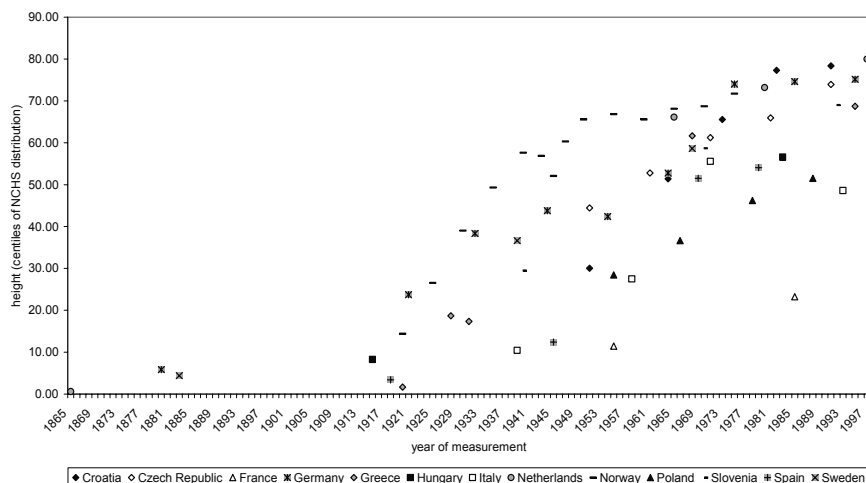
Table 4.3 Average heights of children in Jena, 1921–54

| Age  | Height in centimetres |        |        |        |        |        |        |        | Height in centiles of the NCHS height distribution |       |       |       |       |       |       |       |
|------|-----------------------|--------|--------|--------|--------|--------|--------|--------|--|-------|-------|-------|-------|-------|-------|-------|
|      | Boys                  |        |        |        | Girls  |        |        |        | Boys   |       |       |       | Girls |       |       |       |
|      | 1921                  | 1932   | 1944   | 1954   | 1921   | 1932   | 1944   | 1954   | 1921   | 1932  | 1944  | 1954  | 1921  | 1932  | 1944  | 1954  |
| 7.0  | 119.95                | 119.70 | 121.80 | 122.20 | 118.15 | 119.80 | 118.60 | 120.70 | 36.99  | 35.22 | 50.76 | 53.78 | 33.42 | 44.44 | 36.33 | 50.70 |
| 7.5  | 121.55                | 122.60 | 122.80 | 123.80 | 120.40 | 121.75 | 121.40 | 123.40 | 29.78  | 36.87 | 38.29 | 45.55 | 30.18 | 38.47 | 36.25 | 49.33 |
| 8.0  | 123.85                | 126.10 | 126.30 | 126.80 | 122.50 | 124.55 | 123.90 | 127.10 | 28.13  | 43.43 | 44.88 | 48.53 | 26.70 | 38.40 | 34.51 | 45.56 |
| 8.5  | 125.30                | 129.10 | 128.40 | 128.40 | 124.65 | 127.90 | 127.80 | 128.40 | 22.09  | 46.44 | 41.50 | 41.50 | 23.72 | 41.47 | 40.87 | 44.49 |
| 9.0  | 128.10                | 130.50 | 131.30 | 131.10 | 127.60 | 129.65 | 129.20 | 132.20 | 23.75  | 38.35 | 43.77 | 42.40 | 24.84 | 35.32 | 32.88 | 50.00 |
| 9.5  | 131.60                | 132.40 | 133.40 | 134.40 | 130.40 | 131.00 | 132.70 | 133.70 | 29.60  | 34.38 | 40.73 | 47.33 | 24.55 | 27.34 | 35.99 | 41.48 |
| 10.0 | 132.95                | 135.10 | 134.40 | 136.90 | 132.25 | 134.00 | 133.60 | 134.70 | 23.19  | 34.96 | 30.88 | 46.15 | 19.84 | 27.35 | 25.52 | 30.71 |
| 10.5 | 134.05                | 137.25 | 137.30 | 138.80 | 134.25 | 137.50 | 135.50 | 139.70 | 16.82  | 31.95 | 32.22 | 40.87 | 15.80 | 29.00 | 20.33 | 40.17 |
| 11.0 | 135.30                | 139.70 | 140.30 | 142.70 | 136.30 | 140.55 | 139.00 | 142.20 | 12.18  | 29.99 | 33.09 | 46.51 | 12.28 | 28.08 | 21.41 | 36.12 |
| 11.5 | 137.10                | 142.35 | 142.00 | 143.90 | 139.65 | 143.30 | 141.70 | 145.20 | 9.89   | 28.74 | 27.11 | 36.56 | 11.88 | 24.93 | 18.46 | 33.93 |
| 12.0 | 139.90                | 144.20 | 146.10 | 146.30 | 142.75 | 145.35 | 144.30 | 146.70 | 10.13  | 23.72 | 31.99 | 32.92 | 11.05 | 19.49 | 15.70 | 25.10 |
| 12.5 | 142.50                | 146.75 | 147.90 | 147.70 | 145.00 | 148.25 | 148.00 | 149.60 | 9.80   | 22.07 | 26.50 | 25.70 | 8.54  | 18.25 | 17.32 | 23.78 |
| 13.0 | 145.20                | 150.25 | 150.40 | 151.50 | 147.60 | 152.30 | 151.10 | 153.70 | 9.19   | 23.11 | 23.65 | 27.82 | 8.34  | 24.24 | 19.12 | 31.03 |
| 13.5 | 148.05                | 152.75 | 152.80 | 155.30 | 149.35 | 154.70 | 152.90 | 156.30 | 8.68   | 20.59 | 20.75 | 29.87 | 7.82  | 26.39 | 18.52 | 34.59 |

Source: NCHS Height Standards: Steckel 1995: 14–15; Jena children's heights: Jaeger 1998: 140–1.

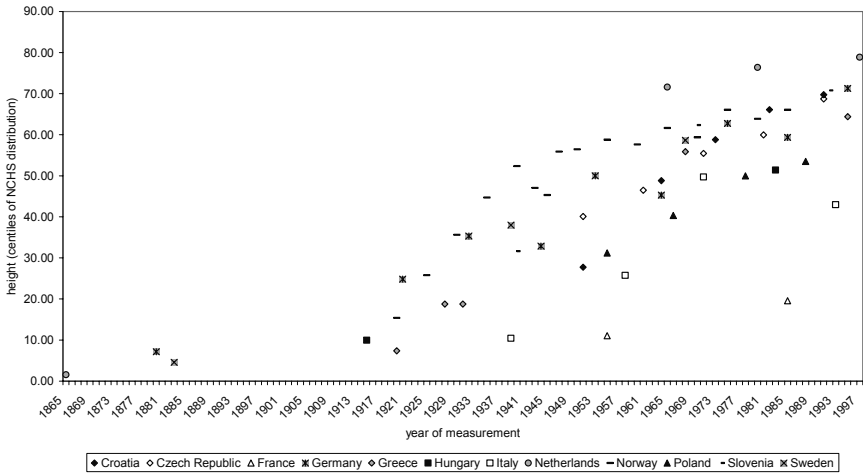
should be paid to the decline in the heights of older girls) or sexes (in which case we should devote more attention to the stability in the heights of older boys). It is also possible that some of the variation in the experiences of older girls and boys reflects differences in rates of maturation and the timing of the adolescent growth spurt.

It is also interesting to compare the experience of children in Oslo – a city under occupation – with that of children in the German city of Jena. As we can see from Table 4.3, the average heights of boys and girls increased between 1921 and 1932, and the average heights of boys increased between 1932 and 1944, but the average heights of girls declined over the same period. It is difficult to know how far this may have reflected variations in the actual ages at which different groups of children were measured, but we cannot exclude the possibility that these differences reflected the impact of deliberate decisions about the allocation of both private and public resources. Gisela Bock (1991: 234) has shown how ‘National Socialist welfare measures did not focus on mothers but on fathers’, and these data



**Figure 4.1** Heights of boys in selected European countries, 1865–1997

*Sources:* Croatia (Zagreb): Prebeg, Jureša and Kujundžić 1995: 101; Czech Republic: Vignerová and Bláha 1998: 97–100; France: Demoulin 1998: 127; Germany (Jena): Jaeger 1998: 140–1; Greece (Athens): Papadimtriou 1998: 165; Hungary: Bodzsár 1998: 177; Italy: Floris and Sanna 1998: 210–3; Netherlands: Burgmeijer and Van Wieringen 1998: 246; Van Wieringen, Wafelbakker, Verbrugge and De Haas 1971: 18–19, 24; Fredriks, Van Buuren, Burgmeijer, Meulmeester, Beuker, Brugman, Roede, Verloove-Vanhorick and Wit 2000: 319; Norway (Oslo): Brundtland, Liestøl and Walløe 1980: 311–2; Liestøl and Rosenberg 1995: 201; Poland: Bielicki and Hulanicka 1998: 270–2; Slovenia (Ljubljana): Štefančič and Tomoazo-Ravnik 1998: 284; Spain (Barcelona): Rebato 1998: 307–8; Spain (Madrid): Rebato 1998: 307–8; Sweden: Ljung, Bergsten-Brucefors and Lindgren 1974: 247–9; NCHS height standards: Steckel 1995: 14–15, 18–19.



**Figure 4.2** Heights of girls in selected European countries, 1865–1997

Sources: See Figure 4.1.

suggest that the same priorities also informed the allocation of resources to sons and daughters.

Although this section is primarily concerned with differences in the nutritional status of girls and boys, it is important to recognise that these differences seem rather less significant, from a more long-term perspective, than the increases which affected the average heights of children of both sexes over the course of the twentieth century. Figures 4.1 and 4.2 show that the average heights of children across Europe were well below modern standards on the eve of the First World War, but there were substantial increases in the average heights of children of both sexes in parts of Germany, Greece and Norway during the interwar period (despite the economic recession), and heights also increased here and in other countries after 1945. The figures also enable us to compare trends in height in different European countries. It is clear that the ‘international gradient in height’ was beginning to decline by the end of the twentieth century, but there was still a significant gap between the heights of children in the ‘tallest’ countries, such as Croatia, the Czech Republic, Greece and the Netherlands, and those in ‘shorter’ countries such as Poland and Italy. The data also confirm the fact that the average heights of children in almost all these countries were significantly greater than the mean height of US children in 1977.

It is also interesting, and instructive, to examine changes in average weights and BMI values. There is now growing concern across Europe about changes in the rate of childhood obesity (see, e.g., International Obesity Taskforce 2002), but the data in Table 4.4 suggest that the extent of this can sometimes be exaggerated. The data suggest that there has been little or no consistent change in the average value of children’s BMIs in the Czech Republic, the Netherlands, Norway (Oslo)

or Sweden. However, the average BMI of children in other parts of Europe has increased and this is undoubtedly a matter of justifiable concern (Mokdad et al. 2003; Centers for Disease Control 2006).

### The Heights and Weights of Adults

As we have already seen, much of the information about the heights of women in the eighteenth and nineteenth centuries has been obtained from convict data. Nicholas and Oxley (1993) used data of this kind to compare the heights of men and women who were born in different parts of the United Kingdom between 1790 and 1820, and transported to Australia between 1826 and 1840. They found that the average heights of rural-born women declined more sharply than the average heights of urban-born women and rural-born men, and attributed this to the additional hardships caused by a decline in female employment opportunities in agricultural areas during the Napoleonic period.

Although this research has received considerable attention, it has also been questioned. One important reservation concerns the relationship between the timing of changes in the average heights of female birth cohorts and the decline in female employment opportunities. Although Nicholas and Oxley argued that labour market opportunities were declining for English women 'from the 1780s onwards' (1993: 738), Snell (1981: 413; 1985: 22) argued that the decline in female agricultural employment began 'between 1750 and 1790', and Pinchbeck (1930: 62–5, 84–6, 110) thought that employment opportunities *increased* during the Napoleonic period and only began to decline consistently from the 1850s. At present, it is difficult to reach any definite conclusions about national trends but it seems clear that women continued to make an important financial contribution to the economic welfare of labouring families in agricultural areas for much of the nineteenth century (Verdon 2002: 196–7).

Other writers have questioned the statistical basis of Nicholas and Oxley's findings. Jackson (1996) claimed that the decline which they had identified was largely attributable to changes in the average age of women being measured and criticised them for 'attribut[ing] long-run significance to what is essentially a short-run movement in a fluctuating series'. In their reply, Nicholas and Oxley (1996) denied that their results were affected by variations in average age, but they failed to refute Jackson's larger point – namely that they had attributed too much importance to short-term changes (see also Johnson and Nicholas 1997: 209–10).

In view of the doubts which have been raised about these findings, it is interesting to compare Nicholas and Oxley's original work with the results published by Nicholas and Johnson on the basis of their subsequent examination of the heights of a sample of 'habitual criminals' who had been born between 1812 and 1857, and who were incarcerated in Newgate Gaol in 1877. When Nicholas and Johnson compared their results with the earlier figures produced by Nicholas and Oxley, they found that the average height of male criminals born in 1812/13

**Table 4.4 Height, weight and BMI in different parts of Europe, 1883–1997**

|                         | Year of measurement | Age | Boys        |             |                         | Girls       |             |                         |
|-------------------------|---------------------|-----|-------------|-------------|-------------------------|-------------|-------------|-------------------------|
|                         |                     |     | Height (cm) | Weight (kg) | BMI (w/h <sup>2</sup> ) | Height (cm) | Weight (kg) | BMI (w/h <sup>2</sup> ) |
| <b>Croatia (Zagreb)</b> | 1951                | 9.0 | 129.2       | 26.4        | 15.82                   | 128.2       | 26.0        | 15.82                   |
|                         | 1964                | 9.0 | 132.4       | 28.6        | 16.32                   | 132.0       | 28.5        | 16.36                   |
|                         | 1973                | 9.0 | 134.5       | 30.6        | 16.92                   | 133.7       | 30.7        | 17.17                   |
|                         | 1982                | 9.0 | 136.5       | 31.6        | 16.96                   | 135.0       | 30.4        | 16.68                   |
|                         | 1991                | 9.0 | 136.7       | 32.7        | 17.50                   | 135.7       | 32.1        | 17.43                   |
| <b>Czech Republic</b>   | 1951                | 9.0 | 131.4       | 28.2        | 16.33                   | 130.5       | 27.9        | 16.38                   |
|                         | 1961                | 9.0 | 132.6       | 29.1        | 16.55                   | 131.6       | 28.8        | 16.63                   |
|                         | 1971                | 9.0 | 133.8       | 29.8        | 16.62                   | 133.1       | 29.6        | 16.69                   |
|                         | 1981                | 9.0 | 134.6       | 30.2        | 16.70                   | 133.9       | 29.9        | 16.65                   |
|                         | 1991                | 9.0 | 135.9       | 30.7        | 16.62                   | 135.5       | 30.4        | 16.54                   |
| <b>France</b>           | 1955                | 8.0 | 125.3       | 24.7        | 15.73                   | 123.9       | 23.8        | 15.50                   |
|                         | 1985                | 8.0 | 128.0       | 27.0        | 16.48                   | 126.4       | 25.7        | 16.09                   |
| <b>Germany (Jena)</b>   | 1880                | 9.0 | 123.2       | 24.1        | 15.85                   | 122.3       | 23.0        | 15.34                   |
|                         | 1921                | 9.0 | 128.1       | 26.5        | 16.12                   | 127.6       | 25.4        | 15.60                   |
|                         | 1932                | 9.0 | 130.5       | 26.5        | 15.56                   | 129.7       | 26.3        | 15.65                   |
|                         | 1944                | 9.0 | 131.3       | 27.2        | 15.78                   | 129.2       | 25.9        | 15.52                   |
|                         | 1954                | 9.0 | 131.1       | 27.5        | 16.00                   | 132.2       | 26.9        | 15.39                   |
|                         | 1964                | 9.0 | 132.6       | 27.5        | 15.64                   | 131.4       | 27.5        | 15.93                   |
|                         | 1975                | 9.0 | 135.9       | 30.0        | 16.24                   | 134.4       | 28.8        | 15.94                   |
|                         | 1985                | 9.0 | 136.0       | 29.5        | 15.95                   | 133.8       | 28.2        | 15.75                   |
|                         | 1995                | 9.0 | 136.1       | 30.7        | 16.57                   | 136.0       | 31.0        | 16.76                   |
| <b>Italy</b>            | <1939               | 9.0 | 124.7       | 25.8        | 16.58                   | 123.8       | 24.7        | 16.12                   |
|                         | 1951–65             | 9.0 | 128.8       | 27.2        | 16.38                   | 127.8       | 26.7        | 16.38                   |
|                         | 1970–71             | 9.0 | 133.0       | 30.4        | 17.19                   | 132.2       | 30.1        | 17.21                   |
|                         | 1993?               | 9.0 | 132.0       | 30.7        | 17.62                   | 131.0       | 30.2        | 17.60                   |
| <b>Netherlands</b>      | 1965                | 6.5 | 120.8       | 22.3        | 15.28                   | 120.4       | 22.0        | 15.18                   |
|                         | 1997                | 6.5 | 123.4       | 23.8        | 15.61                   | 122.0       | 23.3        | 15.63                   |
| <b>Norway (Oslo)</b>    | 1920                | 9.0 | 126.1       | 25.3        | 15.91                   | 125.3       | 24.6        | 15.67                   |
|                         | 1925                | 9.0 | 128.6       | 26.2        | 15.84                   | 127.8       | 25.7        | 15.74                   |
|                         | 1930                | 9.0 | 130.6       | 27.2        | 15.95                   | 129.7       | 27.0        | 16.05                   |
|                         | 1935                | 9.0 | 132.1       | 28.1        | 16.10                   | 131.3       | 28.0        | 16.24                   |
|                         | 1940                | 9.0 | 133.3       | 28.9        | 16.26                   | 132.6       | 28.8        | 16.38                   |
|                         | 1943                | 9.0 | 132.9       | 27.7        | 15.68                   | 131.7       | 27.3        | 15.74                   |
|                         | 1945                | 9.0 | 132.5       | 27.9        | 15.89                   | 131.4       | 27.5        | 15.93                   |

**Table 4.4 (continued)**

|                                 |         |      |       |      |       |       |      |       |
|---------------------------------|---------|------|-------|------|-------|-------|------|-------|
|                                 | 1947    | 9.0  | 133.7 | 29.6 | 16.56 | 133.2 | 29.6 | 16.68 |
|                                 | 1950    | 9.0  | 134.5 | 30.1 | 16.64 | 133.3 | 29.6 | 16.66 |
|                                 | 1955    | 9.0  | 134.7 | 29.8 | 16.42 | 133.7 | 29.6 | 16.56 |
|                                 | 1960    | 9.0  | 134.5 | 30.0 | 16.58 | 133.5 | 29.6 | 16.61 |
|                                 | 1965    | 9.0  | 134.9 | 29.8 | 16.38 | 134.2 | 29.3 | 16.27 |
|                                 | 1970    | 9.0  | 135.0 | 29.6 | 16.24 | 133.8 | 29.6 | 16.53 |
|                                 | 1975    | 9.0  | 135.5 | 29.5 | 16.07 | 135.0 | 29.2 | 16.02 |
| <b>Slovenia<br/>(Ljubljana)</b> | 1939/40 | 11.0 | 139.6 | 32.5 | 16.68 | 141.3 | 33.1 | 16.58 |
|                                 | 1969/70 | 11.0 | 144.8 | 37.2 | 17.74 | 147.1 | 39.1 | 18.07 |
|                                 | 1991/92 | 11.0 | 146.7 | 39.4 | 18.31 | 148.8 | 40.0 | 18.07 |
| <b>Sweden</b>                   | 1883    | 13.0 | 142.0 | 36.1 | 17.90 | 145.5 | 37.8 | 17.86 |
|                                 | 1938/39 | 13.0 | 153.6 | 42.7 | 18.10 | 155.0 | 44.3 | 18.44 |
|                                 | 1965/71 | 13.0 | 156.2 | 43.6 | 17.87 | 158.6 | 46.0 | 18.29 |

Sources: See Figure 4.1.

(65.61 in) compared very closely with the average height of male convicts (65.43 in) (Johnson and Nicholas 1995: 478). However, when they compared the average heights of female criminals with female convicts, they found that the female convicts were substantially shorter (Nicholas and Oxley 1993: 734; 1996: 597; Johnson and Nicholas 1997: 211, 218, 221). The differences between the average heights of male convicts and male criminals and the average heights of female convicts and female criminals imply that at least one of these series is less representative than the others, and this in turn implies that conclusions regarding the differential impact of economic development on the welfare of males and females before 1815 should be treated with considerable caution.

While it is interesting to note that Nicholas and Oxley's original findings suggested that the average heights of rural-born females declined more rapidly than those of rural-born males, Nicholas and Johnson's subsequent research into the heights of Newgate criminals showed that male and female heights moved 'roughly in unison' after 1815 (Johnson and Nicholas 1995; 1997: 222). These findings are broadly consistent with the results obtained by Floud during his analysis of the trends indicated by a range of published datasets during the course of the nineteenth century. Whilst Floud was rightly cautious about drawing too many conclusions from some extremely limited samples, he was able to observe a rough similarity between the trends for males and females during those periods for which comparisons were possible (Floud 1998: 10–15).

Although neither Johnson and Nicholas nor Floud were able to detect any significant differences in the main trends in the heights of men and women born after 1815, Riggs (1994) has argued that differences did exist in the average heights of men and women who were born between 1800 and 1849 and incarcerated in

Glasgow between 1840 and 1880. He claimed that the average heights of both men and women declined between the birth cohorts of the early 1800s and the 1830s, but the average heights of women continued to decline with the birth cohorts of the 1840s, whereas those of men improved. He speculated that this result might reflect the impact of changes in the labour market for men and women in Glasgow during the 1840s but he also conceded that the results for this decade 'could ... be an artefact of the data, perhaps stemming from subtle changes in policing and, therefore, in the initial sampling of the population from which this dataset is derived' (p. 73, note 47). It may therefore be premature to argue that the data provide unequivocal evidence of sex-specific differences in the welfare of the Scottish population during this period (cf. Komlos 1994: 217; Komlos and Coll 1998: 231–3; Komlos and Baten 2004: 202).

In addition to examining the broad trends in height, Floud was also able to investigate the absolute value of differences in height, weight and body mass index when these figures were compared with modern standards. In some respects, these results were rather more surprising. It is now generally accepted that women and children often deprived themselves in order to ensure that the father of the household was adequately nourished (see, e.g., Oren 1974: 227–8; Harris 1998: 418), but Floud found little evidence of these differences in the anthropometric record. If anything, his figures suggested that adults were more likely to be underweight than children, and that men were more likely to be underweight than women (Floud 1998: 16). However, these findings have been called into question by Horrell, Meredith and Oxley's recent study of the heights and weights of nearly 33,000 men and women who were incarcerated in the London House of Correction between 1858 and 1878. They found that the average BMIs of female prisoners were typically much lower than those of male prisoners and that the difference increased with age. Their overall conclusion was that 'as girls became adults and mothers – the ones responsible for dishing out the food – they discovered just how hard it was to make those decisions about scarce family resources ... when families grew, women shrank' (2006: 19).

Although much of the information which is currently available with regard to the heights of adult women is limited to the United Kingdom, Baten and Murray (1997; 2000) have extended the discussion by examining the heights of women who were born between 1819 and 1886 and incarcerated in Wasserburg prison in Bavaria. In 1997, they showed that there were no significant differences between the heights of women who were born illegitimately in cities or to middle-class families, but there was a significant difference between the heights of legitimately- and illegitimately-born women from peasant families, especially among those born in the 1840s. In 2000, they extended this analysis by looking more closely at trends in the heights of both male and female prisoners across the whole century. Their most striking finding was that 'economic factors in early childhood had more systematic influence on girls' than boys' heights, and were more important than disease factors for both sexes' (Baten and Murray 2000: 351).

At the present time, it is difficult to reach any definite conclusions about the extent to which these differences provide any clear evidence about the extent or nature of anti-female discrimination. It is difficult to find any direct evidence of

discrimination against female children in the distribution of household resources in eighteenth- or nineteenth-century Europe at younger ages, and much of the evidence which does exist relates to the deprivation of adult women, rather than their daughters (Imhof 1981; Henry 1987; Humphries 1991; Harris 1998; Klasen 1998; McNay, Humphries and Klasen 1998; 2005).<sup>5</sup> It is also possible that some of the variation in male and female heights may reflect physiological differences, in the sense that girls may have been more susceptible to certain diseases which are more likely to have affected their final stature (Harris 1998: 437–9). However, at least some of the differences revealed by these authors may be the result of sampling biases. We have already seen that this factor may help to explain some of the differences in the height trends of men and women in the United Kingdom, and it may also have a bearing on reported trends in the heights of men and women in Bavaria.

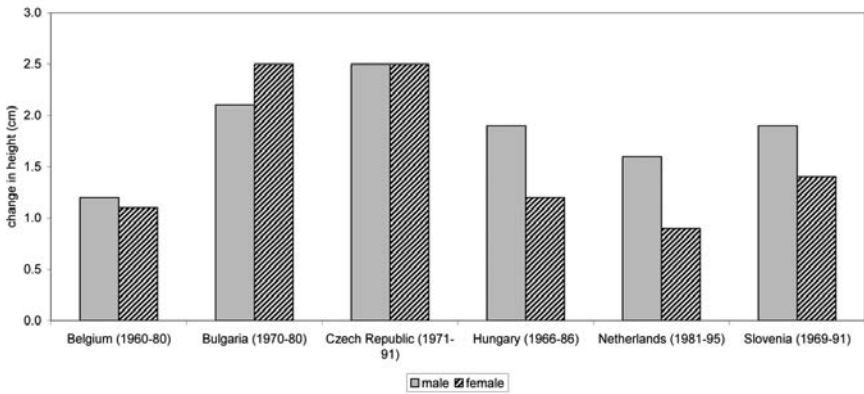
The increases in the average heights of children born in the twentieth century have also been reflected in the heights of European adults. Floud (1994: 16–19) showed that the average heights of army recruits in Bavaria, Belgium, Denmark, France, Italy, the Netherlands, Norway, Spain and Sweden increased by between 3.1 and 11.1 centimetres between 1900 and 1975, and Susanne et al. (2001: 72) reported similar increases in Germany, Greece, Hungary and Poland between 1930 and the mid-1990s. Susanne et al. (2001: 73) summarised changes in the average heights of people in 16 countries from 1950 onwards. They found that average height increased throughout Europe, with some of the most rapid increases occurring in Spain, Italy, Bulgaria and Greece.

Although the majority of the data presented by Susanne et al. (2007) related to adult men, they also presented a smaller amount of information on adult female heights. The data for the two sexes are not always directly comparable because they refer to different time periods, but Susanne et al. were able to present data for six countries in which the male and female data referred to the same period (see Figure 4.3). However, the results of these comparisons are not always consistent. In the Czech Republic, the average heights of both men and women increased by 2.5 cm per decade between 1971 and 1991, and in Bulgaria the average heights of men increased by 2.1 cm between 1970 and 1980, whilst those of women increased by 2.5 cm. However, in every other country, the average heights of men increased more rapidly than those of women; the differences ranged from 0.1 cm per decade in Belgium to 0.7 cm per decade in the Netherlands. These differences could reflect differences in the average heights of the male and female populations of these countries or they could reflect variations in the sections of the population from which the data were drawn.

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5 There is some evidence which suggests that fathers were more likely to sacrifice some of their resources for their sons, but mothers were more likely to share their resources with their daughters (see Klasen 1998: 455–6).





**Figure 4.3** Changes in the heights of male and female adults in different European countries, 1966–95

Source: Susanne et al. 2001: 73.

## Conclusions

Although much of the historical data on the heights and weights of past generations are restricted to men, there is also a growing body of information on female heights, and the data can be used to investigate the impact of gender on levels of well-being. However, there are also significant areas of disagreement surrounding the interpretation of these statistics and this reinforces the need for further research.

One of the most contentious issues concerns the question of whether anthropometric data can be used to reveal systematic differences in the well-being of boys and girls in the past. Nicholas and Oxley (1993) argued that changing patterns of agricultural employment led to a disproportionate decline in the heights of Englishwomen who were born in agricultural areas between 1790 and 1815, and Riggs (1994) thought that changes in the structure of the urban labour market caused both an absolute and a relative decline in the average heights of women who were born in Glasgow between 1800 and 1840. Baten and Murray (2000: 351) thought that ‘economic factors in early childhood had more systematic influence on girls’ heights than boys’ heights, and were more important than disease factors for both sexes’.

Although these findings are undoubtedly important, they should perhaps be treated with some caution. In the first place, it is important to remember that the average heights of adult populations are largely determined in childhood, and although there is considerable evidence that poor women were doubly disadvantaged by gender and poverty as adults, there is much less evidence to show that this led to systematic differences in the allocation of resources at younger ages (Harris 1998). Secondly, it is also important to remember that these findings are largely dependent on data derived from convict sources. The data are likely to have been

influenced, not only by variations in the well-being of the underlying populations, but also by changes in policing and sentencing policies (see Riggs 1994: 73).

In view of these questions, it is particularly important to examine comparative data on the heights attained by boys and girls at ages at which they were still growing. This chapter has examined data on the heights of children who were measured in seven European countries (excluding the United Kingdom) before the Second World War, and in the majority of these countries there was very little difference between the average values of the heights of boys and girls, when compared with modern standards. This may reflect the fact that, as Tanner and others have argued, girls are more resistant than boys, and more likely to maintain their natural growth rates in the face of adverse conditions. However, despite this, the data provide little support for the view that past generations of girls suffered systematic discrimination in the allocation of household resources under ordinary circumstances.

However, even though girls may not have faced systematic discrimination under ordinary circumstances, there is some evidence to suggest that they were more likely to experience disadvantage, as well as discrimination, under exceptional circumstances. This chapter has examined changes in the average value of the heights of children in both Oslo and Jena during the Second World War, and in both cases significant differences have emerged. In Oslo, it appears that children of both sexes experienced considerable hardship during the occupation of Norway between 1940 and 1945, but this appears to have had a somewhat smaller effect on the heights of older boys than on the heights of younger boys and girls of all ages. The importance of gender as a determinant of well-being was also reflected in the German city of Jena, where it appears that the average height of girls declined at all ages between 1932 and 1944, whilst that of boys increased.

Although this chapter has concentrated on height as a measure of well-being, it is also important to recognise the importance of other anthropometric indicators, such as weight and body mass index. Although the average height of a population is largely determined in childhood, variations in weight can reflect changes in conditions throughout the life course. The search for data of this kind is likely to play an increasingly important role in anthropometric research in the coming years.

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## Chapter 5

# Gender and Well-Being in the Pyrenean Stem Family System

Marie-Pierre Arrizabalaga

During the *ancien régime*, Pyrenean families were concerned about household well-being, creating a protective family system known as the house system where collective well-being was to prevail over individual well-being. This collective well-being was best secured by the systematic implementation of the traditional local customs or *Fors*, imposing the stem family household structure and single inheritance practices.<sup>1</sup> Customs were differently implemented in the different Pyrenean provinces, yet everywhere it required the transmission of all inherited assets to one child, the cohabitation of the single heir with parents and unmarried siblings, and the exclusion of all the other siblings from inheritance. Though the system was formally abolished by the *Code Civil* in 1804, traditional practices continued to prevail in the nineteenth and twentieth centuries because families valued their collective well-being. They perpetuated single inheritance despite their legal obligation to equal partition. As the analysis of behaviour after the French Revolution will show, inequality was the natural outgrowth of these prevailing traditional practices. They imposed different roles, powers and obligations to house members, each one being secured a certain well-being, but unequally. Individual well-being was certainly vital but it was subordinate to collective well-being and families' obligation to protect the interests of the house and its survival over time.

This chapter will demonstrate that despite the *Code Civil*, families have continued to implement the traditional Pyrenean house system to make sure that everyone in the house was secured a certain well-being, each one enjoying a specific, different well-being depending upon marital status, gender and birth order. The demonstration will proceed to argue that the status of the heir or heiress was better than that of his or her spouse, or that of the unmarried siblings living with them. Thus, depending on their status, some siblings were better treated and their well-being better secured than others. As a matter of fact, among those who

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1 Stem family practices, part of the house system, had existed in the Pyrenees since the Middle Ages (since the Romans for the Basques), with practices written down in the fifteenth or sixteenth centuries as written laws known as *Fors*. They listed local practices in the matter of inheritance, household structures, and other individual, family and community laws which protected the house and the economic balance of families and communities.

shared the same status in the house, men and women received unequal treatment, heirs being secured greater status, powers and roles than heiresses. In the same way, heiresses' husbands were treated better than heirs' wives. In this system, men's well-being was therefore better guaranteed than women's. Thus individual well-being among Pyrenean propertied families was not only a question of wealth and status in the house but also a question of gender and birth order, with women, especially younger ones, bearing the brunt of the system.

We will thus argue that, as a result of the *Code Civil*, propertied families' children were to enjoy the same resources or commodities (the family patrimony, the house status, the family culture and parents' education) and therefore they were to have access to the same opportunities, the same doings (destinies) and the same beings (social mobility) (Robeyns, to be published).<sup>2</sup> Yet, because of the prevailing house system, illegal after the French Revolution, individuals did not have the same destinies and the same social mobility. This was because they were subjected to new family constraints depending on status, gender, and birth order, aggravated by external constraints imposed by macro-economic and professional conditions, disfavoured women's access to employment and their social mobility. As a result, the conversion of resources (the house, status, culture and education) into functionings (doings and beings) among children from propertied families before and after the French Revolution was unequal for women, especially younger ones.

## Sources and Methods

In order to sustain our demonstration of the mechanisms to secure men's and women's well-being in the Pyrenees in the nineteenth and twentieth centuries, we will use the Basque Country as a case study. We will analyse the Pyrenean house system and outline propertied families' 'unequal' strategies to secure the well-being of the house and the lineage and then that of their children, men and women, before and after the French Revolution. The Basque Country is one of the Pyrenean provinces where the house system has remained preeminent among propertied families and where the interests of the house have prevailed over those of individuals until recently, leading to different, unequal well-being among children, especially women, despite the egalitarian law of the *Code Civil*. For the purpose of our demonstration, we will investigate 120 genealogies, starting from 120 couples who married in the early 1800s, originating from six different rural villages scattered in the three French Basque provinces, four villages located in

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2 See also Ingrid Robeyns, 'Social justice and the gendered division of labour: possibilities and limits of the capability approach', paper presented in Symposium 3: 'Gender and Well-Being, Interactions between Work and Public Policies', in Barcelona, Spain on 25 June, 2007.

the highlands and two in the lowlands.<sup>3</sup> After selecting the 120 couples (20 in each of the six villages constituting the first-generation cohort), we reconstituted the lives of their children and their spouses (the second-generation cohort) and their grandchildren and their spouses (the third-generation cohort) searching through the civil records (births, deaths and marriage records) of their village of birth, those of all surrounding villages within a twenty-mile radius, as well as those of Basque towns, those of surrounding Bearnais villages and towns, and those of the regional cities of Bayonne and Pau. This three-generational family reconstitution research work involved the tracing of the individual life experiences of about 3,000 people in the rural Basque Country, in local towns, in regional cities, and overseas during the period which started in the early 1800s for the 120 couples and ended in the 1990s for the third-generation cohort.<sup>4</sup>

The research subsequently involved the consultation of all public land registers available on the six villages of the sample and all neighbouring villages (a total of 38 villages). We focused our attention on the official land registers of the *Cadastré*<sup>5</sup> where we traced the 120 couples' and their descendants' property registrations and values. We also consulted the cantonal succession records, the *Enregistrement* registers,<sup>6</sup> indicating property settlements (with details on marriage contracts, dowries, *préciputs*, compensation, testaments and donations) and redistribution prior to succession and upon inheritance for the first, second and third-generation cohorts. The cross analysis of all the above sources clearly help to identify the single heir and families' unequal strategies to perpetuate the stem family household structure and the house system, giving indicators on each family's resources or capabilities to secure well-being for their children in the nineteenth and twentieth centuries. Finally, the data will allow the determination

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3 For the 120 genealogies, I selected 20 couples in each of the six villages of the sample scattered in the three French Basque provinces: Sare (a mountain village in the province of Labourd), Aldudes and Mendive (two mountain villages in the province of Basse Navarre), Alçay (a mountain village in the province of Soule), Isturitz, and Amendeux (two lowland villages in the province of Basse Navarre), all distant and isolated from Bayonne, the provincial capital.

4 We thus searched through the civil records of about 150 villages through the 1880s until the 1990s. As the third-generation children were born in the late nineteenth century or early twentieth century, some of them died in the 1980s and 1990s. That is why it was necessary to consult archives until the late twentieth century.

5 The archival sources are: *Cadastré. Matrice des propriétés foncières*, serie 3P3, Archives Départementales des Pyrénées-Atlantiques (ADPA). *Cadastré. Matrice des propriétés bâties*, serie 3P2, ADPA.

6 The archival sources are: *Enregistrement. Mutation après décès*. Records from seven cantonal seats: Labastide-Clairance, Hasparren, Saint-Jean-de-Luz, Ustaritz, Saint-Etienne-de-Baïgorry, Saint-Jean-Pied-de-Port, Saint-Palais, Mauléon-Licharre. Serie Q, ADPA, 269 volumes. This research also involved the consultation of the notary records of four cantonal seats: Espelette, Saint-Etienne-de-Baïgorry, Saint-Jean-Pied-de-Port and Tardetz, serie III E, ADPA. Yet, the notary records were often defective or incomplete.

of the way men and women were differently treated in the house, their different roles, powers and obligations. Though they had equal rights and resources, men's and women's beings and doings were unequal, especially younger women's.<sup>7</sup>

### **Gender and Well-Being in the Pyrenean House System in Past Times: A Brief Definition**

As earlier indicated, the Pyrenean house system was characterised by a complex household structure, the stem family structure, an outgrowth of single inheritance practices which involved the cohabitation of the single heir with parents and a three-generational household structure of two couples (grandparents, parents and children) co-residing with unmarried siblings (Fauve-Chamoux 1984, 1987, 1993a, 1995). The system imposed the full transmission of the inherited assets (the house and the land) to one child and the cohabitation of two married couples and their respective unmarried children in the same house (Fauve-Chamoux 1993b; Fauve-Chamoux and Ochiai 1998). For centuries, this system has allowed families to prioritise collective interests over individual interests. Individual well-being however was not ignored. It only came second after the well-being of the house.

This Pyrenean house system however was implemented differently in the different provinces (Comas and Soulet 1993). In the Basque Country, Barèges, and Lavedan, they imposed male or female primogeniture (*aînesse intégrale*), granting all inheritance rights to the first-born son or daughter (Cordier 1859; Fougères 1938; Lafourcade 1989; Zink 1993). In Bearn and the Baronies, the customs imposed male primogeniture or the full inheritance to the first-born son (Poumarède 1972; 1979; Fougères 1938; Zink 1993; Chiva and Goy 1981; 1986). Finally, in French Catalonia, any one of the sons could inherit the family house and land or business (Assier-Andrieu 1981; 1990). No matter the customs, all valued the house over individuals and its full transmission to one single heir. Because male headship generally was preferred over female headship everywhere in the Pyrenees except in the Basque Country, Barèges and Lavedan, gender inequality within the house seemed institutionalised.

Where single inheritance favoured men only, through male primogeniture (in Bearn, the Baronies) and single male inheritance (as in French Catalonia), women suffered discrimination, as in most European regions (Augustins 1989; Bear 2004; Bonnain et al. 1992; Green and Owens 2004). In these regions, women were treated unequally and unfavourably, whether first-born or younger, all of whom being excluded from property inheritance. They were never selected as heiresses because their brothers, older or younger, came first. They were only selected as heiresses in the absence of sons in the family (Bourdieu 1972). Moreover the selected son was given the full ownership of all family assets upon marriage,

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7 About half of the 120 first-generation couples were propertied and the other half were non-propertied. Our study will thus concern the one-half propertied families.

while the other brothers were partitioned the land assets acquired during their parents' marriage (the *légitime*), always of lower value than the heirs' assets.<sup>8</sup> The daughters by contrast were only granted a dowry, an amount of money and other personal belongings to marry away and never equal to the excluded men's inheritance (the *légitime*). In this way, women never had access to land ownership and never became house heads. At best, they married a property owner of the same status but their roles and powers remained subordinate to their husbands. As a consequence, we may argue that women's well-being in Bearn, the Baronies or French Catalonia in the Old Regime always depended on their husband, as it was the case in other parts of France (Segalen and Ravis-Giordani 1994; Bouchard, Goy et al. 1998; Bouchard, Dickinson et al. 1998). They were not given access to the same opportunities (doings) and consequently could not enjoy the same roles, powers and status (beings) as men.

The Basque Country was a different case. It was one of the three Pyrenean provinces (with Barèges and Lavedan) where in the Old Regime women received the same treatment as men. Indeed, the customs imposed male or female primogeniture (*aïnesse intégrale*) or the transmission of all family assets to the first-born male or female child, a system which valued birth order rather than gender. In Basque families (of three children on average), first-born children, no matter their sex, inherited the family's land and house, the second-born child, male or female, received a dowry to marry into the same class, and the third-born child, male or female, generally remained single in the house with the heir or heiress, who, in exchange for full inheritance, had to house and care for all unmarried siblings, male or female (Lafourcade 1989, 121–161). We can consequently argue that in the Old Regime in the Basque Country, individuals were treated differently and unequally in the family, not because of gender but because of birth order, so men and women of the same birth order enjoying equal well-being, having access to the same opportunities and the same resources (doings) led to equal destinies (beings). Inequality only derived from birth order. Single heirs, male or female, who inherited the family house and land upon marriage, had better doings and beings than heirs' and heiresses' spouses, who only owned and controlled their dowry and had no property rights. They had even better doings and beings than younger unmarried siblings, male or female.<sup>9</sup> How did the situation evolve after the French Revolution when gender and/or birth order differentiated treatment became illegal?

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8 Inherited property was unalienable. It could not be sold or partitioned. Heirs could only dispose of the *légitime*, the part of the land assets acquired during the marriage and often used to provide for excluded sons to marry away.

9 It would take too long to detail the roles, powers and obligations of everyone living in a house. However we may argue that those of the heirs and heiresses as masters or mistresses (*mâitres* ou *mâitresses*), were greater than those of their spouses as masters' or mistresses' spouses (*mâitres adventices* ou *mâitresses adventices*) and much greater than those of unmarried siblings, whose rights were to live, work and retire in the house and to approve or disapprove property sales (*droit de chaise*).

## Well-Being in the Nineteenth and Twentieth Centuries: Heirs, Heiresses and Their Spouses

With the equal inheritance laws of the *Code Civil* of 1804, families were forced to equally distribute all their assets (inherited or acquired) between all their male or female, first-born or younger children, each of whom were entitled to an equal share of inheritance. As a result of the law, sons and daughters were all to have equal access to family resources (status, assets and professional qualifications), opportunities, and well-being. Each was in an equal position to demand his or her legal share of the inheritance by forcing partition. Equal succession and the equal distribution of resources however risked endangering the future of the house by dismantling the family assets and thus causing the bankruptcy of the family business, the death of the stem family, and the end of the house system. Besides, this division of property into equal plots in areas of small ownership, as in the Pyrenees, threatened the eco-demographic equilibrium of communities, with a larger and larger population having access to smaller and smaller properties, and hence greater poverty. That is why the survival of single impartible inheritance practices despite the *Code Civil* was perceived by Pyrenean families as the only way to guarantee the survival of the family house and business. It had to be perpetuated for the sake of family lineage, leading families to elaborate new strategies to go around the law and expose unequal treatment. Using propertied families' genealogies, we will see how unequal and gender-differentiated the house system has become since the *Code Civil*.

In the nineteenth century, Frédéric Le Play was the first to identify and value this stem family system in the Pyrenees, concluding that the well-being and development of families, communities, and also the nation depended upon it. He called upon its survival in the name of economic progress, national leadership and racial superiority (Le Play 1871; 1878; Le Play et al., 1994).<sup>10</sup> Even if we ignore Le Play's political and racial arguments, we may say that the eco-demographic equilibrium of communities in the nineteenth and twentieth centuries indeed depended upon the stem family system and therefore upon single inheritance (Le Roy Ladurie 1972) because families, who generally owned small property, could not survive multiple partition and were doomed to suffer unstable and gradual impoverishment. Indeed, each generation could not live on successively smaller plots of land and communities could not survive further land parcelisation. Single inheritance protected the interests of the house (the house system), of families, and therefore of communities, keeping businesses in the hands of an equal number of families, and hence economic stability. Though the system was unequal, the

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10 In his publications, F. Le Play argues that the stem family system was a vital system for Pyrenean families to survive over time. It secured the economic stability and therefore the well-being of families and communities. Besides, it guaranteed the well-being of the national economy, securing progress to the nation, a future for its people, and the preservation of the blood of the nation.

excluded children accepted or were forced into accepting it. Contrary to Bearn (Lacanette-Pommel 2003), Basque land registers indicate that land partition rarely took place for the sake of economic stability of houses and communities (Arrizabalaga 2004; 2005a). How were individuals secured well-being then? And what kind of well-being?

As our demonstration will proceed, the new family strategies in the nineteenth and twentieth centuries perpetuated birth order inequalities (as before) but also imposed new gender-differentiated treatment. Not only were older and younger men and women talked or forced into accepting unequal treatment but, compared to men, women had different, unequal opportunities (doings) and experienced different, unequal destinies (beings), which affected their social mobility unfavourably. We shall see that, compared to the Old Regime, women's well-being was not so well guaranteed, no matter their status and their birth order. In other words, men and women legally had equal resources and should have equal opportunities, yet men enjoyed higher status and greater powers than women, even when they had the same status in the house. As before the French Revolution, heirs' and heiresses' spouses, and especially celibates, male or female, were subordinate to heirs or heiresses. What was new after the French Revolution was that heiresses were treated unfavourably compared to heirs, heirs' wives compared to heiresses' husbands and female celibates compared to male celibates. Clearly, women experienced more unfavourable roles and powers than men even though they had the same status and position in the house (Arrizabalaga 2005a; 2006a and 2006b).

With the *Code Civil*, the Pyrenean house system in the nineteenth and twentieth centuries should have grown less gender-differentiated than in the past because by law both gender and birth order no longer mattered (while in the past birth order did matter). Indeed, a first look at the family reconstitution data seems to indicate that first-born or younger women inherited more often than in the past: almost 60 per cent of heirs were female and they included the first-born or younger daughters of families which contained surviving older or male siblings (Arrizabalaga 2002a; 2002b and 2006c). We may conclude that women were treated equally or better than men. Similarly, but in smaller proportion, in areas of male primogeniture, heiresses were more numerous than in the past, one-third of the women, first-born or younger (with older or younger brothers capable to take the position), inheriting full patrimony (Fauve-Chamoux 2002; 2003; Lacanette-Pommel 2003). This equal gender treatment however was not so equal because in reality, heiresses did not have access to the same family resources and opportunities as heirs. Besides, heiresses did not have the same roles and powers as heirs, as the following argument will show.

One of the reasons why women were often selected as heiresses was because the house system and the stem family system imposed family restraints which fewer men seemed to accept as for instance the cohabitation of two generations of blood-related couples (parents and the single heir or heiress and his/her family) in the same house. All however needed to be done to make sure that this



cohabitation went smoothly. Women were the stabilizing factor of the system. Daughters were perceived as better guarantors of parents' well-being and of the peaceful cohabitation between generations. Besides, daughters were submissive and obedient successors. As most parents wished to maintain their authority over the family business until their death and were not willing to share powers with sons, they chose daughters.<sup>11</sup> Women also accepted other constraints besides cohabitation which men refused. While in the past, the customs obligated parents to transmit power and authority to the first-born son or daughter upon his or her marriage, with the *Code Civil* parents could legally maintain the full authority over the house until they died, the heir or heiress having to wait until his or her parents' death to inherit the house and land in property. While daughters were probably more willing to accept these new conditions, sons preferred to marry away or emigrated to America to enjoy greater freedom, higher authority and a better life (Arrizabalaga, 1996; 2000 and 2005d). Indeed women relinquished their decision power as long as parents lived. Upon the death of the latter, heiresses recovered their rights over the assets. How was everyone else's well-being secured?

No matter the sex of the heir, propertied families' new strategies were complex as a result of the *Code Civil*. In all but a few cases, heirs and heiresses received the *préciput* share upon marriage – a share donated to them in advance to succession and not to be counted as part of the patrimony to be equally divided between all siblings.<sup>12</sup> This share generally amounted to one quarter of the assets. Then upon the parents' death, each child was entitled to an equal share of the rest of the inheritance. At that very moment, the heir or heiress who upon marriage had received the *préciput* share (worth one quarter of the inheritance generally) also inherited his or her legal share (the equal share which each child collected) and took the opportunity to purchase another quarter-share of the family assets from siblings with the spouse's dowry (equal to the *préciput*). Thus, when the succession was dealt with, the heir or heiress owned the *préciput* share (worth one quarter of the assets). In addition, he or she, with the spouse, controlled the share acquired with the spouse's dowry (also worth one quarter of the assets). Finally, the heir or heiress inherited his or her legal share (15 to 25 per cent of the assets).

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11 A number of first-born sons renounced full inheritance and instead either emigrated to America, entered the military or the church, or married into another propertied family. The reasons for this were that they refused late marriages. Besides they refused to live under their parents' authority.

12 The *préciput* share was a share of patrimony to be donated in advance to succession to one child and outside the assets to be equally divided between siblings. It equalled half of the assets in one-child families, one-third of the assets in two-children families and one quarter of the shares in three-children families or larger. As most families in the Basque Country had three children or more, the *préciput* often valued one-quarter of the shares. Contrary to the Old Regime then, heirs and heiresses no longer received all the assets upon marriage but only part of it, with the hope to later receive the rest of the assets upon parents' death.

The selected couple consequently owned 65 to 75 per cent of the family wealth.<sup>13</sup> Thereupon, they needed to acquire 25 to 35 per cent of the assets from the siblings in order to avoid partition. Clearly, with the new law, heirs and heiresses no longer had full ownership of the family assets upon marriage as in the Old Regime – a phenomenon which affected the Pyrenees and other parts of France (Beaur and Goy 2004; Collomp 1983; 1988). They had to compensate siblings for the remaining shares of the inheritance to reconstitute the holding.

Aging parents were the ones who most benefited from the new law and therefore the new stem family practices – generally at the expense of daughters. As succession declarations clearly outline, parents controlled the large majority of the family assets until death while one of their children and his or her spouse fulfilled the chores around the property. Parents had a secured retirement plan, being fed and taken care of by the younger heir or heiress and his or her spouse until they died. Besides, the selected couple sometimes had to house and feed one or two unmarried siblings residing in the family house with them – men and women who never received their share of the inheritance but who in compensation were secured well-being (care, livelihood and retirement) in the house until death. The more prosperous the family businesses were, the greater the number of unmarried siblings residing in the house (Arrizabalaga 1997a; 1997b). The stem family system and the house system in the nineteenth century indeed guaranteed the well-being of parents, heirs or heiresses and their family, and unmarried siblings living but differently and unequally depending on status and gender.

Succession and land records (inheritance acts, marriage contracts and testaments) among propertied families indicate that there was a hierarchy of priorities and interests which affected individual well-being and destinies more or less favourably. First, heiresses were disadvantaged. Not only were they subordinate to their parents (as we argued before), but after their death, they were forced to accept the co-ownership of the family assets with their husbands. Indeed, as a result of the *Code Civil*, heiresses' husbands accepted that their dowries be absorbed into the house and used to compensate the heiresses' siblings for their shares of the inheritance (worth 25 per cent of the assets) but under the condition that this allowed them to legally co-own this acquired share.<sup>14</sup> After the parents' death, heiresses were no longer sole owners of the family assets as in the Old Regime. They shared ownership with their husbands, a situation which male heirs

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13 When parents died, the young couple generally owned three-quarters of the assets: a one-quarter *préciput* share donated to the heir or heiress upon marriage as part of the marriage contract, one-quarter share acquired with the spouse's dowry (equivalent to the *préciput*), and finally, 15 to 25 per cent as part of each child's legal share of the inheritance upon parents' death: 25 per cent with three children, 19 per cent with four children, 15 per cent with five children, etc.

14 This was new because with the customs, heiresses' husbands had no property rights though their dowry was absorbed into the house. They only owned their dowry and lived, worked and died in their wife's house.

did not seem to accept. Indeed, contrary to heiresses' husbands, heirs' wives did not enjoy the same powers and roles (doings and beings) in the house. The analysis of marriage contracts and succession records indicate that they were forced to bring the same dowry value into the marriage as men in the same position but they were not given co-ownership rights over the assets acquired with the dowry (though they were entitled to that right by law).<sup>15</sup> Heirs' wives brought a dowry which was incorporated into the house in order to compensate siblings for their shares of the inheritance but no legal act of co-ownership was signed. In the succession records, they claimed the ownership of their dowry only. They were guaranteed a decent livelihood and retirement in the house but shared no decision-making powers or authority with their husbands.<sup>16</sup> Definitely, women, as heiresses or heirs' wives, did not share exactly the same rights and privileges as heirs or heiresses' husbands. They were only given the opportunity to inherit more often, under the conditions that they relinquished some of the ancestral rights and powers in favour of their aging parents and their husbands. Their doings and beings were consequently not so good as men's in the same position. What men and women had in common was the living arrangements. In other words, they had the same livelihood but not the same status in the house.

### **Well-Being in the Nineteenth and Twentieth Centuries: Excluded Men and Women**

The other siblings, those who did not inherit or did not marry into a propertied family as heirs' or heiresses' spouses, had very different, and sometimes lower doings and beings – especially women. While men generally fared well through emigration to America or else through employment in the civil services, women did not. Many either remained celibates or married in cities or America (Arrizabalaga 2005b). According to the law, all children enjoyed the same resources but because most were excluded from land inheritance, we will now see that the excluded children had different destinies and social mobility (beings). Among them, women were those who most suffered under the system.

With population growth, the number of excluded children increased (Etchelecou 1991).<sup>17</sup> Many were attracted by better and greater economic and professional

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15 According to marriage contracts and succession acts, women brought a dowry which generally equalled the *préciput*. As most families had three children or more, the *préciput* valued one-quarter of the family assets. Contrary to heiresses' husbands, however, heirs' wives did not co-own the assets acquired with their dowries. As in the Ancien Regime, they lived, worked and died owning their dowries only.

16 Around the turn of the twentieth century, the situation evolved because more and more women were given co-ownership rights with the heirs.

17 This was due to a lower infant mortality rate, a longer life expectancy, a better diet, a younger marriage age and a lower celibacy rate.

opportunities in cities and overseas, whether they originated from the Pyrenees or elsewhere (Dussereault et al. 2003). As adults, married or single, non-inheriting men and women departed from the family house to find employment elsewhere, leaving one of the siblings to take over the family house and business – often a sister because women had poorer employment opportunities than men in cities or overseas. Men often received compensation for their share of the inheritance – a smaller one perhaps than their legal share but in advance of their inheritance and enough to start their life before their parents' death. Rather than accept late marriages and subordination, sons (even first-born) accepted lower compensation to depart. Upon emigration (overseas or to cities), they signed legal documents acknowledging that they had indeed received early, lower compensation with which they were satisfied. By this act, they agreed to no additional compensation upon their parents' death. This amount of money which they received in advance as young adults was indeed smaller than their legal share of the inheritance but enough to start their new life in cities (as civil servants or priests) or overseas (as cattle raisers or artisans in America). Thanks to it, sons often experienced upward social mobility. While most of the excluded sons improved their lot in America or as civil servants, the excluded daughters generally did not, except through marriage to a civil servant, with an emigrant, or with a propertied artisan in cities (Arrizabalaga 2003; 2005c and 2006b) (see also Fauve-Chamoux 1998; Segalen and Ravis-Giordani 1994; Head-König et al. 2001).

Celibates were the ones who most suffered under the system – especially women. This condition was encouraged by families so much so that some were welcomed in the family house. In this way, heirs or heiresses could acquire an additional share of the inheritance for free from one sibling in exchange for taking care of them at home (see also Bourdieu 1962; 2002). More and more unmarried siblings however refused this situation and resided in cities or abroad. Among them, many, especially women, accepted sacrificing their shares of the inheritance, donating it to the heir or heiress in order to release financial pressure on the family, for the sake of the family house and for the well-being of its dwellers.<sup>18</sup> Thus the well-being of the family house depended on the well-being of its dwellers indeed but more importantly on the sacrifice of those who remained single in the house (as single or married individuals) and who received smaller or perhaps no compensation at all. Thus, women were best secured well-being when they inherited patrimony, when they entered into a propertied family, or when they married an emigrant, or a civil servant in cities. Even so, they never enjoyed equal authority to their husbands because heiresses shared decision powers with their husbands (and not the other way around). These women's status was as good as and equal to men's in the same position but not their roles and powers; hence there was different unequal well-

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18 The celibates who received no compensation for their shares of the inheritance, whether they resided with the heir or heiress or elsewhere, seemed to accept the situation because upon death, all signed legal acts of donation, or testaments indicating their desire to transmit their shares of the inheritance to the heir or heiress of the house.

being for women and men. The other women in contrast rarely achieved equal status, opportunities and well-being, most experiencing downward social mobility – especially the younger ones who resided in the village, local towns or in cities where they lived as domestic servants, seamstresses, cooks and shop attendants (Arrizabalaga 2005c).

### Case Studies to Illustrate Our Arguments

As the following case studies will show, gender, status, and birth order determined the nature of well-being among the children from propertied families, some being granted greater and better well-being than others, despite the egalitarian laws of the *Code Civil*. Women were sometimes well-provided, better than in other regions in France but in the Basque Country, they were not secured equal well-being to that of men. Women could inherit the family house, in the same way as men, but they were not granted equal status. Younger women however were often sacrificed as this first example will show. Dominique J. married Marie N. and together they had four children. Brigitte, the first-born child, inherited the family assets. The family could choose a son but they did not. They respected family traditions and selected the first-born child as an heir and in this case it was a daughter. As practices continued, when Brigitte married Pierre B., she received the *préciput* share worth one-quarter of the assets, a share not to be divided up between the four children. Pierre brought a dowry worth 1620 Francs which was used to compensate at least one of Brigitte's siblings. Together, they later co-owned the shares acquired from the siblings. Brigitte never had full authority over the assets because she first had to share power and authority with her parents and upon their death, she later co-owned the house with her husband. Marie, the second-born child, was granted a dowry to marry Martin N. and together they moved to Montevideo, Uruguay. She probably did not receive her entire share of the inheritance but enough and in advance so that she could finance the trip and settle in America. Unless her husband fared well in America, Marie experienced downward social mobility. She did not marry into a local propertied family. Raimond, the third-born child, married Marguerite E., the heiress of her family property. Upon marriage, Raimond received a dowry worth 1,400 francs, which was used to compensate his wife's siblings. Together they co-owned part of the family assets of five hectares, some of which were acquired with his dowry. Whether Brigitte's husband, Pierre B. or Raimond, who married an heiress, they both co-owned the inherited property with their wives. Men were therefore given greater rights than women, who, for their part had to share ownership and authority. Simone, the fourth-born child, did not receive any compensation for her share of the inheritance. She was a woman and the last-born child of the family. She probably could not get the family to collect the money to compensate her and did not want to put pressure on the heiress. Instead, she agreed to give up her share. She married a landless weaver, Pierre B., who rented

the property they lived on and died a landless person. As the younger daughter in the family, she experienced downward social mobility.

Similarly in other families, women experienced downward social mobility more often than men. Raimond E. and Marie B. owned less than seven hectares and together they had five children. As tradition required, their first-born child, Anne, inherited the family assets. She received the *préciput* share upon her marriage with Pierre E. who brought a dowry worth 1,340 francs. As the dowry was used to compensate siblings, Pierre co-owned his wife's family assets. Anne had three sisters and one brother. Engrace, the second-born sister, married Arnaud I., a landless farmer. She eventually received her succession (worth 1,125 francs) but too late in her life. She had experienced downward social mobility. Raymond, the third-born brother, in contrast, fared quite well. He received money to work in Buenos Aires and returned from America a wealthy man. He possessed 120,000 francs which he used to marry a propertied woman, Marianne H., the heiress of a large property (almost 19 hectares and two houses). He used the money to purchase most of his wife's siblings' shares of the inheritance. He therefore experienced upward social mobility, owning a greater property than his parents. The two younger sisters, Thérèse and Marie Anne, fared as badly as Engrace. They both experienced downward social mobility. Thérèse married Dominique C. who was a landless farmer. They never acquired any property, even though Thérèse received succession compensation of 960 francs later in her life. Similarly, Marie Anne experienced downward social mobility. She had an illegitimate child (who died at an early age) and never married. She went to Buenos Aires with her brother, Raymond and returned to the village with him. She never received her share of the inheritance and was allowed to die in the family house, taken care of by her sister, Anne, the heiress. She died with no property. This second example clearly shows that women, especially younger ones, found it more difficult than sons to maintain their social status. Not only did men have greater rights upon their wife's assets, they always received compensation for their share of the inheritance and because of economic opportunities (especially in America), they always experienced equal or upward social mobility. Women in contrast either maintained their social status, as heiresses or heirs' spouses, or experienced downward social mobility.

## Conclusion

Despite the egalitarian laws of the *Code Civil* of 1804, the stem family system and its practices among propertied families in the nineteenth and twentieth centuries seemed to treat women as well as men as a result of the higher number of heiresses. Yet treatment remained more unequal and unfair to women. What the analysis of our data indicates is that after the French Revolution and despite the *Code Civil*, men enjoyed a higher status and greater powers than women no matter their position and birth order in the family. Not only did heirs and heiresses' husbands receive better treatment and enjoy better well-being than heiresses and

heirs' wives, but with time, there was greater gender discrimination and greater gender-differentiated treatment between heirs and heiresses, between heirs' wives and heiresses' husbands, and between male and female celibates after than before the *Code Civil*. It thus appears that the *Code Civil* generated new kinds of unequal behaviour.

Besides, the excluded children, especially men, were not altogether disadvantaged by the system because through compensation and with the new professional and economic opportunities available in cities and overseas, they had access to new resources which secured them better doings and beings than sometimes in the past. These new conditions and strategies contributed to men's massive emigration and the growing number of heiresses. The house system thus continued to exist despite the *Code Civil*, heirs and heiresses elaborating new strategies to acquire their siblings' shares of the inheritance for a lower value or for free and to reconstitute the family patrimony. Yet the system could not have worked without concessions from everyone, especially from the younger women who often relinquished their shares of the inheritance and showed self-abnegation for the sake of the house and lineage and accepted a life as unmarried domestics. In any case, after the French Revolution in the Basque Country, families' treatment of the children was more unequal for women than for men. Women's well-being was therefore more unfavourable than men's – especially younger women excluded from inheritance.

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## Chapter 6

# Overexploitation, Malnutrition and Stigma in a Woman's Illness: Chlorosis in Contemporary Spanish Medicine (1877–1936)<sup>1</sup>

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The nineteenth-century industrialisation process brought about a significant transformation of the roles that had traditionally been performed by women in *ancien régime* societies. Although they did not lose their role in the household context, deep changes in family and community models and structures were introduced and the incorporation of women into the world of work outside the home was consolidated. A number of pathologies emerged in that context which, like chlorosis, had as their main characteristic that they were women's diseases.

A study of the chlorotic syndrome will enhance our understanding of the determining factors for these health-related problems. From an examination of the evidence offered by contemporary Spanish medicine (Carrillo 2006), this research highlights some of the problems faced by young adult females in health matters and helps us to understand the combination of biological, environmental, socioeconomic and cultural risks that caused these problems and impacted on women's welfare levels. In addition to the problems related to hygiene, nutrition and labour that accompanied women suffering from chlorosis, they had to face stigmatisation and the effects of an ideological discourse that was closely linked to their female condition.

Throughout the nineteenth century, the chapter dedicated to chlorotic states became one of the longest in pathology books. However, chlorotic syndromes started to decline during the first decades of the twentieth century. The current chapter analyses the main aetiological hypotheses which were used to explain both the appearance and the disappearance of chlorotic states as well as the scientific discourse that arose among Spanish doctors as a result of the parameters within which medicine dealt with female nature in general and the illnesses suffered by women in particular.

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1 We wish to thank Víctor M. Pina for translating the original Spanish text into English. The work was financed by the Project: 'Antecedentes históricos de la nutrición comunitaria en España: los primeros intentos de institucionalización, 1923–1947' (HUM2005-04961-CO3-01).

The ultimate aim is therefore to assess the extent to which the formulation of a diagnostic category like chlorosis in the context of the increasing ‘medicalisation’ process that the Western population experienced during the nineteenth century was actually hiding the situation of overexploitation (housework and non-housework) of poor living and health conditions and stigmatisation that large segments of the population had to endure due to their female condition.

### **Chlorosis: The Illness Which Never Existed?**

Chlorosis was regarded as a chronic, long-lasting disease, specific and exclusive to young women, which generally appeared between the ages of 14 and 24, though it could also be observed during such stages of ‘genital life’ as pregnancy and menopause. With an insidious evolution, the symptomatology that accompanied females suffering from chlorosis was characterised by the yellow-greenish hue of their skin, the discolouration of nails and lips, and by what contemporary authors described as ‘physical and moral weakness’ (Bouchut and Després 1882: 315).<sup>2</sup> To asthenia and tiredness after even the slightest effort were added cephalalgias, palpitations and suffocation, widespread pain, neuralgias and visceralgias, amenorrhoea/dismenorrhoea, an increased need for sleep, anorexia and alterations in the intestinal tract. Equally common were feelings of sadness, nervousness and irascibility, lack of concentration and a tendency to hypochondria, among other manifestations (Noguer 1927: 94–96).

The chapter devoted to chlorotic conditions stood out as one of the most extensive in pathology books throughout the nineteenth century (Assman 1936:1457). Nevertheless, the first decades of the twentieth century saw a reduction in the number of cases of chlorosis, which triggered a broad debate on the causes of its disappearance. Gregorio Marañón, one of the most outstanding and renowned figures in contemporary Spanish medicine stated the following in a text published in 1936:

This illness, which has appeared in millions of diagnoses made by classical doctors; which has so strongly influenced the lives of women – and consequently of men – across several centuries; which has enriched so many pharmacists and owners of mineral water springs so much; which has provoked so many sighs of young women in love and inspired so many poets; it is as if chlorosis has, finally, never existed (Marañón 1936: 8).

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2 During the late nineteenth century, the most widespread hypothesis used to explain the physical weakness which accompanied chlorosis was an imperfect development (in Virchow’s words, a hypoplasia) of the heart and the arteries linked to the limited vitality of blood cells. This weakness of women regarding their physical constitution supposedly made them unable to cope with the demands entailed by the arrival of menstruation or physical growth (Guggenheim 1995).

The mystery surrounding the disappearance of chlorosis has indeed been one of the central issues in the historiographical debate raised by its study.<sup>3</sup> Despite having been described before (King 2004),<sup>4</sup> it was in the nineteenth century when it became more prevalent, to the extent of showing an epidemic nature.<sup>5</sup> During the first decades of the twentieth century, the chlorosis problem stopped being reflected in hospital statistics, and ultimately disappeared from pathology treatises too. An analysis of the main aetiological hypotheses proposed to explain chlorosis and the epidemiological determinants that led to its high impact and its later disappearance is offered below in an attempt to understand such an evolution.

### Scientific Discourse and Gender in the Interpretation of Chlorosis

Peláez y Verde, one of the first Spanish authors to treat chlorosis in a PhD thesis (presented in 1877) summarised the aetiological problem pointing out that for many decades a great controversy had existed in relation to the discrasic (abnormal blood or humour composition) or neurotic nature of the illness. Those who supported the discrasic nature, defined it as 'an essential globular anaemia followed by a generalised hyperaesthesia' (Peláez y Verde 1877: 19) and used the female condition of the ailment<sup>6</sup> as their main argument (Peláez y Verde 1877: 10–11):

A woman is quite different from a man in a variety of moral, intellectual and organic respects, as well as in the approach to health and illness [...] having fewer haematic cells makes her more prone to contract chlorosis [...] a woman is a flower that withers incredibly fast when chlorosis seizes her.

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3 Among the works which have dealt with this topic the following stand out for their value as summaries and reviews: Hudson (1977), Figlio (1978), Loudon (1980; 1984), Mercer and Wangenstein (1985), Guggenheim (1995), Chlorosis (2003) and Poskitt (2003)

4 Loudon (1980: 1669) refers to four phases or stages in the evolution of chlorosis. Before 1750, it would have received the name 'virgins' illness' or 'love fever', its origin being attributed to the disorder provoked by an unrequited love. Between 1750 and 1850, it was considered a uterine or menstrual disorder, highlighting the importance of amenorrhea. From 1850 onwards, it came to be seen as a kind of anaemia specific to young women.

5 Marañón (1936: 48) stated that '[we] doctors have the wards of our hospitals packed with these victims (of chlorosis). The situation of maids has undoubtedly improved today; it is clearly shown by our hospital statistics'. In turn, Loudon (1980: 1673) collects data from early twentieth-century studies which suggested that 2 per cent of hospital admissions were due to chlorosis in young women between 15 and 25 years of age who often worked in domestic service.

6 For more information about the ideas which prevailed in Spanish medicine with regard to the 'female condition' during the late nineteenth century and the early twentieth century, see the study of Aresti (2001: 17–68).

The illness would respond to all the causes that contributed to impoverish blood through a reduction in the number of red blood cells: an inadequate diet, prolonged breast-feeding, etc.

In turn, those who defended the neurotic nature of chlorosis related it to intense moral causes and to the precocity of sexual passions (Bouchut and Després 1882: 315). As was pointed out by Marañón (1936: 50–59), it was seen as a sign of the virginity myth, which hid ‘respectable things such as a severe moral doctrine, a remarkable continence of the appetites and a high concept of personal dignity’ but also hid ‘a large number of repressed desires and feelings, discreet passions and prejudices about honour that were purely ornamental but had a deep social and biological impact, and even perversions disguised as innocence’. It was believed that such an ‘artifice’ was behind the ‘psychogenic component’ of chlorosis:<sup>7</sup>

Today, it is indeed unquestionable that in the classic anaemia of teenage women, both before and after it started being called chlorosis, there was a strong psychogenic element to which it most probably owed its social, literary, and consequently, medical importance. The pale young woman meant a pure female human being who was additionally lovesick, which turned pallor into the strongest incentive of passion for the man in love [...] Ever since mankind started to become civilized and therefore, more complicated, pallor has been a symbol of sexual passion, above all in the periodical epochs of romantic sentimentology [...] since romantic passion, which seems so profound and intimate, is essentially external, social, nearly theatrical, and needs a ‘stage’ and an overvaluation of everything that is pathological and sinful. Not in vain, the period in which can be found the most contributions to the study of chlorosis coincides with the years of romanticism during the nineteenth century (Marañón 1936: 58).

Both interpretations, the discrasic one and, particularly, the neurotic one, exemplify the medical doctrines about women’s pathologies that progressively took shape during the late nineteenth to early twentieth centuries. With a relevant gender component, the woman was identified with a part of her body, the reproductive system in general, and the uterus in particular. The same as in other contexts, a whole discourse also developed within the Spanish scientific environment (Castellanos et al. 1990; Ruiz-Somavilla 1994; Ortiz 1996–97; 2002), especially among psychiatrists and gynaecologists, that related all women’s pathologies to that part of their body and simultaneously justified the application of aggressive and even outrageous therapies which lacked any scientific foundation and ended up aggravating many of the pathologies iatrogenically.

Beyond these interpretations, as indicated above, chlorosis acquired an epidemic character in the last decades of the nineteenth century. With the aim

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<sup>7</sup> The already mentioned work of Aresti (2001: 235–247) provides a thorough analysis of Marañón’s ‘feminist’ ideas.

**Table 6.1** Distribution (in percentages) of deaths according to the cause of death at the beginning of the transition in the healthcare system

| Causes of death <sup>d</sup>                        | England and Wales <sup>a</sup> |      |      | Italy <sup>b</sup> |      | Spain <sup>c</sup> |      |
|---|--------------------------------|------|------|--------------------|------|--------------------|------|
|   | 1871                           | 1881 | 1891 | 1881               | 1901 | 1881               | 1904 |
| <b>Tuberculosis</b>                                 | 13.5                           | 14.0 | 10.0 | 8.0                | 7.5  | 5.0                | 9.0  |
| <b>Infectious diseases of childhood<sup>e</sup></b> | 8.0                            | 8.0  | 7.5  | 9.0                | 3.0  | 8.0                | 4.0  |
| <b>Typhoid (fever)</b>                              | 3.0                            | 0.0  | 0.0  | 3.0                | 2.0  | 3.0                | 2.0  |
| <b>Respiratory disease<sup>f</sup></b>              | 14.0                           | 16.5 | 16.0 | 15.0               | 20.0 | 15.0               | 16.0 |
| <b>Diarrhoea/enteritis</b>                          | 6.0                            | 4.0  | 7.0  | 0.5                | 15.0 | 6.0                | 14.0 |
| <b>Total (infectious diseases)</b>                  | 44.5                           | 42.5 | 40.5 | 35.5               | 47.5 | 37.0               | 45.0 |

Notes: <sup>a</sup>General Registry Office (Caselli 1989); <sup>b</sup>Dirstat (Caselli 1989); <sup>c</sup>Monthly Demographic and Health-related Statistics Bulletin (Balaguer et al. 1991); <sup>d</sup>The regrouping of death causes adopted is the one proposed by Preston, Keyfitz and Schoen in their 1972 work entitled 'Causes of death, an international summary' (Caselli 1989); <sup>e</sup>Measles, scarlet fever and diphtheria; <sup>f</sup> Bronchitis, pneumonia and flu.

of explaining these circumstances, various authors suggest that chlorosis might have actually hidden a nutritional problem. Amenorrhoea could also be attributed to conditions of severe anaemia and malnutrition. Already in 1895, authors such as Stockman proposed iron deficiency as the cause of the chlorotic syndrome (Guggenheim 1995: 1822). In turn, Poskitt (2003: 556–57), along with Barker et al. (1970), argues that the prevalence of iron-deficiency-related anaemia in the nineteenth century could be the result of deficiencies in the absorption of this important micronutrient or the reflection of a deficient metabolism provoked by the high prevalence of infectious diseases during that century (see Table 6.1), which ultimately led to alterations in the gastrointestinal function (Poskitt 2003: 558–61).

Likewise, the use of a women's piece of clothing like the corset, an aspect that cannot be separated from the discourse of body cult and the emergence of a new image of the female body,<sup>8</sup> was also linked to chlorosis and to the mechanisms leading to its appearance that have just been described.<sup>9</sup>

8 During the second half of the nineteenth century, and linked to a new approach to being thin or fat, a whole body cult movement gradually developed, in the context of which a new ideal of weight and figure emerged: the thin, anaemic and spiritualised woman of Romanticism (González de Pablo 1993).

9 Beeson (1980: 809) refers to the works of Schwartz and Vertue, published in 1951 and 1955, where both authors underline the relevant role that this female piece of clothing



The popularity of this type of explanation is demonstrated by the evidence collected in the medical topography of the Valencian town of Ontinyent, published in 1916 (Bernabeu-Mestre et al. 2004: 191–93):

It cannot be denied that chlorosis is provoked and sustained by the modern demands and the eagerness to exhibit themselves that prevail in women, who go through endless privations to make sure they look slim and pretty, refraining from staying outdoors in the open air to prevent the latter, as well as the sun, which is so necessary, from making their complexion (skin) rough. This is why chlorosis can be considered an illness of civilization [...] Sensational novels as well as bad readings of all kinds must be absolutely banned. Young women must be spared intense body work; the way of dressing must be appropriate, without the difficulties to breathing and circulation that are caused by modern corsets.

Iatrogenic determinants and, more precisely, the therapeutic use of bleedings, emerge as another factor which could help to explain chlorosis's epidemiological impact. Siddall suggests that the increased impact of the chlorotic syndrome might be related to the large-scale use of bleeding in obstetrical and gynaecological practice, which would account for the iron deficiency that characterised the anaemic condition.<sup>10</sup> It should be remembered that many of the symptoms which appeared in the chlorotic syndrome were attributed to the re-absorption of the 'bad' menstrual blood (Loudon 1980: 1671). As a matter of fact, the disappearance of the bleeding practice seems to have coincided with a reduction in the number of cases of chlorosis.

Another of the hypotheses that has been used to explain the decline and disappearance of chlorosis is the one which refers to diagnostic improvements. Initially, people started talking about 'pseudochlorosis' but, as the years went by, the cases of pseudochlorosis were grouped together into more accurate diagnoses, within whose various processes the chlorotic syndrome was supposed to be a mere consequence (Marañón 1936: 13–5). Among those processes stood out those which had an infectious nature, mainly tuberculosis, endocrinopathies related to ovarian insufficiencies and thyroid alterations, gastrointestinal ulcers, and symptomatic anaemias caused by a deficient or qualitatively unsuitable diet, as well as rheumatic endocarditis.<sup>11</sup>

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played as a contributing factor both in the appearance and in the disappearance of chlorosis. They suggested that the mechanical pressure exerted on the liver and the gastrointestinal tract would prevent the correct absorption of iron.

10 Exactly as it occurred in the application of bleedings or leeches to the vulva or the groin, when, for instance, an acute uterus inflammation was diagnosed (Siddall 1982: 259–60).

11 According to Marañón (1936: 15–32), as has already been said, primitive chlorosis had probably not existed. He based his assumption on two main grounds: the evidence that some of the aetiologies were found in all the cases of chlorosis and the lack of scientific

Such authors as Figlio (1978: 175–77) and Loudon (1984: 33) point to possible diagnostic improvements that might have led to the reclassification of formerly 'chlorotic' conditions as cases of anorexia nervosa. More than a simple form of anaemia, it would have been a functional disorder closely linked to anorexia nervosa. There might have been two types of patients among young women: chloroanaemic and chloroanorexic ones (Toro Trallero 2005: 316–17). In the light of all these considerations, most of the authors who devoted their work to this area during the middle decades of the twentieth century concluded that it did not make sense to talk about chlorosis as a 'real' illness anymore; the wise and appropriate choice was to refer to symptomatic anaemias of teenage women or, if that seemed preferable, to 'symptomatic chloroanaemias of young women, so that terminology could keep a memory of this great area of classical medicine which no longer has a reason to survive' (Marañón 1936: 41–2). The old true chloroses came to be regarded as secondary syndromes:

And, in short, it can be stated that, from a misinterpreted unarguable reality basis, chlorosis was nothing but a romantic literary invention much like hysteria, the evolution and disappearance of which closely resembles that of chloroanaemias [...] this is to emphasize my conviction that chlorosis is a fantastic entity within pathology. From now on, one must talk about symptomatic anaemias in women's puberty and post-puberty. But chlorosis needs to be removed from the current pathologies and sent once and for all to the museums dedicated to the History of Medical Sciences (Marañón 1936: 43–58).

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arguments through which it could be considered a nosological entity. For this author, who showed a mentality that fitted in with the scientific-natural pathology (Lain-Entralgo 1982: 121–22), achieving the category of nosological entity would mean having to fulfil four minimum requirements: the evidence and unity of symptoms; the presence of an aetiology which, despite being essentially unknown, could show a clear clinical uniformity; the existence of a specific pathological anatomy; and the availability of therapeutic techniques that could cure the symptoms. In relation to the first requirement, evidence and unity of the symptoms, Marañón states that the chlorotic symptoms would be manifestations of all body systems, without any systematisation. No fixed aetiology was appreciated either. The reasons for the appearance of the syndrome were extremely varied, a circumstance that explained the gradual proliferation of aetiological-pathogenic theories. As for the organic alteration that could serve as a criterion to fix the pathological 'personality' of chlorosis, anaemia with a low globular value, Marañón rejected the argument with these words: 'But this anaemia (nearly always discreet and sometimes negative) with red blood cell (erythrocyte) hypochromia does not respond, according to the present knowledge, to any fixed, specific disruption of the hematopoietic system and is, instead, a response of the latter, common to several aetiologies'.

### **Conclusion: The Significance of Living Standards, Gender and Health in the Socioeconomic and Cultural Factors Determining Chlorosis**

As was claimed by many professionals of medicine who had to treat chlorotic conditions directly, the changes in diagnostic criteria alone could not explain the mystery which surrounded the disappearance of chlorosis. Their decline, as said above, might have equally been related to a different set of factors associated with improvements in hygiene, working conditions and diet. The disappearance of some of the socio-cultural artifices which had contributed to its spread should not be forgotten either (Marañón 1936: 31).

Authors like Loudon (1980: 1671) have even distinguished between the ‘chlorosis of opulence’, for cases of anorexia nervosa related to sexual frustration, and the ‘chlorosis of poverty’, which referred to the illness of maids who lived and worked in basements and premises which had insufficient light and were wet and poorly ventilated, or to female workers who earned their livelihoods in factories under similar conditions. One of the best known and attested facts about classical chlorosis was its higher frequency among young female proletarians (workshop personnel and, above all, maids, whose diet and general hygienic conditions were ‘detestable’). But it was present too among rich girls due to the relationship existing between chlorosis and virginity, due to which it even came to be known as the ‘holy illness’ (Marañón 1936: 49).<sup>12</sup>

Concerning the chlorosis of poverty, Alicante-born Doctor Evaristo Manero Molla, who carried out a study about the labour conditions of female workers in the Alicante Tobacco Factory (collected in his *Estudios sobre la topografía médica de Alicante* [Studies on the medical topography of Alicante]), a monograph published in 1883, reminded the reader that ‘the women from the city (of Alicante) had an occupation at the tobacco factory when poverty made it necessary’. Manero himself talks about 5,000 workers and, in his opinion (Bernabeu-Mestre 1988: 478–9):

To the scarce and badly regulated diet that they usually took and to the poor quality of the food they could buy at the public markets [...] had to be added the nature of the job and the pernicious conditions of the building where they all gathered, which were textually very ‘far from’ what is prescribed by the hygiene regulations (tumultuous overcrowding, sedentary position, abstaining oneself and stopping some animal behaviours and needs, meetings between women of

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12 In 1892, the prestigious clinician W. Osler recognised this twofold condition of chlorosis when he highlighted that the illness was both frequent in contexts characterised by female overwork carried out in unfavourable hygienic conditions and among population segments that enjoyed better living conditions, though in the latter case he insisted on the relevant role played by the lack of outdoor exercise and an inadequate diet. On the other hand, although Osler acknowledged the importance of emotional and psychic factors, he denied the hysterical conditions attributed to chlorosis by some authors (Guggenheim 1995: 1824).

various ages, etc.) in order to explain the large number of chloroses among these women, who became a breeding ground for the appearance of phthisiogenic [pre-tubercular] states.

Although very often they did not recognise it explicitly, many late nineteenth-century and early twentieth-century medical statements suggested the social aetiology of chlorosis, relating it to the domestic and labour overexploitation suffered by women. As Marañón said, the medical histories of chlorotic patients were 'full of descriptions of the pale, tired girl who had to look after two or three children, not much younger than herself, and was forced to do very hard work with paltry pay and very little food' (Marañón 1936: 48). Hospital statistics listed a wide range of female occupations associated with the diagnosis of chlorosis: seamstresses, nannies, cleaners, packers, washerwomen, chambermaids, receptionists, shop assistants, dressmakers, office workers and cooks, among others (Campbell 1923: 287–91). Guggenheim (1995: 1822) and Poskitt (2003: 558), in their respective reviews refer to the works of Clark (1887) and Stockman (1895), which identified as factors favouring chlorosis those related to insufficient hygiene levels and, more precisely, to living in places with no light or fresh air, as well as to the lack of exercise.

As Davidson and Leitch pointed out in 1934 (Guggenheim 1995: 1825) the decline of those severe forms of anaemia and the consequences that they entailed in terms of disability and economic inefficiency can probably be explained by such circumstances as environmental and behavioural changes, the improvement of the hygienic conditions in which women carried out their professional activities and the dissemination of suitable knowledge about the healthiest diets.

However, as has already been seen in this paper, while attention was paid to improvements in hygiene and living standards, the role played by other types of factors in the disappearance of chlorosis was also highlighted. Marañón himself referred to the changes that had taken place in the social and sexual status of women and the way in which these changes influenced the evolution of chloroanaemia:<sup>13</sup>

The fact that the whole illness was actually pure artifice additionally teaches us the importance of the nervousness factor and even the deliberate fiction in that famous chlorosis which has disappeared today [...] and one can understand why [...] the freedom of customs was greater and, consequently, contrary to all that is said by the plaintive moralists, the sexual moral is purer. A present-day young woman has the habit of knowing men closely, of coexisting with them in the noble activity of work or in the enthusiastic hours of sports practice. Man is no longer for her a myth that has to be attracted by exceptional means. She does not have to feel 'opilated' in order to be able to talk to him or arouse his love. Chlorosis has

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13 Information about the changes mentioned by Marañón and, particularly, about those which affected the medical discourse can be found in the work of Aresti (2001: 209–56) mentioned above.

thus declined, as well as the hasty marriages derived from haphazard treatments, one fine day in which the cool dawn and the shoot of spring chloroformed the virgin's honor. The sexual sin is always the same one, but reducing its prestige undoubtedly makes it less dangerous (Marañón 1936: 59–60).

As shown above while a reference was being made to the neurotic nature that many authors attributed to the illness, one cannot fail to emphasise the androcentric vision that late-nineteenth century and early-twentieth century medicine had of female nature and women's illnesses. This kind of assumption had a strong influence on many diagnoses, including that of chlorosis itself (Wood 1984).

Nineteenth-century medicine saw a woman as a being defined and limited by her sexual organs and functions and on the verge of both physical and psychic illness. The ailments would be provoked by the very functions and the reproductive system which define the woman, who would fall ill as a result of her own nature, her own *raison d'être* – that of the reproduction of her species (Moscucci 1990: 102). According to nineteenth-century doctors, healthy femininity was defined by self-sacrifice and altruism on a spiritual level, and by childbirth and domestic labour on a practical level. Women's complaints were linked to malfunctions of their sexual organs or, very often, the victim herself was directly blamed for them. Woman's healthiest and 'holiest' state was as a mother. The medical diagnosis of chlorosis often related it to menstruation and masturbation (Dally 1991: 99). According to many authors, the illness disappeared when the woman 'normalised' her sexual life through marriage (Marañón 1936: 59; Aresti 2001: 163–208).

A comment was made in the introduction to this chapter about the ways in which the analysis of the 'women's pathology' might help us to understand the health condition of the female population and, consequently, their welfare level and living standards. The example of chlorosis has highlighted some of the problems experienced by young adult women in health matters, bringing us closer to the biological, environmental, socioeconomic and cultural factors that explained them. The 'chlorosis' diagnostic category disappeared from medical texts and hospital statistics; nevertheless, it seems appropriate to wonder how far the conditions that led to that pathology were also overcome or whether many of the health problems that accompanied this female condition have not actually been transferred to diagnoses such as that of neurasthenia<sup>14</sup> or, more recently,

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14 Coinciding with the last decades of the nineteenth century (the period during which chlorosis was at its peak) neurasthenia became an ailment which reached great prevalence in Western countries (Gijswijt-Hofstra 2001). The symptomatology which accompanied neurasthenic conditions was very varied and usually showed an insidious course. Among the most common symptoms, known as 'neurasthenic stigmas' the following stood out: neuro-muscular asthenia, with fatigue even after the slightest effort, cephalalgia, rachialgia, dyspepsia and gastrointestinal disorders, insomnia and cerebral depression. Along with them were described other less frequent as well as diverse and variable symptoms, e.g. trembling, tachycardia, palpitations, oppression, partial memory loss, inability to concentrate and

that of fibromyalgia and chronic fatigue syndrome.<sup>15</sup>

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work, irresolution, irritability, abulia, depression, sad hypochondriac thoughts, obsessions, worries and various phobias. Likewise, they usually showed an idiosyncratic sensitivity to the action of certain medical substances or 'the interruption of all sexual functions' (Jiménez 1913: 10). When the problem of neurasthenia in women was dealt with, certain aetiological or causal differentiations were often made with respect to male neurasthenia and a 'particular clinical form' was given to it (Marland 2001).

15 These are two ailments which have reached a relevant epidemiological dimension, not only by their high prevalence, morbidity and frequent use of health care resources, but also by the relevant disability component that is reflected in the personal, social, work and family-related repercussions entailed by both illnesses (Estrada 2001: 23–4). These conditions have started to be treated as such very recently (García et al. 2006). Their aetiology is unknown but they are believed to have a multifactor origin. What is indeed known is that most of the patients are women; that these are mild, chronic diseases and that, although they are not degenerative, the quality of life of the person who suffers them can seriously deteriorate. The constant muscle and tendon pains, the chronic fatigue, the sleep alterations, the digestive problems and the anxiety crises, among other symptoms, can make the person affected feel unable to carry out his/her daily tasks, and even decide to ask for disability leave from work. For a long time, these people have had to suffer not only the symptoms of the illness but also the indifference of society, which did not pay attention to them because they did not have external signs of ailment and no biological examination could certify their complaints as an illness (Pros 2003: 11–12). More than one author (Fernández Solá 2003: 178) has defined them as 'systemic illnesses in search of a specific marker'.

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## Chapter 7

# Changing Terms of Well-Being: Freedom, Security and Commitment on the Agenda of Finnish Nurses' Associations

Heidi Haggrén

Well-Being and welfare, and especially well-being and the welfare state, are often identified with each other. The concept 'welfare state' assumes that states promote the welfare of their citizens (Orloff 1993: 303). In international comparisons the Nordic welfare states tend to appear exemplary, especially with regard to two characteristics, namely, social welfare and equality, including gender equality. The Nordic welfare states have often been described as women-friendly, a concept introduced by Helga Maria Hernes (1987).

In his famous book *The Three Worlds of Welfare Capitalism*, Gøsta Esping-Andersen characterised Nordic welfare policies as highly 'decommodifying', meaning that the state has rendered the well-being of the individual independent of market forces (and of family), by guaranteeing certain services and a certain standard of living adequate for health and well-being as a right of citizenship<sup>1</sup> (Esping-Andersen 1990). Feminist critics charged that his analysis was gender blind. It did not take into account the different effects of the welfare state on genders and the concepts used were based on male standards (Borchorst and Siim 2002: 91; Orloff 1993: 307; Siim 1987: 258). As Ann Orloff has pointed out, in order to be decommodified, women first have to be commodified (Orloff 1993: 317).

Pauli Kettunen has interpreted the process of 'decommodification' as a process in which the normalcy of wage work is made compatible with the universalist principle of social citizenship (Kettunen 2006: 307). Wide labour market participation has been a central precept of the Nordic welfare states; wage work has been the basis of various societal institutions. Through the construction of the welfare state, wage work was strengthened as a norm and source of autonomy. In the Nordic and Finnish welfare states, wage work has been a source of making a living, of independence and social status. Wage work has been established as a necessity and a duty as well as a source of dignity (Kettunen 2006: 303–8).

The most obvious form of adjustment of the normalcy of wage work with the principle of social citizenship was the construction of extensive public services.

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1 For a discussion of individualisation and defamilisation, see, for example, Esping-Andersen (1990), Orloff (1993) and Berggren and Trägårdh (2006).

This process included a transformation of the gender division of labour. The defining feature of the Nordic gender contracts has been the normalcy of women's wage work. However, care has continued to be the function of women. While the services of the welfare state have created preconditions for women's participation in paid work outside the home, these services in turn have provided jobs for women. In the strongly gendered labour markets of the supposedly women-friendly Nordic welfare states, welfare services have become established as women's work whereas men have predominantly worked in the private sector (see, for example, Julkunen 1990).

Scholars from countries with differing gender systems have criticised the concept of women-friendliness for being biased towards the Nordic countries because it is based upon the premise that women's participation in the labour market is the key to women's emancipation, autonomy and gender equality. Moreover, the concept has been criticised for underestimating patterns of gender hierarchies and segregation (Borchorst and Siim 2002: 91; Ellingsæter 1999: 109–12).

The responses to perceived challenges of globalisation and ageing populations have called for reorganisation and redefinition of working life. The public sector has been under strong pressure to change. Ideologies characterised by effectiveness and rationalisation challenge the old paradigms and have raised concern over the future of welfare services and the women who work there. Reforms seem to lead to decreasing status and worsened conditions for those employed in these services. This decline is indicated by the strong wage discontent of welfare service employees and by studies pointing to their 'ill-being' at work.<sup>2</sup>

Changes in society and redefinitions of working life have called for changes in experiences and definitions of individual and collective quality of life. In recent debates the traditional income-based standard of living concept has been challenged. The focus has moved from the standard of living to a wider concept of well-being, concentrating on what people are free to do and be.<sup>3</sup>

The situation of nurses and the articulation of their interests during the formative period of Finnish wage work society seem to provide a case through which to study changes in the definitions of activities and self-identity as a part of a wider social and labour market change. The Finnish welfare state and wage work society began to take shape in the 1960s. However, from the point of view of institutions of the so-called Nordic model of labour market relations, already the previous decades appear to have been important. The 1940s and 1950s witnessed the growth of wage work as well as of female participation in the labour market along with the development of unionisation and collective negotiation systems. The building of the welfare state's health service system got underway as health care was reformed and broadened from the 1940s on.

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2 For a discussion of the tensions in care, see, e.g., Dahl and Erikssen, eds, 2005.

3 This expanded notion of well-being has especially been elaborated in the capability approach developed by Amartya Sen and Martha Nussbaum.

This chapter focuses on the changing terms of well-being as they became defined in the process of constructing nurses' interests in this formative period of the Finnish welfare state and wage-work society. During this time the Finnish professional nurses' associations took the first steps towards trade unions as the idea of labour market parties and the conflict of interests between these parties was strengthened in their actions. The traditional perception of nursing as a vocation and nurses' traditional way of life were eroding as changes in the labour market in general and in health care in particular created new norms and criteria for definition and evaluation of nurses' beings and doings.

The definition of needs and interests is relative and dependent upon values. Gender plays a crucial role, because men's and women's needs and identities have been interpreted and constructed in different ways at different points in time. Likewise, opportunities to attain well-being (access to paid work, social status, political participation, etc.) have differed according to gender. The construction of needs and interests takes place in historical social contexts in which people act in accordance with established norms, habits and structures. In the following discussion I will explore how nurses' associations defined and evaluated nurses' beings and doings in the course of problem definition. I will approach the issue by focusing on evaluations and definitions in two dimensions, namely between past and present and between ourselves and others. I will argue that in this period the idea of wage work as the basis of well-being was taking form. I will further show how the activities of nurses were constrained by social norms and structures that had a gendered nature.

### **The Framework of Action: Development of New Norms and Criteria**

As elsewhere in Europe, Finland too faced great challenges after the Second World War. There was a shortage of just about everything. The country had to be rebuilt and people resettled. In the labour market in general and in health care in particular these years brought great changes characterised by the idea of centralisation, steering and planning. They created new norms and new opportunities for definitions and evaluation of one's doings and beings.

In the labour market the end of hostilities was followed by a wave of organisation. Unionism reached new sectors and new parts of the country. The organisation of workers, including white-collar workers rose remarkably. However, blue-collar workers and white-collar workers each had their own central organisations. The relationship between these two groups was tense, and among the labour movement the white-collar organisations were labelled yellow. The organisation of employers also developed (see, for example, Hannikainen and Heikkinen 2006: 170–5).

During these years the trade union movement obtained a secure foothold in working life. This led to confrontations in the work place. Workers were more self-assured and ready to defend their interests by means of collective action. There were several wage movements, caused by scarcity, inflation and wage discontent

(Bergholm 2003: 35–46). The overall situation together with the achievements of blue-collar workers and the solidarity pay policy prompted even white-collar workers to protest (Mattila 1993: 60–4; Muiluuvuori 2000: 24–36).

The mid-1940s also witnessed the development of parity-based forms of collective labour relations as employers finally accepted the collective agreements in order to preserve peace in society. Labour market legislation was likewise developed. Although the development was slower on the white-collar side, the old patriarchal system between white-collar workers and employers, characterised by commitment and loyalty, and the expectation of the employer's fatherly care of his people, was inevitably eroding (Hannikainen and Heikkinen 2006: 172–4). In the public sector the first steps towards the collective system were taken with the introduction of negotiation laws for the state (1943) and the communes (1944). These gave the organisations of civil servants the right to negotiate on issues concerning their employment (Luoma 1962: 1, 154–5).

The development of the collective negotiation system was accompanied by the development of a kind of labour market publicity and its special language. The governmental regulation of wages and prices that had been established during the war was continued until 1956 in corporatist forms. Agreements made by labour market parties were approved by the organs in charge of wage controls. The classification of workers was done according to their skills, the strenuousness of their work, sex, city of residence, etc. (Bergholm 2005: 63; Kettunen 2001: 142).

The standard wages established by the cabinet and the collective agreements based on these standards provided a sound basis for comparing wages in different fields. The wages in different fields were linked both administratively and in practice in the new system in which agreements became common knowledge through the media and the pay rises obtained by individual trade unions or groups of workers easily led to a general spiralling of wages. A wage increase in one sector caused wage earners in other sectors to agitate for pay rises (Bergholm 2005: 63).

The idea that the way to advance interests was through collective action was spread during the mid-1940s. The development of unionisation and a collective negotiation system strengthened the idea of the symmetry of labour market parties. This created a new connection between blue-collar workers and white-collar workers. It built on the idea of one group of wage earners who were concerned with maintaining their income level. However, at the same time the new criteria also made it possible to distinguish between the groups. This distinction was further strengthened by the fact that the blue-collar workers and white-collar workers organised in their own central organisations (Kettunen 2001: 142–3).

In health care, development veered towards centralisation and steering. The health care system was rebuilt and reorganised during and after the Second World War, which had put the system under immense pressure and delayed reforms that had been in the air. National health work was organised and the building of a nation-wide hospital network started. The goal was to make health care more

accessible and uniform as well as effective and modern (Bäckman 1992: 533–4; Haave 2006; Pesonen 1980: 661–72).

The means to this end was rationalisation. The war years had strengthened the idea of society as a functional whole that must and can be both steered and rationalised by means of scientific knowledge. In such society everyone had a function to fulfil.

After the war, rationalisation spread. The immediate reasons were the problems in the national economy (Kettunen 2001: 107–12, 231). Knowledge for the rationalisation work was acquired through time and motion studies conducted for the purpose of measuring effectiveness and achieving standardisation (Karhu 2006: 115–9).

In health care, rationalisation provided new criteria for evaluating and reforming health care. Rationalising health care meant centralisation and specialisation, both motivated by the development of medicine and technology as well as by effectiveness. Nurses as a group were diversified as the care of patients began to be divided into specific tasks. Nurses were given new tasks in the areas of coordination, education and medicine at the same time that new groups were gradually taking over a number of nurses' traditional functions as care-givers. Assisting personnel (help-sisters), who had been crash-trained during the war, became permanent after the war (Henriksson 1994: 108). The shortage of nurses due to the widening of health care, regulation of working hours and increased competition over (female) labour power accelerated the use of assisting personnel (Sorvettula 1998: 323–33; Rinne and Jauhiainen 1988: 150–61).

Nursing education was developed to correspond to the new needs. New schools were established and special education began. An institute for advanced training was founded for the purpose of educating nurses in administration and teaching. The qualifications needed by health care personnel were discussed among authorities, in the National Health Board and in medical professions. Psychological tests began to be used in nursing schools in the 1940s. However, in nursing education, the traditional values continued to dominate (Sarkio 2007: 320).

The standardisation of labour market practices and work organisation created conditions for a more stable labour market and professional organisation (Evertsson 2000: 233). At the same time regulation of employment and standardisation of work created new opportunities to define well-being. The changes brought new norms and criteria against which to evaluate one's doings and beings. Labour market publicity and the new language of working life provided further opportunities for identification of general norms and criteria. It was possible to use these criteria for criticising the conditions of one particular group.

However, the dominant logic of the labour market with its idea of production for profit was different from the logic traditionally governing nursing. As feminists have pointed out, rationality as a concept has been based on masculine gender identity. Studies of women's work and especially care work have revealed a different kind of rationality, characterised by commitment, personality and flexibility, in other

words caring rationality.<sup>4</sup> Similarly the technical and bureaucratic rationality, which became the governing principle of state reformism, was based on the male principle (Rantalaiho and Heiskanen 1997: 14; Siim 1987: 261; Wærness 2005). Tension arose between those in health care as well as in the professional nurses' associations.

## Freedom and Security

The most essential phenomena of the post-war period have been so-called wage disputes, as a natural reaction to the inflation and other faults and strains brought by the war. The great subject of war time was duty. In the post-war period it is interest and privilege, so demanding and overflowing that the wheels of the heavy machinery of our state haven't been able to roll so fast that the chaos in which we are now could have been avoided. It is natural that also nurses are going with this flow. We don't live in the time of monasticism anymore. The gates of hospitals are no longer closed to society. It's clear that a modern nurse, aware of her social status, pays attention to, just like other working people, the improvement of her living conditions.<sup>5</sup>

In the 1940s and 1950s the collective interest of nurses was represented by two nurses' associations, *Sjuksköterskeföreningen i Finland* (SSF) and *Suomen Sairaanhoidtajainliitto* (SSL). SSF was established first in 1898. However, in the language disputes between Finnish and Swedish in the 1920s the Finnish-speaking younger generation left SSF and established SSL (Klami 1945; Ulfvès 1973). While this conflict was primarily over language, it also had the character of a generational and centre-periphery conflict (Henriksson 1993: 121–36).

Despite the tense start SSL and SSF developed functioning relationships and cooperation. This cooperation was needed when questions of social conditions arose after the war and sharpened into acute disputes. In relation to employers, the associations acted in concert. Issues were handled jointly, with SSL as the larger association carrying a larger share of the preparations. The newly acquired negotiation rights provided a legitimate channel for presenting demands concerning nurses' employment.<sup>6</sup>

'Social conditions', such as questions of working hours, pay, pension and housing, were not new questions. These had been discussed already in the first

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4 A concept introduced by Sørensen (1982) and developed by Wærness (1984).

5 Palkkauksemme (*Our Wages*), *Sairaanhoidtaja* (organisation paper of SSL), 1946:5, 93–98, (author's translation).

6 SSL acquired negotiation rights in 1946 with the communes and federations of communes as well as with the state (the Ministry of Domestic Affairs, the National Board of Health, the National Board of Railways and the Prison Administration Department). SSF acquired these rights a year later.



part of the twentieth century. However, the activities of nurses' associations had focused on consolidating the profession by developing education and promoting a nursing ideal based on feminine gender characteristics and virtues. Working for better social conditions was considered neither topical nor compatible with nursing ethics. Nursing was a vocation, for and from which nurses were to live. Like a mother, a nurse was to care for her patients. Professional ethics stressed self-sacrifice and loyalty (Rinne and Jauhiainen 1988: 123–37).

This view began to weaken from the 1930s onwards as the changes in society at large and in nurses' working conditions began to change nurses' perceptions of their needs and 'life terms'. Criticism was levelled against the working and living conditions of nurses.

Nurses' criticism of their conditions was based on the general norms and criteria that were introduced in working life. One such norm was the eight-hour working day. The 1917 law regulating working hours left civil servants and thus nurses outside its regulation. At this time SSF also saw that regulation of working hours was not applicable to nursing, 'as nursing was a vocation, not an occupation' (Sorvettula 1998: 407; Ulfves 1973). However, this view was to change. An active proponent of regulation was Kyllikki Pohjala, a young nurse who participated in building SSL and later became the association's chairwoman (1935–1963). According to her, nurses had a 'false spirit of sacrifice' (Pohjala 1966: 52). Regulation was needed in order to prevent nurses from reaching exhaustion. She took the issue to Parliament to which she was elected in 1933 as a moderate representative (the National Coalition Party).

A recommendation for an eight-hour working day for nurses was adopted in Parliament in 1935. However, the regulation was applied only after the war. In the law on working hours adopted in 1946 nurses were now included.<sup>7</sup> Problems with compliance with the law as well as the lack of compensation for Sunday work and overtime still kept associations active in the question of working hours. However, the big question was nursing pay and the related issues of pensions and housing.

Before the war the situation of nurses was considered relatively good; nursing was a much appreciated occupation and provided middle-class women with a decent living. However, from the late 1930s on, the leadership of SSL and SSF started to monitor nurses' wages and, when the war ended the pay question became the focus of action. During the wage movements of the mid-1940s SSL and SSF approached employers with appeals for pay rises. A state committee, established to study the social conditions of nurses, gave impetus to this activity.<sup>8</sup> SSL and SSF stressed that nurses' pay had not kept up with living costs. Since workers' wages had in the meantime been raised, the result was an unfair and unequal situation.<sup>9</sup>

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7 Law on working hours, 604/1946.

8 Sairaanhoido – Ja sairaalahenkilökunnan sosiaalisia oloja tutkineen komitean mietintö. KM 1949:5.

9 Toimihenkilöarkisto, the Archives of Salaried Employees, Helsinki (THA), SSL archives (SSL), Proceedings of the annual and union meetings of SSL 1945–1947, union



The criticism of nurses' pay conditions was based on the argument that the pay was unfair in relation to the responsibility of the work and to the education required. This demand involved the principle of equal pay for equal work. It was emphasised that the female labour force was underpaid in comparison to the male one.<sup>10</sup> The nurses based their criticism on the new language of the labour market. Qualifications and responsibility were criteria by which the state committee for revision of public servants' wages operated. These were also the criteria by which workers were classified in collective agreements (Bergholm 2003: 38).

Comparison as such was nothing new in arguments. However, now it was given a more systematic meaning as a labour market instrument. The emergence of labour market publicity provided totally different grounds for comparison. At the same time the idea of pay as an indicator of social status was gaining strength. The question of pay was not just a question of fairness but also of status. As charge nurse Berrit Kihlman put it, 'the question of nurses' placement on the pay scale, in other words, her social status'.<sup>11</sup> The decreasing number of applicants to nursing schools was interpreted as a clear sign of the deteriorating status of nursing. For the young women of the time, the calling alone was not enough. Low wages drove nurses to other fields with better pay and easier work.<sup>12</sup>

The comparatively low pay was one part of the problem. Another was the form of it: a substantial portion consisted of fringe benefits. Hospital nurses typically lived at the hospitals where they received meals as well as cleaning and laundry services. Room and board were deducted from their salaries but the amounts were low. This system had both a professional and an economic background. Hospital boarding and spinstery were important principles of Nightingale thinking, reflecting the idea of total commitment to the calling (Sarkio 2007: 297). For hospitals the system was economical. However, from the 1930s on, criticism of the system started to grow, and in the 1940s SSL and SSF formulated the position that nurses' pay should be transformed into a gross salary system.<sup>13</sup> Nurses wanted their pay in money, not in room and board.

Criticism of the pay system had two dimensions. Firstly, SSL and SSF argued that the net salary system was a main reason for the low level of nurses' wages. Employers considered fringe benefits as a bonus, as nurses too had once done. The

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meeting 1–2 December 1946.

10 E.g., THA, SSL, Proceedings of the annual and union meetings of SSL 1945–1947, union meeting 1–2 December 1946; Northern Nurses Federation (NNF), congress report 1946; Oslon kongressi (Oslo congress), *Sairaanhoitaja* 1946: 9, 149–152.

11 SSN congress report 1946.

12 E.g., THA, SSL, Proceedings of the annual and union meetings of SSL 1945–1947, union meeting 1–2 December 1946; *Sairaanhoitajien sosiaaliset olot* (The social conditions of nurses), *Sairaanhoitaja* 1947: 3, 56–59.

13 THA, SSL, Proceedings of the annual and union meetings of SSL 1945–1947, SSL annual report 1946; National Archives, Helsinki (NA), SSF Archives (SSF), SSF annual report 1946.

leadership of SSL and SSF criticised the modest value of the wages and the fact that such pay was no longer suitable for everyone and every time. The quality of housing did not correspond to the demands of the day, and room and board were of no use during holidays. Moreover, the low wages kept pensions low.<sup>14</sup>

Secondly, and maybe even more importantly, the system was criticised as being both outdated and patronising. ‘Factory workers do not live in factories, nor do customs inspectors live in the customs’.<sup>15</sup> Moreover, ‘[t]his kind of guardianship was embarrassing for a citizen, for a human being and for a nurse who dutifully carries out her responsibilities’, wrote Karin Sorjonen in 1946 continuing, ‘[a] modern nurse desires greater individual freedom in society and will independently organize her incomes and outcomes as well as her private life. She is no longer satisfied with the kind of guardianship that living in hospitals and other institutions entails’.<sup>16</sup> Nurses wanted control over their lives. They wanted to decide for themselves where they lived, what they ate and what they did with their free time. They also wanted the opportunity to combine work and family. The erosion of the norm of institution living was accelerated by a shortage of hospital apartments resulting from the spread of health care and the regulation of working time. Meanwhile, the shortage of personnel led to mobilisation of the reserve of married nurses (Sarkio 2007: 298). The general opinion that married women could not be nurses eroded after the war (Wingender 1995: 139–41).

This criticism was founded on ideas of democracy and modernity. The gross salary system was motivated by the intellectual and social development of nurses. After the war, social responsibility as a norm had strengthened in Finnish society; social responsibility was also reflected in ideas behind the development of health care (Alasuutari 1996: 115–34). In order to develop a social view corresponding to the demands of the day and the ideals of health care reform, SSL and SSF emphasised that nurses needed to step out into society and be among people, their patients. Democratic society called for individual freedom and social responsibility.<sup>17</sup>

In the rhetoric of the 1940s, pay was understood as the reward of work. Pay was something that was paid in exchange for labour, with the price defined by certain identifiable criteria (competence, education, etc.). The logic of the prewar organisation of net pay was quite different. According to this logic, pay was

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14 Oppilaat sairaaloiden työvoimana (Nursing students as labour), *Sairaanhoitaja* 1945: 3; *Sairaanhoitaja* 1945:7–8, 199–200, 208; Sairaanhoitajien palkkaus (Nursing salaries), *Sairaanhoitaja* 1946: 1, 5–7.

15 Näyttää siltä... (Looks like...), *Sairaanhoitaja* 1949: 5, 98.

16 Sairaanhoitajien palkkaus (Nursing salaries), *Sairaanhoitaja* 1946: 1, 5–7.

17 Sairaanhoitajien koulutusta käsittelevät neuvottelupäivät (Study days for nursing education), *Sairaanhoitaja* 1945: 3, 69–71; 20 vuotta (20 years), *Sairaanhoitaja*, 1945: 4, 98–99; Sairaanhoitaja yhteiskunnan jäsenenä (A nurse as a member of the society), *Sairaanhoitaja*, 1945: 10, 253–254, 265; Sairaanhoitajien sosiaaliset olot (The social conditions of nurses), *Sairaanhoitaja* 1947: 3, 56–59.

characterised by the idea of maintenance. In exchange for her work, a nurse received room and board from the hospital. For this, the nurse was also expected to be dedicated to her work and to serving the institution. This system provided nurses with a secure and good living and freed them to dedicate their lives to the fulfilment of their vocation.

However, in the rhetoric of the 1940s this same institution was seen as a prison, a constraint, a 'medieval burden', from which nurses wanted to free themselves. The system was no longer seen as a source of security in the same way. Instead nurses desired economic security in the form of pay. Although the work itself was still important, one could not expect people to live just with a calling. This was all the more important as after the war there were more and more nurses with families to take care of.<sup>18</sup>

In this mode of thinking, wage work was identified as the basis of well-being, providing not just living but also autonomy. Paid work was about nurses' emancipation. It was a source of independence and freedom of choice, but also of status and dignity. Pay became a question of freedom and appreciation of nurses as citizens and full members of society.

SSL and SSF sought to show that what nurses were doing was work, not charity. Changes in the context of their action provided the chance to identify with a larger group of wage earners. The general norms and criteria made it possible to define nurses' needs and well-being and what was needed for improvement of their quality of life. However, the criteria also made it possible to reproduce differences. A central point made by SSL and SSF was that nursing was not comparable with any other work. What made it special was its object, namely human beings.

### **Content and Organisation of Nurses' Work**

Social conditions were one major problem on the agenda of SSL and SSF. Another concern was the content and organisation of nursing. The rapid development of health care was changing nurses' working environments; their relationship to this development was tense. The situation was discussed in meetings of SSL and SSF, in organisation papers and in the joint committees established for studying issues of nursing education and later rationalisation of nursing.<sup>19</sup>

Wartime had put health care and thus nurses under pressure. That did not completely end with the war's end. The postwar years brought new challenges that led SSL and SSF to express concerns over the welfare of nurses at work. Given the shortage of qualified nurses, nursing work was performed in a state of constant hurry. At the same time nurses felt that their responsibilities were growing due to

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18 THA, SSL, Proceedings of the annual and union meetings of SSL 1945–1947, union meeting 1–2 December 1946.

19 SSL's and SSF's joint educational committees 1941–45 and 1948–1951, SSL's and SSF's joint committee for rationalisation 1949–1956.

new tasks and treatments. Work reorganisation and rapid patient turnover added further pressure. According to leaders in the profession, nurses were regularly fatigued, threatening the quality of work.<sup>20</sup> Records of unsatisfactory care were interpreted as warning signs and indicators of poor working conditions as well as of deteriorating nursing ethics.<sup>21</sup>

The quality and future of nursing was a central concern for SSL and SSF. Rationalisation meant a break with the past. Centralisation and specialisation were in conflict with the traditional Nightingale ideal of personal and flexible total care as the core of nursing. New medical tasks, such as injections, as well as increased educational and administrative duties were taking time from direct and personal patient care. Assisting personnel were taking the nurse's place at the bedside. Discussions reveal nurses' concern that rationalisation would lead to their work being mechanised, made routine and too technical. Moreover, nurses saw a risk that they would become merely assistants to doctors while having to compete with assistant nurses.<sup>22</sup>

These concerns were fed by the discussion of educational reform and the pressures to lower admission requirements for nurses and shorten their education.<sup>23</sup> Two state committees<sup>24</sup> were established after the war to investigate the reform of health care personnel and its educational system.<sup>25</sup> As one of the reasons for the shortage of labour, they singled out over-qualification of nurses. Studies conducted in hospitals by the National Health Board recommended increased use of assisting personnel as a solution to the problems in health care. From the nurses' point

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20 E.g., Sairaanhoitajain sosiaalinen näkemys (The social view the nurse), *Sairaanhoitaja* 1945: 6, 168–169; THA, SSL, Proceedings of the annual and union meetings of SSL 1948–50, union meeting 11–12 November 1950; Proceedings of the annual and union meetings of SSL 1951–54, union meeting 2021 November 1954,

21 Suhtautuminen työhömmö (Our attitude towards our work), *Sairaanhoitaja* 1946: 4, 68–69; THA, SSL, Proceedings of SSL's board 1945–47, board 22 February 1947.

22 E.g., Sairaanhoitajan vastuu (The nurse's responsibility), *Sairaanhoitaja* 1948: 5, 91–94.

23 The logic was that the higher the basic education requirements and the longer education, the higher the professional status.

24 Committee for studying the reformation of nursing education 1945–45. Committee for education and division of work of health care personnel 1949–1954.

25 In Finland the so-called state committee system has been an important means of preparing reforms and legislation. Committees established by the Council of State or ministries have had a representation of parties involved as well as of expertise. They have thus secured the participation of different parties in the preparation. There have been both *ad hoc* committees established to prepare reforms (such as the committees mentioned here) and permanent committees. During the postwar period these committees were many; sometimes over one hundred were at work during a given year. Since the 1990s, the *ad hoc* committees have largely been replaced by working groups or public servants.

of view these suggestions threatened not only their professional and economic interests but also the welfare of their patients.<sup>26</sup>

In this context nurses looked upon rationalisation with anxiety, even though it was seen as a necessary development. Nurses' work would need to be rationalised in order to cope with the nursing shortage. This included the use of assisting personnel.<sup>27</sup> Nurses also accepted the idea of rationalisation as a part of the modernisation of society. Rationalisation was seen as an inevitable result of the development of medicine and technology.<sup>28</sup> Moreover, the leadership of SSL and SSF seems to have accepted the general demand for increased production. In the 1950s social policies were increasingly assessed from the viewpoint of limited economic resources (Kettunen 2006: 295). In addition, rationalisation clearly presented opportunities for nurses in the form of status building. The key words here were hierarchy building and educational development.

The profession's leaders had a clear idea that in order to gain appreciation, nurses would need to develop their profession according to the criteria that guided rationalisation, especially as they justified their wage demands by referring to the amount of responsibility associated with their work and the level of professional education it required. The fragmentation of health care personnel entailed possibilities for hierarchy building. The core question of rationalisation was who was to do what under whose control. The view of SSL and SSF was that the nurses' education, administrative status and expertise, placed them above auxiliary nurses and it was their task to define the tasks of auxiliary nurses. The difference between the nurses and the auxiliary nurses was to be indicated by uniforms and other, spatial arrangements (Sarkio 2007: 348).

In order to strengthen the status of nurses, their education would need to be developed. To this end SSL and SSF wished to strengthen the theoretical education of nursing and develop further training.<sup>29</sup> Raising the scientific level of nursing would raise their status: 'By educating ourselves and our personalities we can best help our fellow citizens and at the same nursing and health care could achieve the status belonging to it in our society'.<sup>30</sup> The goal was to establish nursing as a profession, separate and independent from doctors and above assisting personnel. To this end nurses would need to give up some of the manual labour so many of them loved. However, nurse leaders stressed that the vocation-like work must not

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26 THA, SSL, Documentation of the work study committee of nurse organisations 1949–156.

27 E.g., Työaikalaki on astunut voimaan (The law on working hours enforced), *Sairaanhoitaja* 1947: 1, 3–7; Sairaanhoitajan vastuu (The nurse's responsibility), *Sairaanhoitaja* 1948: 5, 91–94.

28 E.g., 20 vuotta (20 years), *Sairaanhoitaja*, 1945: 4, 98–99.

29 Sairaanhoitajan koulupohja (Basic education of nurses). *Sairaanhoitaja* 1955: 1, 14–16.

30 THA, SSL, Proceedings of the annual and union meetings of SSL, 1945–47, annual report 1949.

turn into routine bread-and-butter work. Nursing was special and could not be rationalised in the same way as factory work, for example, because the object of the work was human beings with individual and flexible needs.<sup>31</sup> The challenge was how to coordinate all the positive developments so that nursing would not drown in technology and rationalisation.<sup>32</sup>

In the collective articulation of interests a new kind of nurse ideal began to take shape: that of professional wage earner. The ideal corresponded to the identified demands of the day. However, at the same time it sought to be loyal to the spirit of nursing. The goal was to combine technical competence and high ethical standards.<sup>33</sup> Some parts of the 'old' were abandoned (e.g., a false spirit of self-sacrifice), but some parts were incorporated into the new image. The 'old vocation' was built into the new role of professional nursing by stressing social responsibility. 'Right rationalisation'<sup>34</sup> was something that would guarantee the welfare of nurses by offering them appropriate social conditions, appreciated status and opportunities to carry out their work in a qualitative way.

### Limits of Action and Compromises

When formulating their interests nurses came to define both their beings and doings, and how they should be. However, the years proved that there were certain limits to the actions possible for improving their working conditions and quality of life – limits that also had a gendered nature. These limits largely derived from nurses' roles as the carers of the weak and sick of society.

The shortage of nurses, the importance given to health care and the appreciation nurses enjoyed after the war furnished a sound starting point from which nurses' associations could promote their demands. Immediately after the war, SSL and SSF were cautiously hopeful that their demands would be met. Both state committees had ultimately acknowledged that there were shortcomings in the social conditions of nursing personnel.<sup>35</sup> However, nurse leaders understood that from the viewpoint of the National Board of Health and the government, the issue looked different.

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31 Sairaanhoidtajain sosiaalinen näkemys (The social view the nurse), *Sairaanhoidtaja* 1945: 6, 168–169; NNF congress report 1946.

32 Potilaan kohtelu osastolla ja poliklinikalla (The treatment of patients at the department). *Sairaanhoidtaja* 1945: 4, 114–117.

33 E.g., Lääkärin ja sairaanhoidtajan yhteistyö sairaalaoastolla (Cooperation between the doctor and the nurse at the hospital department). *Sairaanhoidtaja* 1951: 1, 17; *Sairaanhoidtaja* 331–332, 315, 340–41; Asenteemme ammatti-ihmisenä (Our attitude as professionals). *Sairaanhoidtaja* 1953: 4, 114–6, 127–9; Liittomme luontopäivät (Study days). *Sairaanhoidtaja* 1953: 4, 125–6; Sairaanhoidtajan vastuu (The nurse's responsibility), *Sairaanhoidtaja* 1954: 1, 2–4; NNF congress report 1954.

34 Real rationalisation required participation of employees and that the benefits were divided fairly and the damages minimised or compensated (Cf. Kettunen 1994: 145).

35 KM 1949: 5.

Nurses' wages would be handled as a part of the revision of wages for the entire body of public servants. Increasing the wages of just one group would be difficult. Moreover, the new wages would be determined in a state of postwar economic scarcity.<sup>36</sup>

This led SSL to put forward the question: what if their demands were not heard? Several strikes by workers that had tested the country in recent years also had nurses pondering the possibility of enforcing their demands by such actions. The possibility of a strike was discussed in length in SSL's union meeting in 1946. A clear and unanimous opinion was that a strike was not possible due to the nature of their work as society's care-givers. In the worst case a strike could lead to charges of involuntary manslaughter. And even if it did not, a strike was against the spirit of the civil servant statute. The strongest means nurses could use was collective resignation. It would be legal and it would not threaten patients in the same way, because the term of notice would give employers time to arrange the continuation of work or to come to an agreement.<sup>37</sup>

However, there were many organisation members who considered this kind of action as distasteful. A strike was traditionally considered unthinkable among nurses; it was against the ethical principles of nursing and was as well a tool of the workers movement, a class from which nurses had traditionally wanted to distance themselves. Although the majority of nurses supported the active-pay policy, an open action was still a no-go area. An SSL union meeting decided unanimously to wait and see how the negotiations would turn out.<sup>38</sup>

Negotiation rights meant remarkable improvement by comparison with prewar times. Nurses' associations were acknowledged as negotiation parties and a legitimate channel for articulating their interests was opened. However, this channel was limited. Employers were only obligated to negotiate before decision-making; negotiations did not bind them. In practice the system became heavy as there were too many counterparts (Mattila 2005: 121–4). Things had to be negotiated separately with all the employers: the state, the cities, the municipalities, the military, the railways, etc. In the 1940s and 1950s most of the nurses were working in state hospitals. In practice nursing pay was very diverse. The fact that in the end it was Parliament which decided on the budget did not make the situation any less complicated.<sup>39</sup>

The fact that the decisions concerning nurses' employment were made in the political arena was problematic for nurses. Politics was dominated by men, and the leaders of SSL and SSF did not expect too much understanding from them. The strong position of the workers' movement led by male-dominated unions did not make the situation easier, especially given the attitude towards white-collar

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36 THA, SSL, Proceedings of the annual and union meetings of SSL, 1945–47, union meeting 1–2 December 1946.

37 Ibid.

38 Ibid.

39 KM 1949: 5.



unions. Neither rightist party automatically supported nurses. On several occasions Kyllikki Pohjala was left without the support of her own party.

In order to build their case SSL and SSF sought to increase the political activity of nurses. The goal was to get more nurses on councils and in Parliament.<sup>40</sup> Leaders promoted their agenda with the ideal of the socially responsible nurse.<sup>41</sup> Political activity was something to which nurses traditionally had distanced themselves and this attitude was still prevalent.<sup>42</sup> The nurses' path to political positions of trust was not smooth; SSL reported in the mid-1950s that after the elections some of the elected nurses had been announced to have been ineligible based on their status as civil servants.<sup>43</sup>

The civil servant connection also meant that nurses' wages were directly linked to the state budget. This created a contradiction between the common good and the nurses' interests. This conflict was all the more important in the situation of scarcity after the war, as SSL and SSF acknowledged. Although nurses were appreciated and enjoyed the public's sympathy, this relationship was believed to be fragile. Nurse leaders stressed that if the public believed nurses did not understand the situation, nurses could not count on public support. The fight had to be legitimate. They needed the public's support in order to pressure employers and drive home their case.<sup>44</sup>

The attitudes of decision makers and the public were affected by the idea of nursing as a vocation and by the special nature of nursing work. But nurses' own attitudes also had an effect. The challenge of SSL and SSF was to legitimate their demands and actions for employers and the public as well as their members. Their actions had to be compatible with nursing ethics and with their role as the servants of patients and society.

What SSL and SSF did was to identify the common interests and nurses' interests. Here they leaned on the language of rationality. According to the nursing leaders, the improvement of social conditions was needed for preserving the productivity and capacity of nurses. Shortage of personnel led to unsatisfactory care. In this situation there were few opportunities to guarantee society the quality

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40 THA, SSL, Proceedings of the annual and union meetings of SSL 1948–50, union meeting 11–12 November 1950; Proceedings of the annual and union meetings of SSL 1951–54, union meeting 29 November 1952; Proceedings of SSL's board 1951–54, board 20 January 1951; Puhelin soi... (Phone rings...), *Sairaanhoitaja* 1947: 11, 260; Sairaanhoitajan vastuu (The nurse's responsibility), *Sairaanhoitaja*, 1948: 5, 91–4; Tärkeä hetki lähestyy (The important day approaches), *Sairaanhoitaja* 1948: 6–7, 105.

41 Sairaanhoitajan vastuu (The nurse's responsibility), *Sairaanhoitaja*, 1948: 5, 91–4. See also *Sairaanhoitaja* 1945: 11, 1947: 11, 1948: 6–7, 1948: 11.

42 This did not mean, however, that there was no commitment or political activity; there was an idea of a functional representation already in the early twentieth century.

43 THA, SSL, Proceedings of SSL's board 1955–57, board 28 October 1956.

44 Sairaanhoitajien sosiaaliset olot (The social conditions of nurses), *Sairaanhoitaja* 1948: 6–7, 103–104.



of health care it needed and deserved. Moreover, society would lose working days in the form of days of illness.<sup>45</sup>

Organisational activity was further motivated by the democratic development of Finnish society. Pohjala stressed that collective organisation had been recognised by society and it was now a social duty to participate in building it.<sup>46</sup> In the same vein she pointed out that organisational loyalty was needed in order to guarantee the number and quality of nurses in the future. Pohjala stressed that the fight was not to happen at the expense of ethical values, but it was needed in order to preserve the heritage of the nursing pioneers. However, the values should be developed to correspond to the times.<sup>47</sup>

The constant demands did not lead to the desired result. In the summer of 1948 *Sairaanhoitaja* remarked that there was much less willingness to correct the wage gap in women's salaries than to improve the wages of men.<sup>48</sup> In addition, the wage regulation seemed to have frozen wage relations. By 1954 nurses had come to accept the idea of mass resignation. The start of pay negotiations with the National Board of Health was soon followed by a collection of termination notices from members. The catalyst was the cutting of nurses' fringe benefits as part of the state's efforts to cut costs for stabilising the economy. SSL argued that in this situation the deprivation of benefits actually meant that nurses' wages had been cut.<sup>49</sup>

Negotiations did not lead to any solutions. The government even considered the possibility of crash-training nurses and educating auxiliary nurses. In December nurses submitted their resignations as of 1 February 1955.

These resignations were not put into action because the conflict ended at the last minute with a proposal for a settlement made by Niilo Pesonen, head of the National Board of Health, and financial adviser, Onni Vauhkonen. The agreement did not give nurses much. However, it did include the promise to study a total gross salary system for all state civil servants. At first SSL and SSF abandoned the proposal, but eventually they approved it as a temporary solution after Pesonen

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45 THA, SSL, Proceedings of the annual and union meetings of SSL 1945-1947, union meeting 1-2 December 1946; 20 vuotta (20 years), *Sairaanhoitaja*, 1945: 4, 98-99; Palkkakysymys esillä eduskunnassa (Pay question in Parliament), *Sairaanhoitaja* 1947: 4, 83-5; Palkkaustamme on korotettava (Our wages should be raised), *Sairaanhoitaja* 1947: 11, 252-4; Palkkausksymys (Wage question), *Sairaanhoitaja* 1949: 3-4, 70-1, 76.

46 Lojallisuus ja aktiivisuus suhteessa omaan järjestöön (Loyalty an activity in relation to organisation), *Sairaanhoitaja* 1945: 11, 283-5.

47 NNF congress report 1950, *Sairaanhoitajajärjestöt ja ammattiyhdistykset* (Nurses' associations and trade unions), *Sairaanhoitaja* 1950: 9, 220-2; Suomen Sairaanhoitajain liiton toimintaa vv. 1925-1955 (SSL 1925-55), *Sairaanhoitaja* 1955: 5, 207-10.

48 Palkkauksesta neuvotteluja Helsingin kaupungin kanssa (Salary negotiations with the city of Helsinki), *Sairaanhoitaja* 1948: 6-7, 109.

49 THA, SSL, Proceedings of SSL's board 1951-54, board 9 March 1953 and 31 October 1953; Palkkausasia vaatii pikaista järjestelyä (A swift solution needed in the pay issue). *Sairaanhoitaja* 1954: 4, 125.

appealed to their vocation and reasonability. The decision to accept the agreement was influenced by the need to let hospitals work in peace and to let Parliament get back to work.<sup>50</sup>

Behind the employers' opposition to the nurses' associations' demands were economic calculations, but also the wage pressures that would have been caused in the labour market. Moreover, it seems safe to assume, given the background, that many believed that nurses did not necessarily need the rises in pay. It seems that despite the criteria by which wages were determined, the old maintenance thinking as well as the idea of nursing as a kind of 'charity' still affected the outcome. For Pesonen, nursing was primarily a woman's vocation (Pesonen 1973: 57–8).

Furthermore, the way the criteria were defined was problematic. In the middle of the conflict Pohjala wrote that,

already for many years we have tried through long and persistent negotiations to effect at least some improvements in the social conditions of nurses, but we have lived in a world where reasonable wages are considered only for those who take care of economic values. Human life is not highly appreciated. Because the work had not been countable in marks and pennies, those who have struggled beside the beds of the sick, often as the last guard, have not been given credit.<sup>51</sup>

The problem of nursing was that as service work, it was hard to measure (Kinnunen 1996). This problem was most evident in the rationalisation of health care.

Decisions concerning the development of health care were made in the central administration, in government and councils. Here a gendered structure prevailed: scientific expertise used by the welfare state had an underlying gender structure. The ideas of rationalisation of health care were formulated by bureaucrats and the medical profession, namely, doctors. The development of health care was largely seen as a technical matter (Haave 2006: 233–4, Julkunen 1990: 155, Vallgård 1992: 177). A repeated concern of SSL and SSF was that neither bureaucrats nor doctors really understood the nature and demands of nursing, including the roles of flexibility, personality, commitment to caring, etc.

However, SSL and SSF did not question either rationalisation or knowledge production as such. Instead they sought to influence the development through committee work and knowledge production. Along with the state committees for reforming nursing education the joint education committees of SSL and SSF (1941–1945 and 1948–1951) were at work. The view of nurse organisations was made known through direct contacts with the health administration and ministries as well as by nurse representatives in these committees. However, a central concern for the nurses was that the methods used in those studies that were to be used in the future planning and definition of division of work were adopted from

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50 THA, SSL, Proceedings of SSL's board 1955–57, board 27, 28 and 29 January 1955.

51 Saimme uuden vuoden (We got a new year), *Sairaanhoitaja* 1955: 1, 1.

industry. Nurse leaders stressed that such studies did not recognise the special nature of nursing.<sup>52</sup> Therefore, actions should be taken in conducting work studies 'to include the point of view of nurses to them'.<sup>53</sup>

To this end SSL and SSF established a joint work study committee in 1953. The purpose of the committee was to determine which tasks in patient-centred care required a nurse's knowledge and skills; taking into consideration the individual nature of each patient, which tasks could be given to other groups; and how much time was needed per patient to achieve good and effective nursing.<sup>54</sup> The committee emphasised that the time and motion studies done by methods adopted from industry did not take into consideration the quality of the care rendered. Savings in wage costs were illusory if the quality of care suffered. The committee also stressed that no conclusions about the need of the labour force could be made based on traditional time and motion studies. The consistent starting point should all the time be the welfare of the patient and his or her current needs, not the amount of time used for separate tasks.<sup>55</sup>

The work study committee concentrated on making statements to health authorities and collecting information, although a shortage of resources and the difficulty of the task hampered the work. Nevertheless, these activities were a step on the way towards development of nursing as an academic subject in the following decades (Laiho 2005).

## Conclusions

When formulating their needs and interests nurses also defined their beings and doings and how they should be. Changes in Finnish working life and the emergence of labour market publicity with its special language provided new opportunities to evaluate well-being. Nurses' criticism of their social and working conditions was based on the norms and general criteria represented by the changes in the labour market. Meanwhile, they pointed out and defined the particular conditions of their work. The resulting definition of one's beings and doings suggests a dialogue between the general and the particular, between past and past-present, ourselves and others.

In the collective articulation of nurses' interests a new ideal and perception of the quality of life can be identified. This ideal reflected the introduction of pay as

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52 THA, SSL, Proceedings of SSL's board 1951–54, board 31 October and 5 January 1953; Documentation of the work study committee 1953–57, statements.

53 THA, SSL, Proceedings of the annual and union meetings of SSL 1951–54, union meeting 14 November 1953.

54 THA, SSL, Documentation of the work study committee of nurse organisations 1949–1956, Report 31 October 1953–30 September 1955,

55 THA, SSL, Documentation of the work study committee of nurse organisations 1949–1956.

a condition for work. This meant a break from traditional nursing ideals and the classic ideology of nursing as a vocation. Nursing was to be seen as a profession. The old patriarchal system of institutional life<sup>56</sup> that had provided security and well-being was now experienced as a 'prison'. Instead, nurses desired greater individual and economic freedom. In this mode of thinking, wage-work was identified as the basis of well-being, providing not just a means of living but also autonomy and dignity. Work was about emancipation and citizenship.

Well-Being from work (referring to the utility received from work) was one side of the coin. The other was well-being at work. This concerned the content and organisation of nurses' work due to the rationalisation and development of medicine. New groups were introduced and the hierarchy in health care was defined by specific criteria. A shortage of nurses and changes in the content and organisation of nursing created pressure. There was discontent with the development due to the tension between the logic of rationality and the logic of care. However, the development also created opportunities for status enhancement. Thus, the nurses' associations were ready to accept the development. But, nurses sought to effect it on their own terms.

However, nurses' attempts to improve their quality of life were limited by norms and structures that had a gendered nature. Their actions were limited by the expectation of loyalty associated with their status as civil servants, by the gendered nature of the political arena and administration as well as by their roles as women and as nurses. This struggle was also about self-limitation. The stress on modernity did not mean that nurses would abandon nursing traditions or their vocation. Rather, nursing was given a wider social meaning with emphasis on social responsibility and professional knowledge. This redefinition partly reconciled the obvious tensions between commitment to care, the well-being of patients and the nation, on one hand, and the wage-earner interests on the other. However, it did not remove it entirely. The tension was most obvious in the case of collective action for improving their well-being, such as mass resignation.

Nurses built their identity and argumentation on the conditions of the prevailing agenda. As it turned out, although the criteria were supposed to be gender-neutral, they actually incorporated a number of gendered assumptions. In the hierarchy the masculine competencies were placed above the traditionally feminine competencies. Nevertheless, nurses could use these criteria to recognise gender differences. However, they did not challenge the gendered organisation of work. The nurse ideal still required a gendered division of work and the identity was still built on the female gender and the idea of women's tendency to care. A line was drawn between the feminine and masculine worlds, care and spirit representing the first, medicine and rationalisation representing the second.

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56 Hospital formed a 'family', led by doctors (father) who exercised control over the nurses. The hospital led by doctors was to take care of the employees' (nurses) moral and social well-being.

This gendered professional identity affected what was valued and thereby also the definition of needs and interests. It also contained and contributed to tensions deriving from the contradiction between wage earner interests and the commitment to care. While emphasis on a woman's vocation, caring and social responsibility worked as a strong argument, it also limited freedom of action and opportunities to achieve goals in the male-dominated and masculine gendered labour market system.

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PART II

Contemporary Perspectives on  
Gender and Well-Being



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## Chapter 8

# A Proposal for a Discrimination Index for a Non-neutral Fiscal Policy

Paloma Villota<sup>1</sup>

The previous chapters in this volume have explored different dimensions of well-being in a variety of historical settings. However, the present chapter is less concerned with the measurement of well-being *per se* than with the determinants of well-being, and it is explicitly concerned with the relationship between gender and well-being in contemporary Europe rather than the European past.

In the Preface to this volume, Borderias and Harris drew attention to the work of Amartya Sen and Martha Nussbaum and their efforts to define the concept of well-being in terms of a set of capabilities and functionings. The present chapter is particularly concerned with an aspect of well-being whose importance was underlined by Ingrid Robeyns (2003: 81), namely the capability of participating in the labour market. This capability is not only intrinsically important, as a source of identity and self-worth, but also plays a vital role in enabling women to secure independent access to the material resources which are themselves a key determinant of an individual's well-being.

Although the chapter is particularly concerned with the impact of different taxation regimes on women's participation in the labour market within the 15 countries which comprised the European Union before 2004 (see also Gustavson 1992), I do not ignore the importance of unpaid care work to achieve personal and social well-being. I only intend, through these pages, to emphasise that public policies are not gender neutral and some European Union fiscal regimes penalise access of married women to the labour market, which in the end, contributes to increased gender inequality in terms of achieved functioning.

For this reason, a fiscal index is proposed as an indicator to evaluate in what manner taxes are not neutral and can have a detrimental effect on married women's participation in the labour market. My intention is to shed light on one of the causes that generates gender inequality of functioning within the labour market.

Last but not least, it has to be considered that non-participation in the labour market means side-effects such as limited access to social rights, like retirement pensions, maternity and sickness cash benefits, paid holidays, etc. The final consequence is that many old women survive with great difficulty inside the

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1 The author thanks the editors for their detailed comments and suggestions on earlier versions of this chapter. She also thanks the Instituto de la Mujer of Spain for its support.

**Table 8.1 Activity rate for women and men (as % of the working-age population 15–64)**

|                | <b>Women</b> | <b>Men</b> | <b>Gender gap</b> |
|----------------|--------------|------------|-------------------|
| Sweden         | 76.80        | 81.40      | 4.60              |
| Denmark        | 76.40        | 83.90      | 7.50              |
| Finland        | 73.80        | 77.20      | 3.40              |
| Netherlands    | 72.20        | 84.60      | 12.40             |
| Germany        | 70.10        | 81.80      | 11.70             |
| United Kingdom | 69.00        | 82.20      | 13.20             |
| Portugal       | 68.80        | 79.40      | 10.60             |
| Austria        | 67.80        | 81.70      | 13.90             |
| France         | 65.60        | 74.90      | 9.30              |
| EU15           | 64.80        | 79.30      | 14.50             |
| Ireland        | 63.30        | 81.40      | 18.10             |
| Spain          | 61.40        | 81.40      | 20.00             |
| Belgium        | 60.40        | 73.60      | 13.20             |
| Luxembourg     | 58.90        | 75.00      | 16.10             |
| Greece         | 54.90        | 79.10      | 24.20             |
| Italy          | 50.70        | 74.40      | 23.70             |

*Source:* Eurostat 2008.

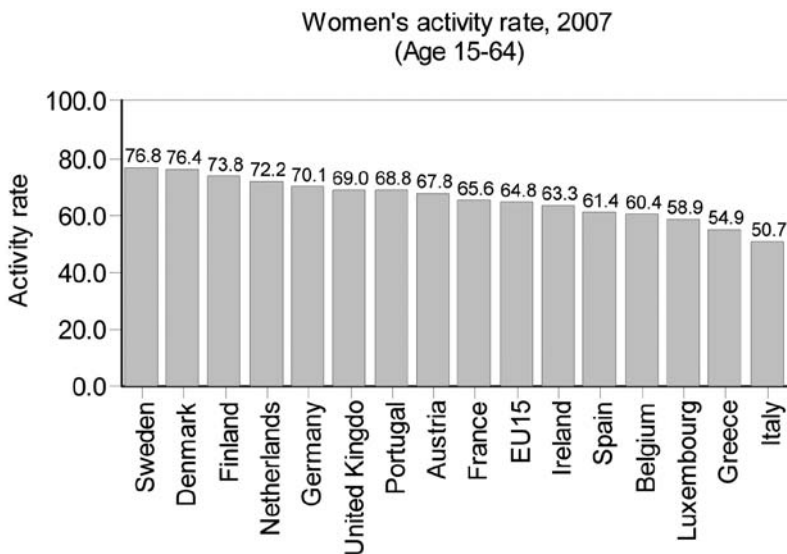
European Union, especially in those countries where social policy does not ensure universal social rights as old age pensions for all citizens. It has also to be considered, that derived social rights (for example, survivors' or widows' or widowers' pensions), when they exist, are usually insufficient to maintain the quality of life inside the household.

### **Different Patterns of Women's Participation in the Labour Market in the European Union**

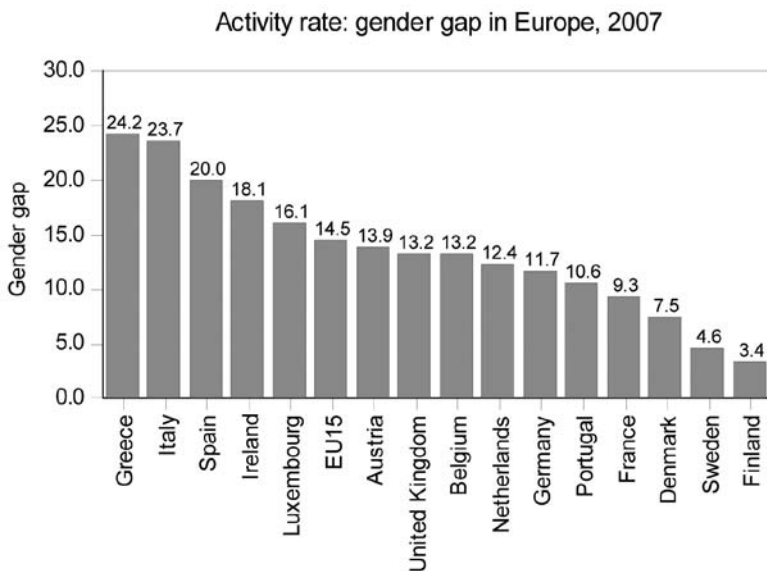
As is well-known and statistics clearly confirm, women's participation in the labour market is very different from that of men in the majority of EU countries, with the exception of the Nordic countries.

These figures allow us to see that the difference in women's activity rate among countries inside the European Union is even higher than the gender gap existing inside the Nordic countries as shown in Figures 8.1 and 8.2.

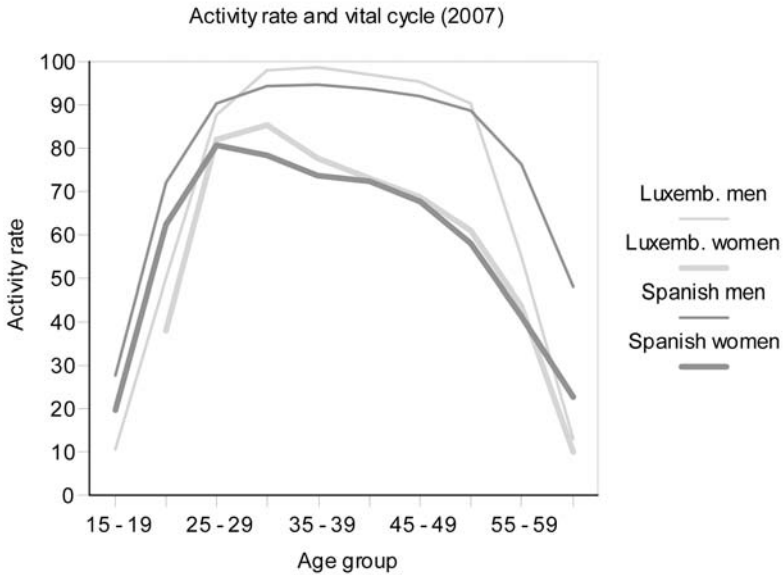
If we intend to explain such differences, public policies which have been followed all over the European Union have to be taken into consideration, because there are fiscal and social policies that facilitate the reconciliation of a professional or working life for women and men (Sainsbury 1999). These policies include adequate provision of kindergarten services for children and care for the



**Figure 8.1** Differences between women's activity rates in some European countries



**Figure 8.2** Gender gap inside some European countries (EU-15) (in decreasing order)



**Figure 8.3** Male and female labour-force participation rates, by age, in Luxembourg and Spain

elderly and the disabled, etc., which contribute to making the care of other family members compatible with employment. But other institutional and legal factors relating to parental leave, working and school hours have to be carefully measured.

The combination of all these factors is of fundamental importance in explaining the profile of women's paid activity, as a result of which they either withdraw partially<sup>2</sup> or completely from the labour market or they manage to integrate their professional and family life throughout the different phases of their life cycle (Rubery et al. 1999). Although there are different cultural and religious aspects that shape women's employment patterns in the EU, they all have to be considered together with differences in tax structures and welfare provision, because of the way in which their combined impact reinforces and determines women's different attitudes towards the labour market.

Life cycle influences whether or not women are employed. While men enter the labour market once they have finished their studies and remain in employment without interruption throughout their working lives (unless they are forced to take early retirement after they reach fifty, as is happening with increasing frequency), women often abandon the labour force when they marry or have children (Villota 2006).

<sup>2</sup> As a consequence of lack of space I cannot extend this argument to look at differences between part and full-time work in different European Union countries.

**Table 8.2 Activity rate, by age (Luxembourg and Spain)**

| Age group | Luxembourg |       | Spain |       |
|-----------|------------|-------|-------|-------|
|           | Men        | Women | Men   | Women |
| 15 – 19   | 10.7       | :     | 27.8  | 19.7  |
| 20 – 24   | 50.1       | 38.2  | 72.1  | 62.4  |
| 25 – 29   | 87.8       | 82.2  | 90.6  | 80.9  |
| 30 – 34   | 98.0       | 85.4  | 94.4  | 78.5  |
| 35 – 39   | 98.7       | 77.7  | 94.9  | 73.8  |
| 40 – 44   | 97.0       | 73.0  | 93.8  | 72.5  |
| 45 – 49   | 95.6       | 68.9  | 92.1  | 67.9  |
| 50 – 54   | 90.4       | 61.1  | 88.7  | 58.3  |
| 55 – 59   | 55.1       | 43.9  | 76.6  | 41.5  |
| 60 – 64   | 13.1       | 10.1  | 48.0  | 22.8  |

Source: Eurostat 2008.

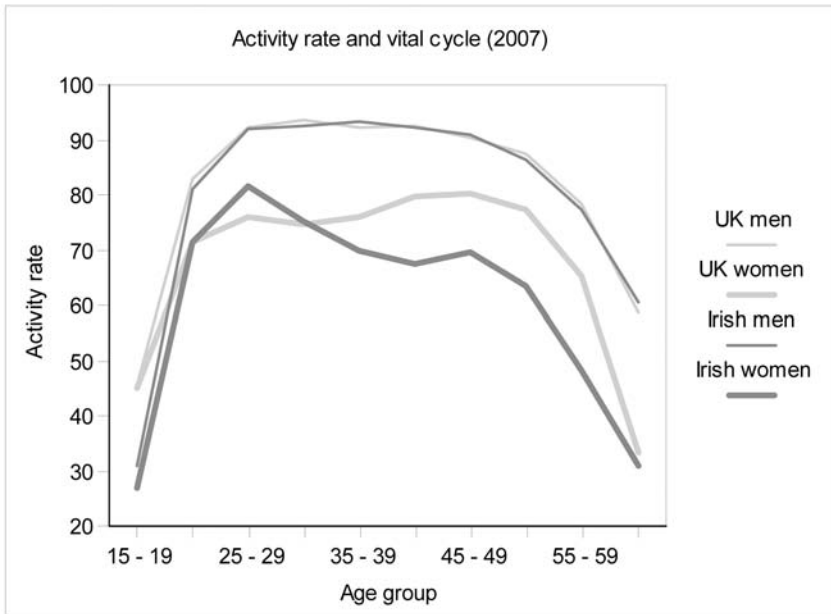
**Table 8.3 Activity rate, by age (Ireland and the United Kingdom)**

| Age-group | United Kingdom |       | Ireland |       |
|-----------|----------------|-------|---------|-------|
|           | Men            | Women | Men     | Women |
| 15 – 19   | 45.7           | 45.1  | 31.1    | 27.0  |
| 20 – 24   | 83.0           | 71.7  | 81.3    | 71.6  |
| 25 – 29   | 92.3           | 76.2  | 92.0    | 81.7  |
| 30 – 34   | 93.8           | 74.9  | 92.8    | 75.2  |
| 35 – 39   | 92.4           | 76.1  | 93.4    | 69.9  |
| 40 – 44   | 92.6           | 79.8  | 92.5    | 67.7  |
| 45 – 49   | 90.5           | 80.5  | 91.0    | 69.7  |
| 50 – 54   | 87.5           | 77.5  | 86.5    | 63.6  |
| 55 – 59   | 78.4           | 65.4  | 77.5    | 48.3  |
| 60 – 64   | 58.8           | 33.5  | 60.6    | 31.2  |

Source: Eurostat 2008.

In a number of countries in the European Union women leave the labour market primarily when they decide to have children and raise them themselves and they do not always return to work once this stage of their lives is over. Motherhood and the presence of young children cause an empirically demonstrable decline in women's participation in the labour force, and even their total absence (European Commission 1998). This can be attributed to many factors, especially the lack of adequate child care services and the fact that society continues to consider children the responsibility of the mother, and not of both parents.

Consequently, the graph representative of men's working life throughout their life cycle shows important differences from that of women. There are three main



**Figure 8.4 Male and female labour-force participation rates, by age, in Ireland and the United Kingdom**

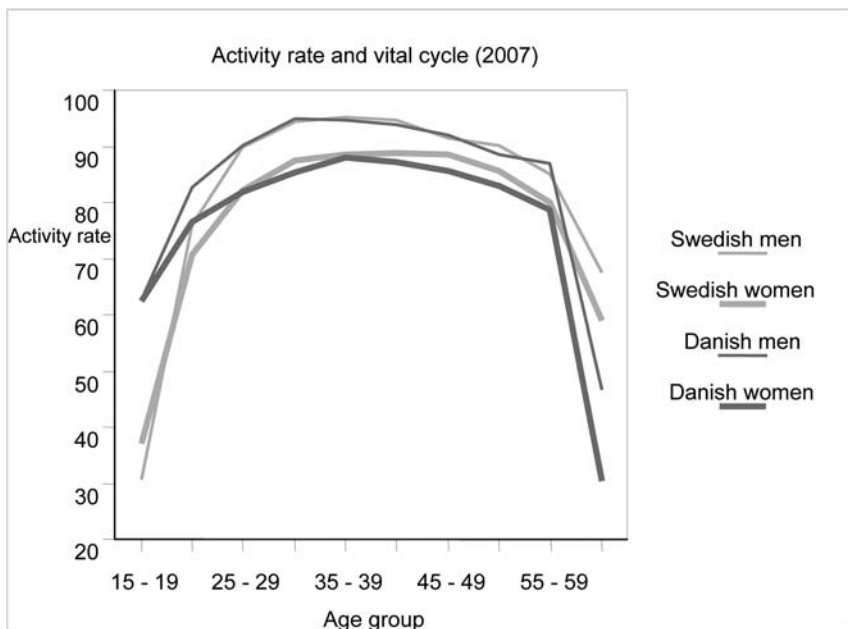
patterns of activity for women depending on the country they live in (Maruani 2000). In some countries there is a well-defined maximum of paid activity between the ages of 21 and 29 that drops sharply as a result of marriage and child rearing. This is still the situation in Luxembourg and Spain today. The result of this behaviour is that women, overall, have a low rate of activity, as Figure 8.3 demonstrates.

For a second group of countries, an ‘M’ pattern appears on the graph, where the dip down to the lowest rate coincides with the period of maximum child care (for example, Ireland and the United Kingdom). This indicates that simultaneous employment and child rearing continue to be incompatible and that a subsequent reincorporation into the labour world is only viable when children are old enough to attend school, as shown by Figure 8.4.

In a third group of countries (for example, Sweden and Denmark), the pattern forms a curve in the shape of an inverted ‘U’ or plateau that is very similar to that of men, as shown by Figure 8.5.

Public policies in each country affect the decision of women and men to withdraw from the labour market or manage to integrate their professional and family life throughout the different phases of their life cycle (Villota 2005b).

Before concluding this section, I would like to suggest that the effect of taxation should be linked to the effect of social policy on care for children, older people and



**Figure 8.5 Male and female labour-force participation rates, by age, in Denmark and Sweden**

people with disabilities, etc. in order to assess the combined effect of them when offering explanatory hypotheses about the changes in female behaviour observed in different countries (Gustavson and Stafford 1992).

### **The Tax Systems: A Gender Analysis of Some European Union Countries**

The purpose of this section is to empirically corroborate some of the recommendations of the report of the European Commission (1981), especially the advantages of individual tax payment, from the point of view of equal treatment of men and women. The analysis illustrates the tax penalisation of the second income tax payer in the family unit when paying income tax in several countries of the European Union.

A gender analysis of the tax systems in some European countries evidences that joint taxation, in whichever of its many forms (splitting, familial quotient, accumulation, etc.) has a negative effect on second-income earners within the family (Villota 2005a). The choice of this type of taxation clearly leads to indirect discrimination against married women (second earners).

To reduce gender inequality within the labour market, from the beginning of the 80s, the European Commission has endeavoured to achieve equity in the treatment



**Table 8.4 Activity rate, by age (Denmark and Sweden)**

| Age-group | Sweden |       | Denmark |       |
|-----------|--------|-------|---------|-------|
|           | Men    | Women | Men     | Women |
| 15 – 19   | 30.8   | 37.3  | 62.8    | 62.6  |
| 20 – 24   | 76.1   | 70.7  | 82.8    | 76.8  |
| 25 – 29   | 90.0   | 82.2  | 90.2    | 81.9  |
| 30 – 34   | 94.4   | 87.7  | 95.0    | 85.5  |
| 35 – 39   | 95.4   | 88.6  | 94.7    | 88.2  |
| 40 – 44   | 94.9   | 88.9  | 93.9    | 87.2  |
| 45 – 49   | 91.7   | 88.6  | 92.0    | 85.7  |
| 50 – 54   | 90.2   | 85.8  | 88.7    | 83.1  |
| 55 – 59   | 85.1   | 80.0  | 87.0    | 78.8  |
| 60 – 64   | 67.5   | 59.0  | 46.8    | 30.5  |

*Source:* Eurostat 2008.

of men and women in all the fields of Community policy. Thus, Action 6 of the New Community Action Programme 1982–1985 (European Commission 1981) drew attention to the need to take measures which would rectify the damaging effects of fiscal legislation in the job market, particularly in those Member States whose tax systems discouraged the participation of women in the job market (Lewis and Amstrom 1992).

As for the tax harmonisation in the European Union, the tax structure of the Member States has been standardised to a great extent, but personal income tax has not and continues to be an exception given the differences in its structure. Despite this, the acceptance of the individual model has become more general in recent years so that, at the present time, the majority of the Member States have implemented individual or optional tax payment.

It can be said that the only common feature of personal tax payment within the area of the European Union is its complexity and diversity (Villota and Ferrari 2001). In fact, no individual tax payment system is the same as any of the others, and the joint tax returns system also differs in each country. But by taking into account only the taxpayer, whether this is an individual person or a family unit, as a classification criterion, it is possible to establish a distinction between the ‘individual tax payment’ system and the ‘joint tax payment’ system, which considers the income of all the persons who make up the family as a whole.

In turn, the accrual of income in the family unit can be designed in very different ways and gives rise to diverse tax payment variants. It may occur that the sum of the incomes of the family members is taken into account in the same way as the incomes of single persons subject to the same scale of fiscal charges, in which case the system is termed ‘accrued tax payment’. However, if the entire family income is divided by a coefficient due to an attempt to alleviate the excess fiscal charge, the system is called ‘splitting’ if the coefficient is divided between

**Table 8.5**      **Classification of European tax systems**

| <b>Individual tax payment</b> | <b>Clarifications</b>   |
|-------------------------------|---|
| Austria                       | Sole earner's credit is given when a spouse's is less than a limited quantity   |
| Denmark                       | If a married person cannot utilise the personal allowance, the unutilised part is transferred to the spouse.  |
| Finland                       |   |
| Greece                        | The family members submit their tax returns in a single document  |
| Italy                         |   |
| Netherlands                   | Accrual of capital income to the capital to the spouse with higher earnings   |
| United Kingdom                |   |
| Sweden                        |   |
| Joint tax payment             |   |
| Belgium*                      | 'Spouse quotient': the incomes from work are levied separately. If one of the spouses does not earn any income, he or she is attributed a percentage of the other's income. |
| France                        | Family quotient.  |
| Luxembourg                    | Splitting.  |
| Portugal                      | Splitting.  |
| Optional tax payment          |   |
| Germany                       | Individual/Splitting.   |
| Spain                         | Individual/Accrued.   |
| Ireland                       | Individual/Accrued  |

*Note.* \*This is considered to be joint tax payment as the family is the tax payer.

*Source:* drafted by the author based on OECD (2008).

the spouses, and 'family quotient' if the coefficient takes the total number of persons who make up the family unit into account. A third case can be added called 'optional tax payment', a system adopted by those countries which are evolving towards individualised systems and continue to permit joint taxation, which is the case in Spain.

In accordance with the options explained above, it is possible to establish the following classification depending on the taxpayer unit (Table 8.5):

Among those countries that have opted for obligatory individual taxation, Sweden and Finland stand out. Both have strictly individualised systems with no transfer whatsoever between spouses so that there is no interference at all with the disposable income of the second earner. With the other systems, however, this is changed, to a greater or lesser extent, because such systems permit the transfer of deductions and allowances between both spouses, that is, they make use of derived fiscal rights.

## **Index of the Level of Discrimination with Regard to Family Tax Payment**

The principle of tax equity in the family unit implies that a certain income should be subject to the same tax quota, regardless of the family member who obtains the earnings, and if this is not complied with, there will be discrimination against one or some of its members. This occurs in those tax systems in which the personal income tax is not applied per single taxpayer, in those systems where there is transference of income, deductions and reductions between spouses or, in the same way, in tax systems that offer a tax reduction for the dependent spouse (Villota and Ferrari 2005).

Therefore, it is very interesting to measure the degree of discrimination and this also makes it possible to make comparisons between tax systems.

The characteristics of personal income tax are defined as the totality of the components and parameters which constitute this tax: taxable income, deductible expenses, reductions to the base, tax bill rate, deductions, etc. The tax penalisation on the income obtained by the second earner can be determined through the excess tax payment,  $E$ , paid by this taxpayer in comparison with the tax debt which should be addressed in the case of optional tax payment and would be shown by the following formula:

$E$  = tax liability quota of the 2nd earner – quota of 2nd earner as regards individual tax payment, which, expressed as a percentage of the quota of the second earner, would be the following:

$E$  (per cent) = [quota of tax liability of the 2nd earner – quota of the 2nd earner as regards individual tax payment] / [quota of the 2nd earner as regards individual tax payment]

(The 'tax liability quota' of the 2nd earner refers to the real tax payment for this earner's income.)

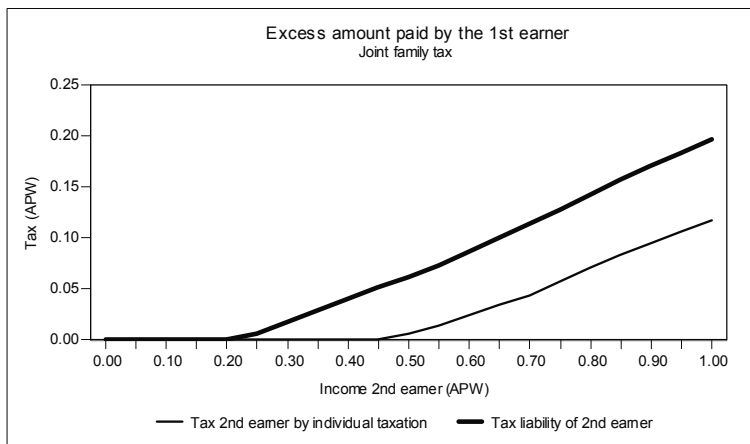
Figure 8.6 shows this excess with regard to accrued family tax payment for different levels of APW income,<sup>3</sup> where the thick line shows the tax debt of the second earner and the thin line shows the debt which would be payable in the event that this person pays income tax individually. The difference between both lines delimits the excess tax payment.

Thus, the excess tax payment borne by the second earner in accrued tax payment is shown in the area enclosed between the curves representing both quotas ( $S_0$ ), as shown in Figure 8.7.

When there is no excess tax payment, both curves merge and the area enclosed between these is equal to zero, but if discrimination occurs, the area appears and makes it possible to appreciate the existing excess tax payment.

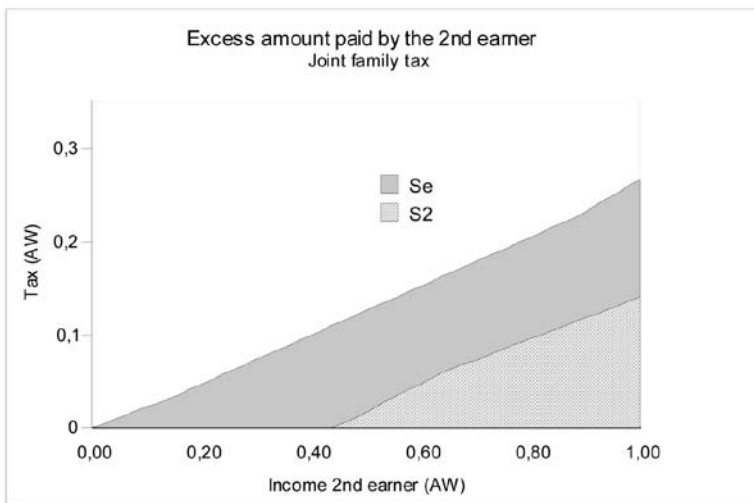
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3 The salary unit used is the average salary of a full-time Average Production Worker, APW, in accordance with the definition given by the OECD, considered as a standard collective which allows the simultaneous study of several countries in a standardised fashion. The amount is determined by the OECD (2008) and its values have been used in this study. In the year 2007 in Spain the APW earned €21,721 a year.



**Figure 8.6 Excess amount paid by the first earner**

Source: Drafted by the author.



**Figure 8.7 Excess amount paid by the second earner**

Source: Drafted by the author.

The relationship between the area  $S_e$  (excess tax payment) and the area enclosed by the line corresponding to the tax liability quota of the second earner  $S_2$  allows us to identify the level of discrimination in these cases.

Its intensity can be measured through the index (I), which determines the relationship between both areas, that is to say:

$$I = S_e / S_2$$

Values of  $S_2$  will oscillate from zero to  $S_2'$  (area defined by the values of the tax liability of the 2nd earner equal to  $S_e + S_2$ ), consequently, the extreme values which I can take on will oscillate between a maximum of infinity ( $I = S_e / 0$ ) and a minimum of 0 ( $I = S_e / S_2 = (S_2' - S_2) / S_2 = (S_2 - S_2) / S_2 = 0 / S_2$ ).

The index calculated in this way provides a measurement of the relative discrimination as regards the income obtained by the second earner. Obtained as a relationship between areas, it is converted into an adimensional<sup>4</sup> figure and constitutes a valid means to make comparisons between countries with diverse taxation structures. Analytically, it should be expressed as follows:

$$I = \left[ \int f_2'(y) \cdot dx - \int f_2(y) \cdot dx \right] / \int f_2(y) \cdot dx \quad [1]$$

Where  $f_2'(y)$  is the function representing the tax paid by the second earner in accrued taxation and  $f_2(y)$  the function representing the tax quota liability in individual taxation.

Up to now it has been considered that the earnings of the main earner remain constant and equal to one APW, but in some tax systems the discrimination experienced by the second earner also depends on the income obtained by the main earner (Z), as happens in the tax models based on family taxation (joint income, splitting, familial coefficient, etc.) since the marginal rate of the first earner affects the second. Therefore, it can be asserted that the excess taxation is reflected by the expression:

$$E = f(Y, Z)$$

where Z is the income of the main earner, therefore, expression [1] above converts to:

$$I = \left[ \iint f_2'(y, z) \cdot dx \cdot dz - \iint f_2(y, z) \cdot dx \cdot dz \right] / \iint f_2(y, z) \cdot dx \cdot dz \quad [2]$$

Other variables affecting the determination of the tax payment attributable to the second recipient might exist.

As the values of the index outlined above fluctuate between infinity and zero, the minimum (zero) will correspond to those tax systems which do not discriminate against the second recipient, and the values increase progressively under the protection of tax penalisation.

As previously mentioned, the index calculated in this way varies between zero and infinity, something that often is awkward and needs to be standardised in order that the limits of its variation are zero and one.

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4 An adimensional magnitude is a magnitude without unit. For instance, if we divide weight (magnitude) by surface (magnitude), kg / m<sup>2</sup>, we get pressure (magnitude), but if we divide weight (magnitude) by weight (magnitude), kg / kg, we get a number without magnitude, that is adimensional.

To do so, for mathematical transformation, either:

$$I' = I/(I+1)$$

or

$$I' = 1/(1+1/I)$$

can be used. As a result, zero and one will be the extreme values of this transformed index:

$$\text{If } I=0, \text{ it is verified that } I'=0/(0+1)=0.$$

If  $I = \infty$ , in the second expression:

$$I' = 1/(1+1/\infty) = 1/(1+0) = 1$$

If the previous expression is worked out as  $I' = I/(I+1)$  and  $I$  is replaced by the value  $S_e/S_2$ , the result is:

$$I' = (S_e/S_2)/[(S_e/S_2)+1] = S_e/(S_e+S_2) = S_e/S'_2 \quad [3]$$

which is the relation between the areas of excess taxation and the tax liability quota of the 2nd earner.

### Values of the Index of Tax Discrimination for Different Countries of the European Union

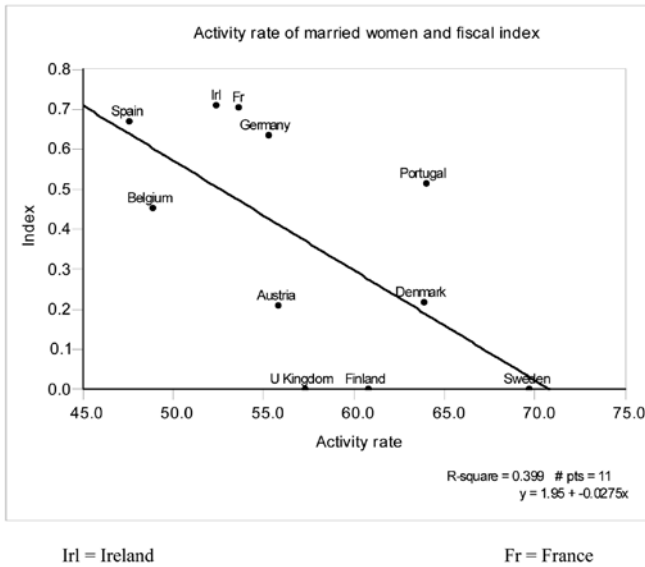
In this section the application of the index to the different income taxes of countries of the European Union for the year 2007 is set out: the diagram of the areas  $S_e$  and  $S_2$ , in addition to the value of index  $I$ , calculated from the expression [3], in the case of a married couple with no children where the main recipient receives gross income equivalent to one APW. It must be borne in mind that in order to produce the index of discrimination proposed here only the income obtained by the members of the family unit,  $Y_1$  and  $Y_2$ , is taken into consideration, with all the rest being omitted.

**Table 8.6 Fiscal index**

|                | <b>Index</b> |
|----------------|--------------|
| Finland        | 0.0000       |
| Sweden         | 0.0000       |
| United Kingdom | 0.0000       |
| Austria*       | 0.2100       |
| Denmark**      | 0.2174       |
| Belgium        | 0.4531       |
| Portugal       | 0.5154       |
| Germany        | 0.6343       |
| Spain          | 0.6696       |
| France         | 0.7054       |

\*In Austria the sole earner's credit is given when a spouse's is less than a limited quantity.

\*\*In Denmark the income tax is not completely individualised and when a married person cannot utilize the personal allowance, the unutilized part is transferred to the spouse.



**Figure 8.8** Activity rates of married women (aged 15–64) and index of discrimination of personal taxation

In the countries analysed so far, it may be observed that those showing a lower discrimination rate against the income of the second earner are those which have adopted individual taxation and those showing a higher rate have adopted a system based on family taxation. This fact reveals that any kind of taxation other than the individual kind works to the detriment of the second recipient of income in the family and discourages them from entering the labour market or increasing work activity.

We can also compare the variable corresponding to the different tax discrimination index obtained for 12 countries of the European Union with the variable ‘activity rate of married women’, as Figure 8.8 shows.

Each point on Figure 8.8 represents a country and its situation is reflected in the rate of activity of married women (horizontal axis) and the discrimination rate of personal income tax (vertical axis). The greater the rate of activity, the further to the right the country is situated in the diagram and as the degree of tax discrimination increases, the higher up the country is situated. In this way, a country with a high rate of activity of married women and a low tax discrimination rate, as in Sweden’s case, will be found in the lower right part of the diagram.

The correlation coefficient between the two variables is -0.6315, which seems to indicate the existence of a definite relationship between them. Nevertheless, it should be taken into account that taxation is not the only factor that determines a greater rate of female participation in the labour market; other factors, related to the availability of social services and community care, also affect the decisions

of married women as to whether or not to continue in the labour market, and have a bearing on the degree to which men and women can successfully combine professional and family life.

## **Conclusions**

The principle of tax equity implies that each person should be taxed according to his or her economic capacity. If this does not happen within the family it means that tax discrimination exists against some member of the family unit. From a quantitative point of view, the taxation penalisation – or excess tax – supported by the second earner gives us some idea of the degree of tax discrimination against women in each country where personal income tax is concerned.

From this perspective, an analysis of the tax systems in force in the European Union shows that joint taxation, in whatever form (splitting, familial quotient, accumulation, etc.) has a detrimental effect on second income earners within the family. This influences decisions, such as to whether or not to remain in the labour market or whether to work longer and flagrantly compromises the principle of efficiency. In the same way, the choice of this type of taxation compromises the principle of equity because it clearly leads to indirect discrimination against married women (second earners), as already denounced by the European Commission in 1981.

The rate of tax disadvantage to the second earner shown here (based on the quantification of excess tax paid by this taxpayer compared to that paid through individual taxation) permits the comparison of discrimination in different personal taxes. Its application to different European Union countries confirms the previous conclusions, as the highest figures correspond to France with 0.7054 (familial quotient) and Spain, with 0.6696 (optional between accumulation and individual), followed by Germany with 0.6343 (optional between splitting and individual) and Portugal 0.5154 (splitting). In contrast, the countries with the lowest figures are Sweden (individual) and Finland (individual).

When the data on numbers of married women in employment are compared, it can be seen that the countries with the highest rates of tax discrimination against women (Spain, France and Germany) are those which at the same time have the lowest rates of married women in employment. Conversely, those with lower rates of discrimination (Sweden, Finland and Denmark) have higher employment rates.

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## Chapter 9

# Violent Crime, Gender Inequalities and Well-Being: Models Based on Capabilities and Crime Data for England and Wales<sup>1</sup>

Paul Anand and Cristina Santos

One of the most profound changes in the analysis of economic well-being in recent years has been the development of a ‘capabilities’ approach to human well-being. Many academics and policy makers in development have been attracted to Sen’s (1985; 2000) proposition that what people are free to do across a large number of dimensions should be a focus of policy action and have been persuaded that traditional welfare economics did not explicitly or accurately provide an appropriate informational basis for such policies (Sen 1979). Within and elaborating this framework, Martha Nussbaum (2000; 2005) has sought to provide an explicit and comprehensive account of the capabilities that matter to people and has suggested that an important source both of disutility and rights violations suffered by women especially, are those that derive ultimately from the use of physical violence.

This chapter analyses data from a survey designed specifically to collect data on many aspects of a person’s capabilities focusing on those questions dealing with violence. Freedom from the threat of physical violence is interesting for both substantive and technical reasons. Not only might such freedom give rise to positive utility but it is likely to impact on a range of other capabilities. Moreover, when one conditions on socio-economic, environmental and individual sources of variation, the experience of violence can be regarded as a relatively exogenous shock to the individual and therefore suitable for analysing its impact on a person’s well-being. An alternative connection between violence and economic activity derives from arguments, such as those in Fleurbaey (2007), which maintain that severe economic deprivation is, itself, a form of violence. Such a position is entirely consistent with the approach taken in this paper though we nevertheless concentrate on the assessment of differential welfare impacts that violence may have.

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Much of the early work using the capabilities approach to human well-being was theoretical or conceptual in nature and many came to hold the view that it was not possible to do empirical work based on the approach, either because human capabilities were not typically measured by secondary data or because the options a person had could never, feasibly, be enumerated. A growing body of work now challenges this view in various ways (see, e.g., Alkire 2002; Anand and van Hees 2006; Anand, Hunter and Smith 2005; Burchardt and Le Grand 2002; Klasen 2000; Laderchi 2001; Martinetti 2000; Qizilbash 2002; Kuklys and Robeyns 2005; and Schokkaert and van Ootegem 1990). This chapter contributes to that developing corpus by using a data set of individual capability indicators to examine well-being deprivation associated with physical violence. Specifically, this chapter explores three issues. First, we measure capabilities and functionings associated with three different types of violence to compare violent experience, current fear and self-reported vulnerability across sexes. Second, we go on to explore the idea that experience of violence has secondary effects on human well-being via the fear and vulnerability that it can induce.<sup>2</sup> Finally, we examine the impact of violence on life satisfaction.

This last exercise inevitably raises questions with capabilities researchers about our use of happiness data in the context of an approach to welfare economics which rejects utilitarianism. We therefore make the following points to clarify our methodology. First and foremost, the happiness variable that we employ, which is used as the standard now in labour- and macro-economics as well as in social psychology where it originated, is not merely a measure of happiness in the hedonistic sense but rather reflects answers to questions about life satisfaction. Philosophically, life satisfaction is a broad concept which, for most people we would argue, depends on a) both achievements and capabilities, and b) both well-being and agent relative goals. These two dichotomies give rise to a fourfold taxonomy in Sen (1993) and it could be argued that life satisfaction provides a reasonable way of aggregating well-being over all four cells that Sen identifies. If one allows this point, then some pragmatic observations are warranted. Even if life satisfaction measures a person's overall well-being with some error, this is not a reason to discard the variable: indeed a growing body of literature has shown robust relations between these measures and other standard, 'objective' socio-demographic characteristics like unemployment, marital status and income. Furthermore, it is worth noting that life satisfaction is relatively inexpensive to collect in the context of regular household surveys which are particularly important as they form the basis for much of the best data sets on quality of life around the

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2 In these exercises we give the concept of capability a *probabilistic extension* which we believe to be natural from a decision-theoretic perspective, even though social choice theory has traditionally been cast in deterministic terms. In a nutshell, our approach amounts to saying that the more vulnerable a person feels or the higher their objective risk of assault is, the less *capable* they are of going about their everyday lives.

world. In this work, therefore, we view life satisfaction as a relation between a broad measure of life quality and capabilities.

The rest of the chapter is structured as follows. First are introduced two data sources, the capabilities survey and local crime rates respectively, which are merged for the purposes of subsequent analysis, and it reports some preliminary analysis of the correlates of violence and well-being and the relation between the two. Then we present the models and our results particularly insofar as they help to identify those who are most vulnerable to violent experience and assess both the impacts of experienced violence on feelings of fear and vulnerability as well as the impacts of all of these experiences and fears on life satisfaction. The last section concludes.

## Methods and Preliminary Analysis

### *The Data*

The main dataset used throughout this chapter was constructed by taking a subset of variables from our survey of capabilities and merging into it a local crime figure from a secondary data source. Our primary data comes from a survey developed by Anand et al. (2005) which provides information on the basic capabilities as defined in Nussbaum (2000). This chapter uses only a subset of capability-related questions that are directly linked to violence and its impact on the individual's capability set. There are direct questions on experienced violence, where respondents are asked whether they have ever been a victim of a particular type of violence. In this study, three types of violence are analysed: sexual assault (SA), domestic violence (DV) and any other type of violence or assault (VA). These are binary variables taking the value 1 if the individual has ever been a victim and 0 otherwise. There are indirect questions where respondents are asked about their feelings of vulnerability towards the threat of each of these types of violence: how vulnerable they are to sexual assault in the future (VSA), how vulnerable they are to domestic violence in the future (VDV) and how likely the individual believes s/he will be a victim of the remaining type of violence (LVA). There are also questions addressing safety, where respondents are asked to assess how safe they feel walking alone in their residential area both during the day (D) and at night (N). The questions which we analyse are reproduced *verbatim* below together with information on coding.

### *Experience*

Have you ever been a victim of sexual assault? (yes=1/no=0/prefer not to answer) SA

Have you ever been a victim of domestic violence? (yes=1/no=0/prefer not to answer) DV

Have you ever been a victim of some other form of assault or attack? (yes=1/no=0/ prefer not to answer) VA

### *Vulnerability*

Please indicate how vulnerable you feel to sexual violence. (7 point scale: 7=completely vulnerable; prefer not to answer) VSA

Please indicate how vulnerable you feel to domestic violence. (7 point scale: 7=completely vulnerable; prefer not to answer) VDV

How likely do you think it is that you will be a victim of violent assault or attack? (7 point scale: 7=extremely likely; prefer not to answer) LVA

### *Fear*

Please indicate how safe you feel walking alone in the area near your home during the daytime? (7 point scale: 1=completely safe, 7=completely unsafe; prefer not to answer) D

Please indicate how safe you feel walking alone in the area near your home after dark. (7 point scale: 1=completely safe, 7=completely unsafe; prefer not to answer) N

Responses are ordinal and either binary or on 7 point scales as indicated. In addition, respondents were given a ‘prefer not to answer’ option.

Here, we view responses to questions 1 to 3 above as providing information on functionings whilst responses to questions 4 to 8 above provide information on capabilities. The reason is that we take it that the extent to which a person is fearful or feels vulnerable is negatively but directly related to Nussbaum’s ability to ‘be secure against assault’ as described above. In other words, the higher the score on questions about fear and vulnerability, the smaller will be a person’s capability set. In contrast, whilst questions about past experience might provide indicators of current capabilities, they are direct measures of what is or has been done and are foremost measures of functionings.

To assess how experienced violence, together with aggravated feelings of insecurity and vulnerability, impact well-being, respondents are also asked to self-assess their satisfaction with their life as a whole. This is again a categorical variable measured on a 7 point scale, where 1 stands for the least deprived scenario (‘completely satisfied’) and 7 stands for the most deprived scenario (‘completely dissatisfied’).

This chapter also uses a rich set of economic, socio-demographic, personality and residential indicators to account for differences in the propensity to become a victim and for differences in the levels of tolerance and interpretation of the meaning of violence. They cover age, gender, ethnicity, marital status, education

attained, employment status, the number of dependent children in the household, individual together with household income, their three-digit postcode, from which region is computed and personality-related questions. Another essential feature of this data set is the availability of the latter variables. Given that we only have a cross-section of individuals, the personality variables account for individual differences in terms of coping or interpreting strategies. The personality variables used for estimation were constructed using the approach advocated by Gosling and Rentfrow (2003). They propose a parsimonious and directly measurable personality construct in an attempt to reduce the error incurred when deducing personality from behaviour or from a wide range of traits obtained through questions on self-assessed behaviour. They show that personality seems to be well-represented by a five-variable construct, where each variable is the combination of two antithetical traits. The actual questions used to build the personality variables, together with all the questions resulting in the variables used for the analysis of violence and well-being, are described in Appendix A.

All of the questions above were contained within a survey that was delivered by a professional market research company (YouGov) to members of its nationally representative online panel. In effect, ours was a quota sample as the company approached, in the beginning of 2005, panel members at random until a previously agreed limit, in this case 1,000 responses, was reached.

Apart from differences at the individual level, we account for differences at the neighbourhood level. This is because the external environment can, to varying degrees, promote each of these classes of violence or cause variations in feelings of fear and vulnerability. Using the postcode information, we are able to retrieve the corresponding level of crime that each individual experiences in their local area. We chose to characterise the external environment in this way mainly because we only had about 1,000 observations spread across the UK (which means that there would not be enough observations per postcode to offer a richer description of the external environment). The underlying assumption we are making is that, for the purposes of this chapter, two neighbourhoods are similar as long as they have the same local crime rate. The local crime data used can be found at <http://www.crimestatistics.org.uk/tool/> (last accessed 25 March 2009). This variable measures the number of all reported crime offences per 1,000 individuals in the first quarter of 2004. It is collected at the CDRP (Crime and Disorder Reduction Partnerships) level, throughout England and Wales only (we hence lost the 90 observations corresponding to the Scottish sample). In effect, all postcode neighbourhoods within a CDRP are assumed equal. Ideally, a higher level of detail would be preferred but the main advantage of the data is that it combines police records with the British Crime Survey self-reported data. As such, the crime rate figures we use are updated and cross-validated by these two sources. The reason for choosing all crime offences and not just the categories of crime against the person is that all crimes can have consequences for security and consequent vulnerability for the individual. Conversely, it would be hard to draw a line between the crimes which matter for personal safety and those which do not. For example, whilst car theft,

**Table 9.1** Self-reported experience of violence by gender

|   | Proportion females | Proportion males | <i>p</i> -value* |
|---|--------------------|------------------|------------------|
| Sexual assault (SA)                               | 0.151              | 0.048            | 0.000            |
| Domestic violence (DV)                            | 0.226              | 0.099            | 0.000            |
| Both sexual assault and domestic violence         | 0.062              | 0.015            | 0.000            |
| Some other form of violent assault or attack (VA) | 0.123              | 0.339            | 0.000            |

\**t*-test on the equality of means, where data are not assumed to be paired.

drug offences and burglary are not directly aimed at the person, they do raise safety concerns that would make people fearful. Leaving these out could induce a higher degree of error than including irrelevant categories, especially because they are all positively correlated.

### *Preliminary Analysis*

This section presents some descriptive statistics of the incidence and correlates of violence, disaggregated by gender. In Appendix B, we also present some basic descriptive statistics of all the variables used in this study. Table 9.1 shows the proportion of men and women that have been a victim of each of the 3 types of violence. Women are significantly more likely to be a victim of sexual assault and domestic violence whereas men are more likely to be a victim of the remaining form of violence (similar results can be found in other studies, e.g., Dobash and Dobash 2003; Greenfield 1998; Heitmeyer and Hagen 2005).

To further understand these differences, we further check how the likelihood of being a victim varies by different economic factors. Agarwal (2006) suggests that a higher degree of female autonomy, which she proxies using land ownership, income and number of children (the latter adversely impacting on autonomy), serves both as a deterrent and as an exit option for women who suffer domestic violence. In general, this is in line with the view that whenever there is an imbalance of power, there is an opportunity for abuse, whether it is perpetrated by men or women. Alternatively, violence can also be viewed as a means to redistribute resources, so that women with bigger dowries or larger income would be under higher risk (see e.g. Tauchen et al. 1991; and Block and Rao, 2002). We try to measure autonomy in terms of income (individual and household's income), education, employment status and number of dependent children. To get a glimpse of how violence impacts well-being, we also show how each type of violence is distributed across the different levels of general satisfaction (see Table 9.2). For women, a lower individual income does not seem to make victimisation more likely, at least where sexual assault and domestic violence are concerned. For men,

Table 9.2 Distribution of all types of experienced violence across several economic characteristics

|                                 | Females    |             |            |             |            |             | Males      |            |            |            |            |             |
|---------------------------------|------------|-------------|------------|-------------|------------|-------------|------------|------------|------------|------------|------------|-------------|
|                                 | SA         |             | DV         |             | VA         |             | SA         |            | DV         |            | VA         |             |
|                                 | Obs        | %           | Obs        | %           | Obs        | %           | Obs        | %          | Obs        | %          | Obs        | %           |
| <b>Individual Gross Income:</b> |            |             |            |             |            |             |            |            |            |            |            |             |
| No income                       | 33         | 21.2        | 33         | 12.1        | 33         | 9.1         | 12         | 0.0        | 12         | 16.7       | 12         | 41.7        |
| 1 up to 9,999 a year            | 196        | 19.4        | 200        | 27.0        | 202        | 15.3        | 71         | 7.0        | 71         | 11.3       | 71         | 32.4        |
| 10,000 up to 19,999             | 157        | 14.6        | 161        | 22.4        | 161        | 10.6        | 129        | 5.4        | 130        | 13.8       | 129        | 37.2        |
| 20,000 up to 29,999             | 63         | 6.3         | 64         | 21.9        | 64         | 15.6        | 112        | 2.7        | 116        | 8.6        | 116        | 32.8        |
| 30,000 up to 39,999             | 26         | 19.2        | 26         | 11.5        | 25         | 12.0        | 56         | 3.6        | 56         | 8.9        | 56         | 30.4        |
| 40,000 or more a year           | 10         | 30.0        | 10         | 20.0        | 10         | 0.0         | 37         | 2.7        | 37         | 2.7        | 37         | 32.4        |
| Prefer not to answer            | 62         | 4.8         | 62         | 22.6        | 64         | 7.8         | 41         | 9.8        | 41         | 4.9        | 41         | 31.7        |
| Don't know                      | 9          | 11.1        | 10         | 10.0        | 10         | 10.0        | 4          | 0.0        | 4          | 0.0        | 4          | 50.0        |
| <b>Total</b>                    | <b>556</b> | <b>15.1</b> | <b>566</b> | <b>22.6</b> | <b>569</b> | <b>12.3</b> | <b>462</b> | <b>4.8</b> | <b>467</b> | <b>9.9</b> | <b>466</b> | <b>33.9</b> |
| <b>Household Gross Income:</b>  |            |             |            |             |            |             |            |            |            |            |            |             |
| No income                       | 3          | 0.0         | 3          | 0.0         | 3          | 0.0         | 5          | 0.0        | 5          | 0.0        | 5          | 60.0        |
| 1 up to 9,999 a year            | 74         | 24.3        | 75         | 38.7        | 75         | 18.7        | 34         | 11.8       | 34         | 11.8       | 34         | 29.4        |
| 10,000 up to 19,999             | 118        | 21.2        | 121        | 25.6        | 122        | 13.1        | 88         | 5.7        | 88         | 18.2       | 87         | 36.8        |
| 20,000 up to 29,999             | 105        | 8.6         | 106        | 14.2        | 106        | 12.3        | 88         | 5.7        | 89         | 9.0        | 89         | 30.3        |
| 30,000 up to 39,999             | 83         | 16.9        | 85         | 22.4        | 85         | 10.6        | 69         | 1.4        | 71         | 11.3       | 71         | 36.6        |
| 40,000 or more a year           | 67         | 10.4        | 67         | 17.9        | 67         | 11.9        | 115        | 2.6        | 116        | 5.2        | 116        | 31.9        |
| Prefer not to answer            | 70         | 7.1         | 71         | 21.1        | 73         | 6.8         | 44         | 9.1        | 44         | 4.5        | 44         | 29.5        |
| Don't know                      | 25         | 8.0         | 27         | 14.8        | 28         | 10.7        | 15         | 0.0        | 15         | 0.0        | 15         | 46.7        |
| <b>Total</b>                    | <b>545</b> | <b>14.7</b> | <b>555</b> | <b>22.5</b> | <b>559</b> | <b>12.2</b> | <b>458</b> | <b>4.8</b> | <b>462</b> | <b>9.5</b> | <b>461</b> | <b>33.6</b> |



Table 9.2 (continued)

|                            | Females |      |     |      |     |      | Males |      |     |      |     |      |
|----------------------------|---------|------|-----|------|-----|------|-------|------|-----|------|-----|------|
|                            | SA      |      | DV  |      | VA  |      | SA    |      | DV  |      | VA  |      |
|                            | Obs     | %    | Obs | %    | Obs | %    | Obs   | %    | Obs | %    | Obs | %    |
| <b>Number of Children:</b> |         |      |     |      |     |      |       |      |     |      |     |      |
| None                       | 369     | 15.2 | 375 | 20.5 | 377 | 11.7 | 332   | 4.8  | 337 | 8.9  | 337 | 32.9 |
| 1                          | 70      | 14.3 | 71  | 26.8 | 71  | 8.5  | 50    | 10.0 | 50  | 16.0 | 50  | 44.0 |
| 2                          | 78      | 11.5 | 80  | 22.5 | 81  | 16.0 | 54    | 1.9  | 54  | 11.1 | 54  | 38.9 |
| 3                          | 28      | 21.4 | 29  | 27.6 | 29  | 13.8 | 21    | 0.0  | 21  | 9.5  | 21  | 14.3 |
| 4                          | 9       | 33.3 | 9   | 55.6 | 9   | 33.3 | 2     | 0.0  | 2   | 0.0  | 1   | 0.0  |
| More than 4                | 2       | 0.0  | 2   | 50.0 | 2   | 0.0  | 3     | 0.0  | 3   | 0.0  | 3   | 33.3 |
| <b>Total</b>               | 556     | 15.1 | 566 | 22.6 | 569 | 12.3 | 462   | 4.8  | 467 | 9.9  | 466 | 33.9 |
| <b>Employment Status:</b>  |         |      |     |      |     |      |       |      |     |      |     |      |
| FT >= 30 hrs               | 192     | 13.0 | 199 | 18.6 | 198 | 11.6 | 268   | 2.6  | 272 | 9.6  | 272 | 37.9 |
| PT >= 8 and <= 29 hrs      | 100     | 10.0 | 102 | 23.5 | 102 | 12.7 | 25    | 8.0  | 25  | 20.0 | 25  | 32.0 |
| PT <8 hrs                  | 18      | 22.2 | 17  | 23.5 | 18  | 27.8 | 3     | 0.0  | 3   | 0.0  | 3   | 0.0  |
| FT student                 | 30      | 3.3  | 31  | 19.4 | 31  | 12.9 | 24    | 4.2  | 24  | 8.3  | 24  | 33.3 |
| Retired                    | 100     | 15.0 | 99  | 18.2 | 100 | 11.0 | 100   | 7.0  | 101 | 5.9  | 100 | 19.0 |
| Unemployed                 | 11      | 18.2 | 12  | 33.3 | 12  | 8.3  | 17    | 5.9  | 17  | 5.9  | 17  | 41.2 |
| Not working                | 105     | 25.7 | 106 | 33.0 | 108 | 12.0 | 25    | 16.0 | 25  | 24.0 | 25  | 52.0 |
| <b>Total</b>               | 556     | 15.1 | 566 | 22.6 | 569 | 12.3 | 462   | 4.8  | 467 | 9.9  | 466 | 33.9 |

| <b>Schooling:</b>                     |     |      |     |      |     |      |     |      |     |      |     |      |
|---------------------------------------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|
| <b>Vocational Diploma</b>             | 133 | 18.0 | 138 | 29.0 | 138 | 15.2 | 140 | 5.7  | 140 | 12.9 | 140 | 31.4 |
| CSE/O level/GCSE/<br>A level          | 208 | 13.5 | 212 | 23.6 | 212 | 10.8 | 126 | 0.0  | 126 | 7.9  | 126 | 33.3 |
| University degree                     | 143 | 15.4 | 142 | 14.1 | 144 | 11.8 | 131 | 6.9  | 134 | 8.2  | 134 | 35.1 |
| Other schooling                       | 44  | 18.2 | 45  | 26.7 | 45  | 11.1 | 40  | 10.0 | 42  | 14.3 | 41  | 31.7 |
| <b>Total</b>                          | 528 | 15.5 | 537 | 22.7 | 539 | 12.2 | 437 | 4.8  | 442 | 10.2 | 441 | 33.1 |
| <b>Satisfaction with Life:</b>        |     |      |     |      |     |      |     |      |     |      |     |      |
| Completely satisfied                  | 14  | 21.4 | 16  | 25.0 | 16  | 12.5 | 16  | 0.0  | 17  | 0.0  | 17  | 11.8 |
| Very satisfied                        | 121 | 14.9 | 119 | 16.0 | 121 | 9.9  | 105 | 2.9  | 105 | 4.8  | 105 | 26.7 |
| Fairly satisfied                      | 264 | 11.7 | 274 | 18.6 | 273 | 10.3 | 215 | 5.6  | 218 | 9.6  | 218 | 37.2 |
| Neither satisfied nor<br>Dissatisfied | 59  | 13.6 | 61  | 24.6 | 61  | 14.8 | 49  | 4.1  | 49  | 12.2 | 48  | 37.5 |
| Fairly dissatisfied                   | 73  | 16.4 | 72  | 38.9 | 74  | 14.9 | 59  | 3.4  | 60  | 13.3 | 60  | 38.3 |
| Very dissatisfied                     | 21  | 52.4 | 20  | 45.0 | 20  | 25.0 | 15  | 20.0 | 15  | 40.0 | 15  | 33.3 |
| Completely<br>dissatisfied            | 4   | 25.0 | 4   | 50.0 | 4   | 75.0 | 3   | 0.0  | 3   | 0.0  | 3   | 33.3 |
| <b>Total</b>                          | 556 | 15.1 | 566 | 22.6 | 569 | 12.3 | 462 | 4.8  | 467 | 9.9  | 466 | 33.9 |

Notes: Variables described in the Appendix A.

the decreasing incidence of these two types of violence with income is more evident. The same pattern emerges when household income is considered instead. This can, in part, be due to the fact that what seems to matter is not so much the individual income, but rather income relative to the spouse (see, e.g., Tauchen et al. 1991). The multivariate analysis discussed in a later section sheds some light on the matter.

Looking at the number of children, both the probability of sexual assault and of domestic violence increase with the number of children for women, but decrease for men. This suggests that children can be a serious impediment for women to leave their home when subject to violence, but the relation between the number of children and the violence towards men should be explored further.

Education *per se* does not seem to matter for any of the types of violence considered. However, employment status seems another key determinant of the propensity for violence, in particular for sexual assault and domestic violence. For women, there is a clear decrease in the incidence of sexual assault and domestic violence with the number of hours engaged in the labour market. For men, they are more likely to suffer from these two types of violence either when working part-time (between eight and 29 hours a week) or when not working at all.

When we then look at the proportion of victims in each life satisfaction category, we see that this proportion is higher for the least satisfied groups, except when the residual category for men is concerned. There is, however, a relatively large number of women that declare themselves as completely satisfied, even though they have been a victim of some sort of violent assault. This might be argued to undermine any analysis that uses self-reported satisfaction with life as an indicator of well-being. If individuals persistently report themselves as completely satisfied, independently of their life circumstances, the potentially important relation between particular variables of interest and well-being is weakened. This is known as the adaptive preferences problem and has led several researchers to exclude altogether these variables from any well-being analysis. However, and as discussed earlier, the fact that important statistical relations still subsist reveals that this variable is of use and it consists of a comparatively cheap and quick way of collecting information on well-being.

Table 9.3 shows average feelings of fear and vulnerability for both sexes. Overall, women feel less safe than men walking alone in their residential area both during the day and at night and both genders also feel statistically more afraid at night than during the day ( $p$ -value = 0 for both sexes using a rank-sum test). Furthermore, the gender that is more likely to be a victim of a particular type of violence also feels more vulnerable to it with the exception of violence other than sexual assault or domestic violence. Even though men are three times as likely to be a victim of this type of violence, the difference in terms of future vulnerability is negligible. Given the broad nature of this type of violence, which includes property crime, fraud and robbery, it is hard to interpret this finding. But it could mean that similar expectations over future assaults represent similar views on the environment and circumstances they live in.

Table 9.4 presents a rank correlation matrix for all the eight violence-related variables. The results did not change substantially when this was carried out for men

**Table 9.3 Self-reported violence-related capabilities by gender**

|  | Females |        | Males |        | <i>p</i> -value |
|--|---------|--------|-------|--------|-----------------|
|  | Mean    | Median | Mean  | Median |                 |
| Vulnerability to Sexual Assault (VSA)    | 3.439   | 3      | 1.535 | 1      | 0.000           |
| Vulnerability to Domestic Violence (VDV) | 1.585   | 1      | 1.328 | 1      | 0.000           |
| Likelihood of Assault in Future (LVA)    | 3.159   | 3      | 3.198 | 3      | 0.990           |
| Fear During Day (D)                      | 2.155   | 2      | 1.925 | 2      | 0.000           |
| Fear at Night (N)                        | 3.670   | 3      | 2.785 | 3      | 0.000           |

Wilcoxon rank-sum test on the equality of the distributions.

**Table 9.4 Correlation matrix of all self-reported violence-related variables**

| SA  | DV      | VA      | VSA      | VDV     | LVA     | D       | N       |        |
|-----|---------|---------|----------|---------|---------|---------|---------|--------|
| SA  | 1.0000  |         |          |         |         |         |         |        |
| DV  | 0.2292* | 1.0000  |          |         |         |         |         |        |
| VA  | 0.0483  | 0.1405* | 1.0000   |         |         |         |         |        |
| VSA | 0.1888* | 0.1155* | -0.1262* | 1.0000  |         |         |         |        |
| VDV | 0.0644* | 0.2770* | 0.0039   | 0.2709* | 1.0000  |         |         |        |
| LVA | 0.0804* | 0.0492  | 0.1663*  | 0.2500* | 0.1756* | 1.0000  |         |        |
| D   | 0.0788* | 0.0503  | 0.0075   | 0.4010* | 0.1179* | 0.3238* | 1.0000  |        |
| N   | 0.1138* | 0.0711* | -0.0072  | 0.5452* | 0.1342* | 0.3463* | 0.6776* | 1.0000 |

\*Significant at 10% significance level

and women separately. Broadly speaking, the results show that all indicators of fear and vulnerability are positively correlated with each other and with the corresponding type of experienced violence. Table 9.4 also shows positive correlations between all three types of experienced violence, even though one of them is not significant, a finding which suggests that some people are more likely to suffer from all types of violence. The next section will report our attempts to identify the economic, socio-demographic and environmental characteristics of these groups.

### Estimation of Models

In this section we make additional comments on the data before reporting the main results. The data used in the multivariate analysis are those discussed above and

**Table 9.5 Identifying the more vulnerable groups by gender: probit models of each type of experienced violence**

|                                 | Females           |                     |                   | Males               |                   |                   |
|---------------------------------|-------------------|---------------------|-------------------|---------------------|-------------------|-------------------|
|                                 | SA                | DV                  | VA                | SA                  | DV                | VA                |
| [35,55[ years old               | 0.059<br>(0.212)  | 0.185<br>(0.192)    | 0.221<br>(0.225)  | -0.161<br>(0.396)   | 0.302<br>(0.299)  | 0.105<br>(0.209)  |
| >= 55 years old                 | 0.123<br>(0.232)  | 0.304<br>(0.216)    | -0.094<br>(0.257) | -0.319<br>(0.456)   | 0.094<br>(0.390)  | -0.249<br>(0.254) |
| Separated                       | 0.003<br>(0.288)  | 0.503<br>(0.259)    | 0.694*<br>(0.277) | 0.278<br>(0.408)    | 0.895*<br>(0.360) | 0.087<br>(0.318)  |
| No Partner                      | -0.007<br>(0.218) | -0.070<br>(0.202)   | 0.300<br>(0.232)  | -0.898<br>(0.484)   | 0.135<br>(0.364)  | 0.218<br>(0.221)  |
| [100,00,20000[ household income | 0.118<br>(0.291)  | -0.440<br>(0.263)   | -0.043<br>(0.287) | -0.867<br>(0.533)   | 0.231<br>(0.435)  | 0.031<br>(0.371)  |
| [20000,30000[ household income  | -0.290<br>(0.325) | -0.809**<br>(0.275) | 0.153<br>(0.311)  | -0.816<br>(0.661)   | -0.125<br>(0.524) | -0.090<br>(0.405) |
| >= 30000 household income       | -0.287<br>(0.333) | -0.663*<br>(0.299)  | 0.023<br>(0.330)  | -1.716**<br>(0.605) | 0.025<br>(0.566)  | 0.174<br>(0.420)  |
| [10000,20000[ individual income | -0.095<br>(0.226) | 0.297<br>(0.214)    | -0.196<br>(0.253) | 0.609<br>(0.497)    | -0.400<br>(0.362) | 0.124<br>(0.309)  |
| [20000,30000[ individual income | -0.452<br>(0.330) | 0.462<br>(0.278)    | -0.175<br>(0.296) | 0.006<br>(0.642)    | -0.454<br>(0.451) | -0.129<br>(0.364) |
| >= 30000 individual income      | 0.352<br>(0.347)  | -0.001<br>(0.376)   | -0.362<br>(0.430) | 0.728<br>(0.654)    | -0.691<br>(0.548) | -0.353<br>(0.406) |
| Non-White British               | -0.265<br>(0.329) | 0.379<br>(0.264)    | -0.075<br>(0.300) | (dropped)           | 0.439<br>(0.316)  | 0.343<br>(0.275)  |
| At least 1 child                | -0.174<br>(0.221) | 0.068<br>(0.191)    | -0.389<br>(0.216) | -0.208<br>(0.352)   | 0.304<br>(0.288)  | 0.257<br>(0.192)  |
| Vocational Diploma              | 0.362<br>(0.310)  | 0.101<br>(0.284)    | 0.529<br>(0.394)  | -0.166<br>(0.354)   | -0.217<br>(0.355) | -0.055<br>(0.270) |
| CSE/O level/GCSE/A level        | 0.081<br>(0.308)  | 0.148<br>(0.267)    | 0.152<br>(0.376)  | (dropped)           | -0.411<br>(0.350) | -0.245<br>(0.269) |
| Graduate                        | 0.231<br>(0.309)  | -0.231<br>(0.288)   | 0.355<br>(0.389)  | -0.077<br>(0.394)   | -0.152<br>(0.352) | -0.103<br>(0.285) |

|                              |                     |                    |                     |                   |                     |                    |
|------------------------------|---------------------|--------------------|---------------------|-------------------|---------------------|--------------------|
| Not employed (at home)       | 0.288<br>(0.199)    | -0.012<br>(0.181)  | 0.002<br>(0.217)    | -0.045<br>(0.344) | -0.200<br>(0.296)   | -0.177<br>(0.226)  |
| Extraversion                 | -0.063<br>(0.124)   | -0.165<br>(0.104)  | -0.212<br>(0.128)   | -0.081<br>(0.152) | -0.258<br>(0.136)   | -0.179<br>(0.097)  |
| Agreeableness                | 0.180*<br>(0.090)   | 0.235**<br>(0.087) | 0.257**<br>(0.099)  | 0.082<br>(0.134)  | 0.248*<br>(0.121)   | 0.068<br>(0.082)   |
| Conscientiousness            | -0.028<br>(0.096)   | 0.013<br>(0.090)   | 0.150<br>(0.100)    | -0.023<br>(0.153) | 0.183<br>(0.120)    | 0.279**<br>(0.091) |
| Emotional Stability          | -0.181<br>(0.095)   | -0.025<br>(0.095)  | -0.064<br>(0.112)   | -0.065<br>(0.156) | -0.112<br>(0.121)   | -0.031<br>(0.093)  |
| Openness                     | -0.075<br>(0.095)   | 0.007<br>(0.085)   | -0.020<br>(0.097)   | -0.209<br>(0.150) | -0.085<br>(0.115)   | -0.048<br>(0.090)  |
| Local Crime Rates            | 0.009<br>(0.007)    | -0.008<br>(0.007)  | -0.001<br>(0.008)   | 0.006<br>(0.004)  | -0.005<br>(0.007)   | 0.004<br>(0.005)   |
| South of England exc. London | -0.024<br>(0.278)   | -0.053<br>(0.255)  | -0.363<br>(0.264)   | 0.528<br>(0.431)  | 0.050<br>(0.285)    | -0.314<br>(0.236)  |
| Midlands and Wales           | 0.109<br>(0.260)    | 0.389<br>(0.244)   | -0.853**<br>(0.274) | 0.190<br>(0.524)  | -1.224**<br>(0.399) | -0.415<br>(0.231)  |
| North of England             | 0.043<br>(0.247)    | 0.253<br>(0.236)   | -0.388<br>(0.245)   | -0.259<br>(0.503) | -0.111<br>(0.270)   | -0.190<br>(0.219)  |
| Constant                     | -1.472**<br>(0.485) | -0.801<br>(0.440)  | -1.253*<br>(0.516)  | -0.647<br>(0.703) | -0.856<br>(0.638)   | -0.300<br>(0.484)  |
| Pseudo R <sup>2</sup>        | 0.077               | 0.107              | 0.106               | 0.202             | 0.195               | 0.094              |
| N                            | 382                 | 389                | 390                 | 214               | 330                 | 329                |

Significance levels: \* 5% \*\* 1% \*\*\* 0.1%

Marginal effects reported. Standard errors in parentheses. All variables are described in the Appendix A.

Reference categories are: <35 years old, married, Other schooling, [0,10000] gross household income, [0,10000] gross individual income, White British, no dependent children, other schooling, working at least 8hrs/week and London.

the questions which give rise to these variables are given in Appendix A. Most variables are categorical so that the right procedure is to treat each category as a dummy variable. Including the variable in a regression equation without considering potential non-linear, non-homogeneous effects across different categories could be too simplistic and would yield inconsistent estimates. However, due to the number of observations available, it is not always possible to find enough observations for all combinations of all variables and as a result, some categories have been collapsed for the purposes of estimation. The safety variables now only have four categories with a similar number of observations, the vulnerability variables have three categories only, the income-related variables have four categories and the general satisfaction variable is collapsed to a three-category variable.<sup>3</sup> Employment status becomes a binary variable where the relevant factor is the amount of time spent at home. Hence, it takes the value 1 if the person works less than eight hours (this includes the retired, unemployed, students, not-working for another reason and part-time workers with very short hours) and 0 otherwise. Marital status was divided into three categories: individuals with a partner (married or not), separated (after having had a partner, whether the separation is a divorce or not) and those that never had a partner or the partner no longer exists (widowed individuals). We took the view that isolating separated individuals is important because there is evidence that some of the most serious cases of domestic violence have been inflicted by ex-spouses. The number of dependants collapses to having none or at least one child dependent on one's income. Personality questions are still treated as continuous variables, mainly because they take too many values and interval data could be too arbitrary.

### *Identifying Those Who Are Relatively Vulnerable*

Probit models are estimated for each of the three types of violence and the results are presented in Table 9.5. The first three columns, presenting the results where the dependent variable is experienced sexual assault, domestic violence and any other type of violence respectively, refer to the regressions run just on women while the last three mirror the first but are run just on men. Separated individuals are more likely to have ever been a victim of all types of violence, especially when it comes to domestic violence experienced by men – a finding which suggests that men could be more likely than women to end up in a relationship where they have felt victimised. Once we condition on individual income, we see that women are less likely to be a victim of sexual assault or domestic violence the higher is the income of the household they live in. However, conditional on the household income, the higher the female participation in the labour market, the more likely it is they will

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3 The precise thresholds used to redefine the categories of these variables are available on request. The new categories result from the tradeoff between keeping enough diversity and ensuring a reasonable number of observations per new category. In the regressions, the safety and vulnerability questions were treated as continuous.

be abused, except for the highest income group of all. This appears to run counter to Agarwal's (2006) claim that the higher the woman's human capital, the higher the deterrent and exit options which decrease their overall probability of experiencing domestic violence. Rather, our data might be taken as suggesting the presence of a resentment effect whereby a higher relative status for the woman increases the chances that the spouse will become violent.

Alternatively, conditional on male participation in the labour market, men are also more subject to domestic violence not only when they belong to a poor household, but also when the household is in the highest income group. This seems to suggest that when the income of the woman is large compared to the man's, it is also more likely that the man will be the victim of domestic violence.<sup>4</sup> Unfortunately, these patterns are not always statistically significant, a fact we believe is due to the size of our sample. Other findings which do merit comment, however, include the fact that domestic violence seems more likely among non-white British and that being a graduate man with at least one child prevents him from being a victim of domestic violence whereas the existence of children has the opposite effect for women, which confirms the results found in the previous section. There are also some regional and personality differences which reflect environmental and cultural variations together with different coping and interpreting strategies. All in all, violence seems to be a threat that cross-cuts all individuals, but there are still some groups that are more likely to be victims, even if these results are not always significant.

### *Is There an Impact of Experienced Violence on Fear and Vulnerability Feelings?*

A further question that arises, concerns the extent to which fear and vulnerability are a consequence of experienced violence or other factors. In what follows, we address this issue by estimating the impact of experienced violence on all indicators of fear and vulnerability, again conditioning on personality, socio-demographic and economic differences, as well as on environmental characteristics. Table 9.6 presents the results of the self-reported safety variables whereas Table 9.7 presents the results of the self-reported feelings of vulnerability. There are very few significant determinants of feelings of fear apart from regional and local crime variables – a finding that suggests individuals are capable of identifying overall environmental characteristics distinctly from their own personal sphere of experiences. Because of the dual nature in terms of personal/local scope of the fear variables, we decided to leave this out of the well-being equation, capturing its main information with local crime rates and the vulnerability questions. Both men

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4 One needs to take into account the nature and severity of the types of domestic violence incurred by men and women. Whereas the domestic violence suffered by women tends to be more physical, the type suffered by men tends to be more psychological. This is another reason why it is important to analyse the determinants of violence separately for men and women.



**Table 9.6** Ordered probit models of the self-reported safety variables by gender

|                                       | Females            |                    | Males              |                   |
|---------------------------------------|--------------------|--------------------|--------------------|-------------------|
|                                       | D                  | N                  | D                  | N                 |
| Victim of Sexual Assault?             | 0.152<br>(0.162)   | 0.189<br>(0.172)   | 0.535<br>(0.320)   | 0.092<br>(0.306)  |
| Victim of Domestic Violence?          | 0.078<br>(0.146)   | -0.172<br>(0.150)  | -0.143<br>(0.233)  | -0.139<br>(0.222) |
| Victim of any other Form of Violence? | 0.183<br>(0.181)   | 0.308<br>(0.194)   | -0.069<br>(0.145)  | 0.000<br>(0.141)  |
| [35,55[ years old                     | -0.087<br>(0.151)  | -0.225<br>(0.155)  | 0.025<br>(0.184)   | 0.089<br>(0.175)  |
| >= 55 years old                       | -0.181<br>(0.167)  | -0.279<br>(0.173)  | -0.030<br>(0.214)  | 0.091<br>(0.207)  |
| Separated                             | -0.303<br>(0.219)  | 0.099<br>(0.228)   | -0.066<br>(0.284)  | -0.040<br>(0.269) |
| No Partner                            | -0.022<br>(0.158)  | 0.198<br>(0.164)   | 0.286<br>(0.193)   | 0.066<br>(0.184)  |
| [10000,20000[ household income        | -0.310<br>(0.217)  | -0.254<br>(0.230)  | -0.375<br>(0.301)  | -0.293<br>(0.298) |
| [20000,30000[ household income        | -0.152<br>(0.225)  | -0.272<br>(0.241)  | -0.420<br>(0.331)  | -0.341<br>(0.326) |
| >= 30000 household income             | -0.410<br>(0.244)  | -0.350<br>(0.258)  | -0.742*<br>(0.354) | -0.484<br>(0.342) |
| [10000,20000[ individual income       | -0.072<br>(0.168)  | -0.262<br>(0.171)  | -0.387<br>(0.256)  | -0.170<br>(0.247) |
| [20000,30000[ individual income       | -0.188<br>(0.219)  | -0.252<br>(0.220)  | -0.428<br>(0.299)  | 0.043<br>(0.288)  |
| >= 30000 individual income            | 0.088<br>(0.275)   | -0.228<br>(0.276)  | -0.032<br>(0.336)  | -0.256<br>(0.320) |
| Non-White British                     | -0.461*<br>(0.222) | -0.562*<br>(0.220) | 0.073<br>(0.257)   | 0.165<br>(0.247)  |
| At least 1 child                      | -0.099<br>(0.151)  | -0.208<br>(0.155)  | -0.020<br>(0.171)  | -0.096<br>(0.159) |
| Vocational Diploma                    | 0.151              | 0.483*             | -0.229             | -0.442            |

|                              |           |           |          |           |
|------------------------------|-----------|-----------|----------|-----------|
|                              | (0.229)   | (0.237)   | (0.238)  | (0.237)   |
| CSE/O level/GCSE/A level     | -0.172    | 0.252     | -0.136   | -0.510*   |
|                              | (0.222)   | (0.226)   | (0.240)  | (0.240)   |
| Graduate                     | -0.580*   | -0.229    | -0.788** | -0.847*** |
|                              | (0.231)   | (0.233)   | (0.253)  | (0.247)   |
| Not employed (at home)       | 0.025     | 0.387*    | -0.393*  | -0.317    |
|                              | (0.147)   | (0.152)   | (0.189)  | (0.178)   |
| Extraversion                 | -0.009    | 0.035     | 0.059    | 0.056     |
|                              | (0.079)   | (0.080)   | (0.085)  | (0.082)   |
| Agreeableness                | 0.021     | 0.073     | 0.037    | 0.110     |
|                              | (0.069)   | (0.071)   | (0.071)  | (0.068)   |
| Conscientiousness            | 0.031     | 0.077     | 0.083    | 0.026     |
|                              | (0.074)   | (0.075)   | (0.076)  | (0.074)   |
| Emotional Stability          | 0.153*    | 0.125     | -0.007   | -0.011    |
|                              | (0.073)   | (0.074)   | (0.079)  | (0.076)   |
| Openness                     | -0.061    | 0.043     | 0.057    | -0.046    |
|                              | (0.069)   | (0.070)   | (0.077)  | (0.074)   |
| Local Crime Rates            | 0.012*    | 0.009     | 0.008*   | 0.021***  |
|                              | (0.006)   | (0.006)   | (0.003)  | (0.005)   |
| South of England exc. London | -0.707*** | -0.798*** | -0.597** | -0.445*   |
|                              | (0.198)   | (0.209)   | (0.212)  | (0.200)   |
| Midlands and Wales           | -0.478*   | -0.395    | -0.330   | -0.279    |
|                              | (0.191)   | (0.205)   | (0.198)  | (0.189)   |
| North of England             | -0.575**  | -0.460*   | -0.084   | -0.043    |
|                              | (0.187)   | (0.199)   | (0.189)  | (0.184)   |
| Pseudo R <sup>2</sup>        | 0.061     | 0.086     | 0.088    | 0.071     |
| N                            | 379       | 379       | 327      | 327       |

Significance levels: \* 5% \*\* 1% \*\*\* 0.1%

Standard errors in parentheses. All variables are described in the Appendix A.

Reference categories are: <35 years old, married, Other schooling, [0,10000[ gross household income, [0,10000[ gross individual income, White British, no dependent children, other schooling, working at least 8hrs/week and London.

**Table 9.7 Ordered probit models of the self-reported vulnerability and expectations variables by gender**

|                                       | Females              |                      |                      | Males               |                     |                    |
|---------------------------------------|----------------------|----------------------|----------------------|---------------------|---------------------|--------------------|
|                                       | VSA                  | VDV                  | LVA                  | VSA                 | VDV                 | LVA                |
| Victim of Sexual Assault?             | 0.263<br>(0.181)     | -0.150<br>(0.219)    | 0.558**<br>(0.174)   | 0.899**<br>(0.324)  | 0.741<br>(0.402)    | 0.144<br>(0.341)   |
| Victim of Domestic Violence?          | 0.016<br>(0.157)     | 0.917***<br>(0.183)  | 0.058<br>(0.161)     | -0.299<br>(0.263)   | 1.302***<br>(0.284) | 0.087<br>(0.245)   |
| Victim of any other Form of Violence? | 0.338<br>(0.205)     | 0.034<br>(0.240)     | 0.360<br>(0.195)     | -0.044<br>(0.161)   | -0.475*<br>(0.221)  | 0.503**<br>(0.155) |
| [35,55[ years old                     | -0.446**<br>(0.165)  | -0.746***<br>(0.189) | -0.499**<br>(0.165)  | -0.473*<br>(0.200)  | -0.379<br>(0.258)   | -0.124<br>(0.195)  |
| >= 55 years old                       | -0.945***<br>(0.183) | -1.046***<br>(0.236) | -0.706***<br>(0.186) | -0.658**<br>(0.234) | -0.233<br>(0.287)   | -0.597*<br>(0.235) |
| Separated                             | -0.028<br>(0.233)    | -0.039<br>(0.304)    | 0.245<br>(0.244)     | 0.160<br>(0.304)    | 0.474<br>(0.377)    | 0.494<br>(0.295)   |
| No Partner                            | -0.129<br>(0.172)    | -0.001<br>(0.208)    | 0.184<br>(0.173)     | -0.039<br>(0.210)   | 0.466<br>(0.270)    | 0.109<br>(0.208)   |
| [10000,20000[ household income        | 0.210<br>(0.233)     | -0.174<br>(0.290)    | 0.091<br>(0.241)     | -0.202<br>(0.342)   | 0.616<br>(0.419)    | -0.139<br>(0.322)  |
| [20000,30000[ household income        | 0.166<br>(0.248)     | 0.066<br>(0.291)     | 0.042<br>(0.251)     | -0.597<br>(0.378)   | -0.648<br>(0.493)   | -0.406<br>(0.360)  |
| >= 30000 household income             | 0.096<br>(0.264)     | -0.454<br>(0.328)    | 0.215<br>(0.270)     | -0.668<br>(0.398)   | -0.139<br>(0.499)   | -0.511<br>(0.381)  |
| [10000,20000[ individual income       | -0.281<br>(0.180)    | 0.057<br>(0.221)     | -0.065<br>(0.188)    | 0.047<br>(0.289)    | -0.594<br>(0.343)   | -0.125<br>(0.276)  |
| [20000,30000[ individual income       | -0.187<br>(0.235)    | -0.080<br>(0.275)    | 0.034<br>(0.237)     | 0.357<br>(0.335)    | 0.159<br>(0.421)    | 0.218<br>(0.327)   |
| >= 30000 individual income            | -0.530<br>(0.290)    | 0.238<br>(0.359)     | -0.308<br>(0.304)    | 0.396<br>(0.370)    | -0.062<br>(0.465)   | 0.383<br>(0.365)   |
| Non-White British                     | -0.642**<br>(0.228)  | -0.146<br>(0.276)    | 0.126<br>(0.235)     | 0.038<br>(0.284)    | 0.002<br>(0.351)    | 0.485<br>(0.270)   |
| At least 1 child                      | -0.306<br>(0.165)    | 0.143<br>(0.193)     | -0.018<br>(0.163)    | 0.075<br>(0.184)    | 0.453<br>(0.240)    | -0.198<br>(0.184)  |
| Vocational Diploma                    | 0.297                | 0.711                | 0.067                | 0.110               | -0.136              | 0.003              |

|                              |          |         |         |         |         |         |
|------------------------------|----------|---------|---------|---------|---------|---------|
|                              | (0.242)  | (0.422) | (0.262) | (0.283) | (0.371) | (0.258) |
| CSE/O level/GCSE/A level     | 0.142    | 0.695   | 0.125   | 0.301   | 0.250   | -0.422  |
|                              | (0.233)  | (0.417) | (0.252) | (0.284) | (0.362) | (0.268) |
| Graduate                     | -0.140   | 0.481   | 0.019   | 0.030   | 0.059   | -0.562* |
|                              | (0.241)  | (0.434) | (0.260) | (0.293) | (0.369) | (0.271) |
| Not employed (at home)       | 0.087    | -0.328  | -0.010  | -0.221  | -0.485  | 0.014   |
|                              | (0.157)  | (0.193) | (0.163) | (0.212) | (0.274) | (0.205) |
| Extraversion                 | 0.067    | 0.002   | -0.133  | -0.065  | 0.137   | -0.006  |
|                              | (0.084)  | (0.104) | (0.087) | (0.095) | (0.120) | (0.094) |
| Agreeableness                | 0.117    | 0.144   | -0.012  | 0.071   | 0.042   | 0.123   |
|                              | (0.074)  | (0.093) | (0.077) | (0.079) | (0.103) | (0.078) |
| Conscientiousness            | -0.065   | -0.234* | -0.006  | 0.102   | 0.054   | 0.022   |
|                              | (0.078)  | (0.105) | (0.083) | (0.084) | (0.110) | (0.080) |
| Emotional Stability          | 0.011    | -0.093  | 0.153   | 0.070   | -0.105  | -0.150  |
|                              | (0.077)  | (0.097) | (0.079) | (0.088) | (0.113) | (0.085) |
| Openness                     | 0.017    | 0.152   | -0.021  | 0.074   | 0.155   | -0.162  |
|                              | (0.072)  | (0.091) | (0.075) | (0.086) | (0.119) | (0.084) |
| Local Crime Rates            | 0.016*   | 0.003   | 0.002   | 0.006   | 0.006   | 0.007*  |
|                              | (0.007)  | (0.007) | (0.006) | (0.004) | (0.004) | (0.003) |
| South of England exc. London | -0.583** | 0.128   | -0.242  | -0.094  | 0.270   | -0.023  |
|                              | (0.215)  | (0.262) | (0.218) | (0.229) | (0.304) | (0.235) |
| Midlands and Wales           | -0.352   | 0.108   | 0.086   | -0.156  | 0.134   | 0.480*  |
|                              | (0.211)  | (0.262) | (0.210) | (0.216) | (0.297) | (0.215) |
| North of England             | -0.067   | -0.006  | -0.240  | -0.154  | 0.275   | 0.406   |
|                              | (0.206)  | (0.257) | (0.206) | (0.211) | (0.288) | (0.213) |
| Pseudo R <sup>2</sup>        | 0.107    | 0.164   | 0.079   | 0.072   | 0.203   | 0.112   |
| N                            | 379      | 379     | 379     | 327     | 327     | 327     |

Significance levels: \* 5% \*\* 1% \*\*\* 0.1%

Standard errors in parentheses. All variables are described in the Appendix A.

Reference categories are: <35 years old, married, Other schooling, [0,10000[ gross household income, [0,10000[ gross individual income, White British, no dependent children, other schooling, working at least 8hrs/week and London.

**Table 9.8 Ordered probit models of well-being deprivation by gender**

|   | <b>Females</b>     |                    | <b>Males</b>       |                   |
|---|--------------------|--------------------|--------------------|-------------------|
|   | Experience Only    | Both               | Experience Only    | Both              |
| Victim of Sexual Assault?                       | -0.133<br>(0.170)  | -0.264<br>(0.176)  | 0.044<br>(0.312)   | 0.002<br>(0.318)  |
| Victim of Domestic Violence?                    | 0.366*<br>(0.152)  | 0.275<br>(0.160)   | 0.240<br>(0.235)   | 0.260<br>(0.250)  |
| Victim of any other Form of Violence?           | 0.056<br>(0.189)   | -0.062<br>(0.193)  | -0.011<br>(0.149)  | -0.039<br>(0.153) |
| Vulnerability to Sexual Assault                 |                    | 0.290**<br>(0.096) |                    | 0.106<br>(0.123)  |
| Vulnerability to Domestic Violence              |                    | 0.302**<br>(0.116) |                    | -0.023<br>(0.156) |
| Likelihood of Future Violence of any other Type |                    | 0.290**<br>(0.103) |                    | 0.092<br>(0.092)  |
| [35,55[ years old                               | 0.061<br>(0.156)   | 0.294<br>(0.164)   | -0.041<br>(0.186)  | -0.013<br>(0.188) |
| >= 55 years old                                 | -0.379*<br>(0.174) | -0.053<br>(0.186)  | -0.314<br>(0.219)  | -0.250<br>(0.223) |
| Separated                                       | 0.092<br>(0.227)   | 0.077<br>(0.231)   | 0.471<br>(0.275)   | 0.441<br>(0.277)  |
| No Partner                                      | 0.402*<br>(0.165)  | 0.404*<br>(0.167)  | 0.426*<br>(0.194)  | 0.429*<br>(0.195) |
| [10000,20000[ household income                  | -0.105<br>(0.225)  | -0.130<br>(0.229)  | -0.356<br>(0.317)  | -0.344<br>(0.319) |
| [20000,30000[ household income                  | 0.088<br>(0.235)   | 0.061<br>(0.238)   | -0.702*<br>(0.347) | -0.667<br>(0.349) |
| >= 30000 household income                       | -0.348<br>(0.253)  | -0.362<br>(0.258)  | -0.714<br>(0.368)  | -0.668<br>(0.370) |
| [10000,20000[ individual income                 | 0.050<br>(0.173)   | 0.096<br>(0.176)   | -0.066<br>(0.263)  | -0.064<br>(0.264) |
| [20000,30000[ individual income                 | -0.303<br>(0.225)  | -0.276<br>(0.229)  | -0.227<br>(0.305)  | -0.254<br>(0.305) |
| >= 30000 individual income                      | -0.102<br>(0.281)  | 0.008<br>(0.287)   | -0.344<br>(0.341)  | -0.386<br>(0.342) |
| Non-White British                               | 0.211<br>(0.226)   | 0.329<br>(0.232)   | 0.625*<br>(0.268)  | 0.593*<br>(0.270) |

|                              |                      |                      |                      |                      |
|------------------------------|----------------------|----------------------|----------------------|----------------------|
| At least 1 child             | -0.161<br>(0.158)    | -0.138<br>(0.161)    | 0.115<br>(0.168)     | 0.129<br>(0.170)     |
| Vocational Diploma           | -0.083<br>(0.238)    | -0.195<br>(0.244)    | 0.065<br>(0.243)     | 0.068<br>(0.243)     |
| CSE/O level/GCSE/A level     | -0.152<br>(0.229)    | -0.250<br>(0.234)    | -0.095<br>(0.247)    | -0.082<br>(0.249)    |
| Graduate                     | -0.236<br>(0.237)    | -0.252<br>(0.241)    | -0.168<br>(0.253)    | -0.135<br>(0.255)    |
| Not employed (at home)       | 0.094<br>(0.152)     | 0.123<br>(0.155)     | -0.334<br>(0.189)    | -0.332<br>(0.190)    |
| Extraversion                 | -0.314***<br>(0.082) | -0.324***<br>(0.084) | -0.321***<br>(0.087) | -0.320***<br>(0.087) |
| Agreeableness                | 0.119<br>(0.072)     | 0.089<br>(0.073)     | 0.061<br>(0.072)     | 0.052<br>(0.072)     |
| Conscientiousness            | -0.078<br>(0.076)    | -0.042<br>(0.077)    | 0.065<br>(0.077)     | 0.062<br>(0.077)     |
| Emotional Stability          | 0.060<br>(0.074)     | 0.052<br>(0.076)     | -0.023<br>(0.080)    | -0.021<br>(0.081)    |
| Openness                     | -0.082<br>(0.070)    | -0.100<br>(0.071)    | -0.006<br>(0.077)    | 0.001<br>(0.078)     |
| Local Crime Rates            | -0.005<br>(0.006)    | -0.008<br>(0.006)    | -0.010<br>(0.006)    | -0.011*<br>(0.006)   |
| South of England exc. London | 0.244<br>(0.205)     | 0.376<br>(0.211)     | 0.059<br>(0.210)     | 0.065<br>(0.210)     |
| Midlands and Wales           | -0.407*<br>(0.201)   | -0.403*<br>(0.205)   | 0.259<br>(0.200)     | 0.243<br>(0.202)     |
| North of England             | -0.111<br>(0.194)    | -0.063<br>(0.198)    | 0.206<br>(0.193)     | 0.197<br>(0.194)     |
| Pseudo R <sup>2</sup>        | 0.093                | 0.135                | 0.110                | 0.113                |
| N                            | 379                  | 379                  | 327                  | 327                  |

Significance levels: \* 5% \*\* 1% \*\*\* 0.1%

Standard errors in parentheses. All variables are described in the Appendix A.

Reference categories are: <35 years old, married, Other schooling, [0,10000[ gross household income, [0,10000[ gross individual income, White British, no dependent children, other schooling, working at least 8hrs/week and London.

and women report feeling more unsafe, both at night and during the day, in regions and in CDRP's with a higher criminal activity. Nevertheless, income, whether earned by oneself or another member in the household, together with schooling, seems to buy safety – a result that confirms the findings in Pradhan and Ravallion (2003). In essence, it confirms that safety is a normal good and that higher income households purchase more of it.

Turning to feelings of vulnerability which are intrinsically within the individual sphere, conclusions change substantially (see Table 9.7). Regional and local crime variables still play a role, even if not as strongly as when safety is concerned: vulnerability decreases with age and white British women are noticeably more vulnerable to sexual assault than non-white British women. Particularly striking is the importance that experienced violence has on increasing feelings of vulnerability. The strongest evidence concerns domestic violence. Both men and women who have been a victim of such violence feel much more vulnerable than their counterparts, confirming the importance of recognising violent attack as a problem that has long-lasting consequences.

### *Is There an Impact of Experienced Violence and Vulnerability on Well-Being?*

The analysis of the consequences of violence would not be complete without an appraisal of how it impacts on well-being. Table 9.8 presents the results of regressing our measure of well-being on different sets of variables, and for men and women separately. Columns 1 and 3 try to reproduce the work in this area where only experienced variables are available, for women and men respectively. Columns 2 and 4 further incorporate the indirect effects violence has on feelings of vulnerability and fear, as seen in the previous section, again for women and men respectively.

The main finding is that even though experienced violence reduces well-being itself, it is mainly feelings of vulnerability that reduce well-being most. This is so for women, but it is not as clear for men, which again raises questions about the different degrees of average consequences and severities of these violent experiences. It could be that the type of violence experienced by men is just of a different nature from that experienced by women.

The remaining results are not particularly significant with the exception of being extravert reiterating the need to include the personality variables in this study. Of course a larger sample would be likely to increase the number of differences that are significant but it could also be that the dependent variable is measured with noise with the result that the standard errors are large and serve to wipe away further possible significant relationships. Alternatively, it could be that some of the remaining variables, included to account for differences in the violence-related circumstances, are not necessarily expected to have a significant direct impact on happiness anyway. That said, we briefly summarise some of the findings, even if they are not always significant. Having been a victim of sexual assault seems to increase well-being. This can however be explained as a 'contrast' effect. Having

experienced such an event makes these individuals particularly appreciative of their relatively favourable present circumstances.

Additional results show that the happiest groups are those who are the oldest, the more educated, men with higher income or in higher income households (not so for women as the relation between income and female well-being needs further research) and white British people. Not having a partner is on average a worse outcome (possibly reflecting the impact of widowhood predominantly). Surprisingly, local crime rates have a positive effect on happiness which might be explained by the choice of residential area. Individuals can choose where they want to live and areas with more crime are also areas with more opportunities, entertainment and other benefits that seem to outweigh the risks of crime.

## **Conclusions**

This chapter sought to explore gender inequalities in the context of violent crime and well-being. The framework used to structure our analysis is that of the capabilities approach which has emphasised freedom in the assessment of well-being and stressed the role of physical safety as one core factor that determines what a person is capable of doing or being. By merging data from a new British survey of individual human capabilities with published data on local crime rates, we have been able to use and combine information on experiences of violence of different sorts with feelings of fear and vulnerability to explore how these variables interact and impact well-being. We also use more detailed information on personality than is normally accessible to economists in modelling activities of the kind conducted here. With the data, we then estimate probit models that identify the socio-economic and demographic groups that are more vulnerable to violence and hence, we argue, have relatively smaller capability sets. We go on to examine the impact of experience on future expectations of violence and explore the relationship with overall well-being thereby assessing the extent to which diminished capabilities are picked up by the measure of life satisfaction now commonly used.

There are several important findings we summarise here. The most surprising finding is that, whereas household income impacts negatively on the propensity for violence, the most conflictive households seem to be the ones where women contribute highly to the household income, where they are more likely to be both victims and perpetrators of domestic violence (except for the highest income group of all).

It is evident that there are marked differences between the sexes, with women experiencing higher rates of sexual assault and domestic violence and men experiencing higher levels of other forms of assault. The reported experiences may well be linked to gender inequalities of other kinds (social norms and power) underlining the need to treat men and women separately.



When we turn to feelings of fear and vulnerability, it is particularly noticeable that these are strongly related to local crimes, a fact that indicates such feelings have an objective warrant. Furthermore, the relationship with income is negative which confirms the view that safety is a normal good. There is also a particularly strong link between experience and vulnerability to domestic violence, a finding that reflects its recurrent nature.

Finally, we examine the relationship between violence and well-being, as measured by answers to a life satisfaction (happiness) question. Here a striking result is the relative higher importance of the longer lasting effects of experienced violence reflected in increased vulnerability vis-à-vis the experience itself. This implies that it is the capability deprivation that matters most, rather than the functioning itself, highlighting the importance of measuring the former.

## Appendix A: Questions and Coding Resulting in the Data Used

This appendix shows the questions that were presented to the respondents, together with all the options they had available. For each variable, some of the categories had to be collapsed for estimation purposes, as explained in the chapter. The violence-related variables have been presented and discussed extensively in this chapter and hence its omission from the appendix.

a. The Measure of Life Satisfaction ('Happiness')

**[General Satisfaction]** *How satisfied or dissatisfied are you with your life as a whole?* (1 'completely satisfied' up to 7 'completely dissatisfied').

b. Socio-economic and Demographic Variables

**[Age]**

**[Gender]** (1 'male' 2 'female')

**[Ethnicity]** (1 'white British' 2 'non-white British')

**[Marital Status]** *What is your marital status?* (1 'married' 2 'living as married' 3 'separated (after being married)' 4 'divorced' 5 'widowed' 6 'never married')

**[Education Attained]** *What is the highest educational or work-related qualification you have?* (too many options and regional differences – these were later collapsed into four comparable categories 1 'Other Schooling' 2 'Vocational Diploma' 3 'CSE/O level/GCSE/A Level' 4 'University Degree')

**[Employment Status]** *Which of these best applies to you?* (1 'working full-time (30 or more hours per week)' 2 'working part-time (8 to 29 hours per week)' 3 'working part-time (less than 8 hours a week)' 4 'full-time student' 5 'retired' 6 'unemployed' 7 'not working for other reason')

**[Dependent Children]** *How many dependent children do you have – that is children dependent on your income?*

**[Individual Income]** *Gross personal income is an individual's total income received from all sources, including wages, salaries or rents, and BEFORE tax and contributions to national insurance are deducted. What is your gross personal income?* (Monthly and weekly bracket options given)

**[Household Income]** *Gross household income is the combined money income of all those earners in a household including wages, salaries or rents, and BEFORE tax and contributions to national insurance are deducted. What is your gross household income?* (The same monthly and weekly bracket options given)

**[Postcode]** *Can you tell us the first part of your postcode – this can include up to four letters and numbers (e.g. SE23)?* Crime rates were then retrieved based on this information as described in the chapter. So was the region the individual lives in (1 ‘London’ 2 ‘Rest of South of England’ 3 ‘Midlands and Wales’ 4 ‘North of England’ 5 ‘Scotland’)

c. The Measure of Personality

The measure of personality used, derives from answers to the ten questions below. Each personality dimension combines two polarised traits, so that the positive one enters positively and the negative one enters negatively towards the final score. The score for each of the five dimensions is then based on the difference between the two relevant traits (the former minus the latter) and can take a value in the range from -6 to 6.

**[Extraversion]** (-6 up 6)

(+) *I see myself as* extraverted, enthusiastic (1 ‘agree strongly’ up to 7 ‘disagree strongly’)

(-) *I see myself as* reserved, quiet (1 ‘agree strongly’ up to 7 ‘disagree strongly’)

**[Agreeableness]** (-6 up 6)

(+) *I see myself as* sympathetic, warm (1 ‘agree strongly’ up to 7 ‘disagree strongly’)

(-) *I see myself as* critical, quarrelsome (1 ‘agree strongly’ up to 7 ‘disagree strongly’)

**[Conscientiousness]** (-6 up 6)

(+) *I see myself as* dependable, self-disciplined (1 ‘agree strongly’ up to 7 ‘disagree strongly’)

(-) *I see myself as* disorganised, careless (1 ‘agree strongly’ up to 7 ‘disagree strongly’)

**[Emotional Stability]** (-6 up 6)

(+) *I see myself as* calm, emotionally stable (1 ‘agree strongly’ up to 7 ‘disagree strongly’)

(-) *I see myself as* anxious, easily upset (1 ‘agree strongly’ up to 7 ‘disagree strongly’)

**[Openness]** (-6 up 6)

(+) *I see myself as* open to new experience, complex (1 ‘agree strongly’ up to 7 ‘disagree strongly’)

(-) *I see myself as* conventional, uncreative (1 ‘agree strongly’ up to 7 ‘disagree strongly’)

| Variable Name           | N    | Mean   | SD    | Responses and Relative Frequencies (%)                            |
|-------------------------|------|--------|-------|---|
| Gender                  | 1048 | 1.552  | 0.50  | 1 (45), 2 (55)  |
| General Satisfaction    | 1048 | 3.223  | 1.16  | 1 (3.2), 2 (21.6), 3 (47.3), 4 (10.7), 5 (13.1), 6 (3.4), 7 (0.7) |
| SA                      | 1018 | 0.104  | 0.31  | 0 (89.6), 1 (10.4)  |
| DV                      | 1033 | 0.168  | 0.37  | 0 (83.2), 1 (16.8)  |
| VA                      | 1035 | 0.220  | 0.41  | 0 (78), 1 (22)  |
| VSA                     | 1048 | 2.587  | 1.66  | 1 (37.5), 2 (20.1), 3 (12.5), 4 (14.2), 5 (9.9), 6 (3.2), 7 (2.6) |
| VDV                     | 1048 | 1.470  | 1.11  | 1 (77.6), 2 (11.9), 3 (3.4), 4 (2.9), 5 (2.1), 6 (1.3), 7 (0.8)   |
| LVA                     | 1048 | 3.177  | 1.37  | 1 (13.8), 2 (18), 3 (24.1), 4 (30.5), 5 (9.5), 6 (1.9), 7 (2)     |
| D                       | 1048 | 1.960  | 1.01  | 1 (43.3), 2 (26.9), 3 (20.2), 4 (9.5)                             |
| N                       | 1048 | 2.887  | 1.03  | 1 (13.8), 2 (17.7), 3 (34.2), 4 (34.1)                            |
| Age                     | 1048 | 44.125 | 15.08 |   |
| Marital Status          | 1048 | 2.659  | 2.07  | 1 (50.4), 2 (15), 3 (1.2), 4 (7.6), 5 (2.8), 6 (22.9)             |
| Gross Household Income  | 868  | 4.074  | 1.37  | 1 (0.9), 2 (12.9), 3 (24.4), 4 (22.6), 5 (18), 6 (21.2)           |
| Gross Individual Income | 926  | 3.127  | 1.22  | 1 (4.9), 2 (30), 3 (31.6), 4 (19.6), 5 (8.9), 6 (5.1)             |
| Ethnicity               | 1018 | 1.096  | 0.30  | 1 (90.4) 2 (9.6)  |
| Dependent Children      | 1048 | 1.589  | 1.01  |   |
| Education Attained      | 992  | 2.820  | 0.94  | 1 (8.9), 2 (28.5), 3 (34.4), 4 (28.2)                             |
| Employment Status       | 1048 | 3.022  | 2.26  | 1 (45.1), 2 (12.2), 3 (2), 4 (5.3), 5 (19.5), 6 (3), 7 (12.9)     |
| Extraversion            | 1048 | 0.253  | 0.81  |   |
| Agreeableness           | 1048 | 0.693  | 0.92  |   |
| Conscientiousness       | 1048 | 0.310  | 0.86  |   |
| Emotional Stability     | 1048 | 0.379  | 0.85  |   |
| Openness                | 1048 | 0.236  | 0.86  |   |
| Local Crime Rate        | 934  | 28.153 | 14.21 |   |
| UK Region               | 1037 | 2.906  | 1.23  | 1 (16.8), 2 (22.1), 3 (23.5), 4 (28.9), 5 (8.7)                   |

## Appendix B: Summary Statistics

The above table shows the number of observations (N) available for each of the variables discussed in Appendix A, together with the violence-related questions, their means and standard deviations (SD). Relative frequencies are also shown for all variables treated as categorical for estimation purposes. Please refer to Appendix A for the correspondence between each category and its label.

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# Chapter 10

## Beyond Equality: Towards a System of Non-Androcentric Indicators

Cristina Carrasco

As previous chapters have already demonstrated, the value of the ‘capabilities approach’ for the study of human well-being is now widely accepted, not only by feminists but also among students of well-being more generally. However, there are also differences of opinion between those who argue that the capabilities approach can be used to develop a ‘gender-neutral’ approach to well-being and those who argue that it can form the basis of an approach which is directly rooted in women’s experiences. This chapter, which is based on a report commissioned by the Institut Català de les Dones (Women’s Institute of Catalonia), outlines a system of indicators which are specifically designed to record women’s experience in a range of different areas.<sup>1</sup> The objective is to develop a system of indicators from a perspective that seeks to reassess women’s experience by placing it within an analytical frame that is divorced from society’s traditional focus on male experience.

The chapter is divided into four parts. The first section deals with some theoretical and conceptual aspects, particularly the ideas of ‘non-androcentric indicators’ and ‘human well-being or the sustainability of life’. In the second part a capabilities vector, in Amartya Sen’s terminology, is proposed, and some ideas are developed about the relationships between the different capabilities. The third section highlights two specific capabilities and includes four of their indicators. The concluding section summarises the main arguments of the chapter and develops a plea for the greater use of such ‘non-androcentric’ indicators within the public sector.

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1 The Institut Català de les Dones is a government organ pertaining to the Ministry of Social Action and Citizenship of the Autonomous Community of Catalonia. The objective of the study was to build a system of indicators that can be used transversely (mainstreaming) in all ministries. The original report was coordinated by Cristina Carrasco. Anna Bosch, Elisabet Almeda, Lucía Artazcoz, Eva Fernández, Marisa Fernández, Carme Miralles, Mercè Otero and Remei Sipi also participated in the different areas (Carrasco et al. 2007).

## Theoretical and Conceptual Factors

### *The Objective of a Non-androcentric System of Indicators: From Equality to the Recovery of Women's Experience*

We live in a patriarchal society characterised by strong and all-too-familiar inequalities between men and women in the realms of work, wages, use of space and time, social recognition, power, etc. Such unequal treatment has led to a widespread devaluation of the activities traditionally carried out by women, as well as of their thoughts and ideas, relationship types and bodies. In short, the simple fact of being a woman has been devalued. Patriarchal devaluation of 'womanhood' does not mean that the latter has no intrinsic worth, of course. On the contrary, we must recover value of womanhood if we are to dismantle patriarchy.

The reduction or total elimination of the existing inequalities between men and women, which largely drives the politics of equality or reconciliation, can be described as 'equality in a masculine mode'<sup>2</sup> (Gardiner 2000; Mayordomo 2004; Carrasco et al. 2005). The aim is to obtain equal rights for both men and women without, however, seeking to alter the dominant socio-political model. Thus, women are encouraged to achieve parity with men in terms of their participation in society and the workplace, their use of public space, their responsibilities, positions of power, etc.; in other words, they are encouraged to occupy the social spaces traditionally reserved for men, and to enjoy the status and recognition associated with those spaces. The idea is for women to gradually integrate into the existing androcentric model by participating more and more actively in the public world, without truly transforming the model itself. For a section of the female population, this situation might possibly result in a better quality of life and improved rights *vis-à-vis* the male population.

However, the male-centred model requires that people have the time and freedom to immerse themselves fully in the demands of the marketplace, leaving little time for human care-giving activities. This means that, in order for the model to work, someone (usually a woman) has to attend to the needs of those in the domestic sphere, including the needs of employed men. As a consequence, the 'equality in a masculine mode' model is not universally applicable. For if women were to integrate into the workplace under the same conditions as men, who would do the necessary caring (Carrasco et al. 2005)?

The achievement of equal rights for men and women is perhaps a necessary goal, but it will never be a sufficient one. Feminists have increasingly called attention to the limitations of this idea, 'which equates equal rights with political liberty' (Birulés 2004) and suggested that a true understanding of 'female matters' is one that derives from women's own lives and experiences and reflects women's own emotional wealth and potential, rather than what they lack in order to be equal

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2 With the term 'masculine mode' we mean to cover all behaviour, values and symbols of the masculine culture dominant in our societies.

to men. Such a perspective tends to victimise women by characterising them as weak social agents requiring special attention and assistance. Of course, this is not to deny the situation of urgent need experienced by many women today. But it does call attention to the shortcomings of the masculine model and alerts us to the need to strive for more than simple equality.

Feminist politics seeks to establish what we might call 'equality in difference' or 'the recovery of female experience'. This alternative seeks to break with the current androcentric model by naming and appraising the activities, traditionally developed by women, which have been devalued by patriarchy. It seeks to do so by constructing a new symbolic system that reveals previously hidden social values and knowledge, by recovering private and domestic social spaces, by ending the public/private dichotomy, and by developing 'our ability or desire to creatively destabilise what we have been given' (Birulés 2004). The ultimate goal of these efforts is to preserve human life and well-being: to sustain human life in all of its facets and subjectivities (Picchio 2001; Amoroso et al. 2003; Power 2004; Pérez 2006). In short, feminist politics warns that it is not enough for us to simply observe the axis of male and female (in)equality and encourages us to move around the axis of male-female differences and well-being.

The 'equality in a masculine mode' model uses a system of analytical indicators, commonly known as 'gender indicators', to monitor the process of female integration into the male world.<sup>3</sup> In contrast, the 'recovery of female experience' option requires a set of indicators designed to track ruptures with the patriarchal system, while also acknowledging the validity of women's experiences and the problems explicitly affecting women in today's society. These are what we have called 'non-androcentric indicators'.

However, considering the time it takes to achieve a break with the existing model and the complexity of such a rupture, for the time being non-androcentric indicators systems have to be capable of working in two directions at once. On the one hand, they should provide a means of monitoring women's evolving path towards 'equality in a masculine mode' (for example, one indicator for this process might be the employment rate for a given population). On the other hand, they should also detect changes in the expression of patriarchal ideology (for example, such as increased support for domestic care-giving via real changes in the sexual division of labour).

In any case, it is absolutely vital to analyse indicators taking into account the relationships between them, in order that the indicators system allows for the analysis of well-being. For example, a person can achieve greater well-being with a smaller wage if there is a wide supply of public services on offer.

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3 The term 'gender' has been used with different meanings – some more groundbreaking than others – by academics and the women's movement. In Spain it is the term that is used for women's public policies geared at women. For this reason, in this chapter we have used it to mean integration into the masculine mode model.



### *Sustainability of Life as a Social and Political Objective*

As a central goal, ‘human well-being or the sustainability of life’ is hard to define. My understanding of the phrase leans heavily on Amartya Sen’s work on ‘functionings’ and ‘capabilities’ (Sen 1985; 1987; 1996; 1999; 2000). Outlining a structure of thought rather than a theory, Sen’s approach is grounded in a concept of well-being that takes into account the quality of life among individuals, without lapsing into individualism. Given the inherent uniqueness of each person, to deny individuality would be to impoverish human heritage. The life-conditions surrounding different individuals are entirely their own, despite the fact that they develop within specific social contexts marked by specific environmental and social conditions, in which people interrelate and interact in accordance with established norms and habits. It is thus important to identify the individual differences between men and women when exploring issues of well-being.

The main premise here is that well-being does not come from material goods, but rather from capabilities which allow us to attain valuable functionings. This perspective stems from an understanding of life as a network of interrelated functionings (being well fed, avoiding premature death, participating in community life, etc.), in which a person’s capability represents all the combinations of functionings that are available to her during the course of her or his life, that is, her or his opportunities for attaining well-being (Robeyns 2003; 2005; Addabbo and Picchio 2005).

Such functionings represent specific facets of individual existence; more specifically, they represent all that any given person can do or to be throughout the course of her or his life. That person’s *capability* can be described as all of the combinations or groups of combinations available to her or him (Sen 1996: 56).

The difference between a functioning and a capability is analogous to the difference between a result and an opportunity or the difference between something obtained and the freedom to obtain it (Robeyns 2003). The idea, then, is to focus on each person’s real freedom or ability to develop positive states of being, such as being well fed, healthy or politically active.

In accordance with this belief, ‘well-being/quality of life’ can be defined as a dynamic process geared towards the satisfaction of one’s personal needs, which constantly mutate in response to the changes in one’s identity and social relationships. In other words, well-being can be seen as a constant expansion of a person’s potential to *be* or *do* (for example, be healthy or participate in communal life).

In recent years, Sen’s ideas have sparked a wide-ranging debate among feminists, who have expanded on the Nobel prize-winner’s concepts of well-being and standards of living. Some feminists’ research (Robeyns 2003; 2005; Addabbo and Picchio 2005) suggests including a dimension that is often ignored in official studies, even though the conditions it defines are essential to a humane existence: the satisfaction of basic (bodily, emotional and affective) needs through

the administration of direct forms of care, usually within the context of the home.<sup>4</sup> Such a view suggests that standards of living ought to be continually revised and that a high standard of living comes not only from material resources, but also from the contexts and relationships of care and affection that are largely maintained by unpaid domestic caregivers. From this perspective, women's experience in caring for human bodies and emotions should be seen as a basic, determining aspect of standards-of-living analysis (Addabbo and Picchio 2005).

The visibility of domestic work and its enormous impact on individual standards of living not only highlights the social disadvantages to women of doing work that is undervalued, but also (and, for our objective, more importantly) calls attention to the hidden or concealed fragility and vulnerability of men as dominant social subjects who normally require an enormous amount of work, care and affection.

In the home, and its extensions, women alleviate or soothe all the wounds, sufferings and erosions generated by the masculine world. This is where women bestow their affection and care on men, so that the latter can recuperate and continue with their daily lives and relationships. Unquestionably, men's lives in their current form would be unbearable and inhuman without this outpouring of care and affection; in fact, they would not "be at all" (Bosch et al. 2005: 339).

The feminist perspective on standards of living, which removes female caring from its position of invisibility and locates it at the centre of human development, goes far beyond the simple goal of attaining equal opportunity; it places the issue of reproductive responsibilities at the centre of social and political life rather than relegating it to the private realm of female responsibility. At the same time, it removes social objectives from the sphere of private benefits and places them squarely in the realm of human life and well-being, rather than in the realm of private company profits.

We are dealing, then, with an issue that requires an explicit political negotiation between public and private institutions, and between men and women (Addabbo et al. 2003). How public politics are designed and implemented, how money is transferred and systems of social protection configured: all of these help determine the specific distribution of space and time and the use of public and private resources in any given society. While diminishing the importance of personal possessions such as material goods or wealth, this focus on capabilities does not deny that such resources can be an important means of attaining some aspects of well-being.

In short, standards of living can be said to be political to the degree that they reflect the organisation, rules for accessing resources and social distribution of wealth in any given society. In this context, the role of public institutions should be to provide support for those conditions that allow society members to satisfy their needs in a humane way. This means that the public sector ought to see

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4 See the special edition of *Feminist Economics* 9 (2–3), 2003, which is dedicated to this topic.

people as individuals and relationships as dynamic and changeable, given that a person's living space, level of dependency on others, and activities can vary throughout her or his life cycle. Such a focus is important because it gives the public administration an active role in the development of standards of living for society members, thereby reaffirming the value of women's experience.

### **Capabilities and Indicators: Some Preliminary Questions**

The project already mentioned commissioned by the Women's Institute of Catalonia involved developing a system of indicators for a select group of subject areas relating to work, participation, education, health, living space, sports, territorial planning and mobility, social protection, immigration and violence against women. Our research was restricted to these areas as requested by the Catalan Women's Institute. Using the theoretical focus discussed above, we transformed these areas into 'capabilities' following the ideas of Ingrid Robeyns (2003). The most important thing was to transform the specific areas (work, education, etc.) into positive categories expressing well-being. For example, 'violence against women' is a negative expression, so we changed it to 'access to a life that is free of violence' to express it in positive terms. After developing the vector of capabilities, we established a set of indicators for each of them.

Only the chosen categories (there were ten of these in all) were analysed; however, they were placed in a wider context in an attempt to capture the activities among women that have always gone unrecognised. Our goal was to list the conditions necessary for the attainment of well-being among the population as a whole, while recognising sexual difference. The original report included a section on 'demographics and living spaces' designed to contextualise the experiences of women as a demographic group.

**Table 10.1 Categories for the proposed 'Capabilities Vector'**

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1. Access to health
  2. Access to education and learning
  3. Access to a safe, adequate living space
  4. Access to paid employment and appropriate working conditions
  5. Access to a monetary income
  6. Access to adequate mobility and territorial planning
  7. Access to free time and sports activities
  8. Access to care
  9. Access to a life that is free of violence
  10. Social and political participation in the community
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Clearly, the final two categories differ markedly from the others and even the phrasing of the final category stands out from the rest. At least to some degree, the first seven capabilities can be acquired in the market. If one has money, then one can gain access to health, education, a home, etc. The goal, then, is to ensure that no person be denied access to a capability on the basis of her or his level of income. In contrast, there are no adequate market substitutes for the eighth capability, access to care, given the social and emotional factors included in our definition of 'care'; however, access to resources associated with the market and/or public sectors can simplify and improve the organisation and administration of care. Finally, the last two categories respond to behaviour – differentiated on the basis of sex – that stem from the current patriarchal culture and that have little to do with the marketplace.

Taking a closer look at these categories, we see that some capabilities are not goals in and of themselves, but rather provide resources for other capabilities. The clearest example of this is access to a monetary income. But also, other capabilities that are valid in and of themselves also provide resources for others. For example, to have access to good health is a valid goal in and of itself, but it also facilitates one's access to an education or to an adequately paid job. Similarly, the opportunity to live a life free of violence can enhance one's access to good health. Other capabilities, such as access to free time and to sports activities and access to personal care, support one's access to good health.

'Work' is a special category. Although we could have chosen to lump all forms of work into a single category, we decided instead to list a number of different capabilities related to this category: paid labour, care giving, income and even free time (which is related to work). Our reasons for distributing the concept of work among various different sub-categories were twofold: first, we wished to highlight the importance of care-giving work and the organisation of personal time, both of which are often ignored. Second, we wanted to call attention to the fact that money doesn't always come from the marketplace. By treating work as an integral part of these various sub-categories, we highlighted the need to reflect on the interconnectedness of the different capabilities.

It is interesting to note the close interconnection between all capabilities; together, they form a kind of network that facilitates one's access to a better quality of life. This is one of the main reasons why we chose to arrange the chosen indicators as (interconnected) capabilities rather than as independent, fragmented elements. The lives of human beings and of women in particular are not compartmentalised but rather move continuously through space and time, and this constant movement affects the different aspects of each individual life. Such human complexity demands an integral analysis.

Some explanation is also necessary with regard to the indicators themselves. In the first place and taking into account the fact that the number of indicators in any system should never be excessive, we propose an average of about ten for each

capability (but it could be eight or twelve).<sup>5</sup> In the second place, it is well-known that there are different classifications for an indicator system. Our proposal relies mainly on diagnostic quantitative indicators. These are quantitative in that they are expressed numerically (although in some cases a qualitative content has been given a numeric value), and diagnostic in that they offer a global and synthetic panorama of a given situation at a specific point in time, while allowing us to trace the evolution of that same situation over a longer period. In effect, they allow us to visualise and monitor the overall situation of women, and also draw attention to the main obstacles (especially those subject to public and societal intervention) to women's development of these capabilities. Thus, the proposed indicators were not designed to evaluate specific political systems, programmes or processes.

On the other hand, the proposed system contains two kinds of indicators: feasible ones and desirable ones. Feasible indicators are those that lend themselves to calculation using the available information. In contrast, desirable indicators can be described as those that are necessary and appropriate in view of the proposed goal, but for which there is not enough information to allow for any meaningful calculation. It is important to identify these indicators, because they identify the gaps in our current data, that is, the areas where more information is needed.

### **Capabilities and Indicators: A Proposal**

This chapter presents two of the ten capabilities (each with four indicators) included in the original report. As it is impossible to include here all the capabilities, we have selected some of them trying to show how the capabilities and the indicators were constructed. It was important to show that behind each capability there was a theoretical reflection. For this reason, each capability first includes a summary explaining the importance of that particular element as well as its implications, areas of influence and relationship to other capabilities (these summaries will come in handy during the process of calculation, positioning and interpretation of the indicators); second, a list summarising all of the indicators; and finally, a brief analysis of four specific indicators.

#### *Capability: Access to Adequate Mobility and Territorial Planning*

In general, it can be said that men and women approach mobility issues differently: they have different reasons for travelling, use different modes of transportation and follow different routes. The subjective positioning of each individual, that is, her or his self-placement along the pedestrian-driver pole, also tends to vary by sex.

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5 The number of indicators must not be too small or too big, as this can make analysis between each indicator very difficult. Defining ten indicators is a basic proposal. In each specific situation more or less indicators can be established.

Broadly speaking, differences between women's and men's approaches to mobility can be characterised as follows: women's mobility patterns reflect a wider set of motivations than do men's, which tend to respond to the needs of work or study; women are much more likely than men to walk or use the bus as a means of transportation; women tend to move within an area that is closer to their homes; women self-position more frequently than do men as pedestrians rather than drivers; and finally, women are increasingly likely to report a positive attitude towards the male model of mobility, a development that seems to reflect the feelings of exclusion generated by the latter.

Among the numerous elements contributing to this difference of mobility between men and woman, there is one that ought to be considered basic. This is the wide range of tasks assumed by women today, whose current socio-economic situation obliges them to expand on their traditional household duties and responsibilities to include others outside the home. Other developments relating to women's role in society, which have aggravated the differences between men and women in the realm of mobility, include:

- the functional use of space encouraged by contemporary territorial planning, which has caused an increase in the use of private vehicles, since the erection of a principal infrastructure connecting one function to the next has required expanding the urban and interurban road network,
- the development of low-density suburban housing in areas where there are few basic services, fomented by urban planning,
- the progressive loss of pedestrian space and the unsafe, congested and noisy condition of the roads and highways, caused by a car-based approach to urban design: as a consequence of this approach, daily life in city streets has gradually lost its relevance as a place for social activity, reducing the dynamism of urban commerce and the numbers of public services and utilities, play and leisure spaces, etc.,
- the fact that mobility planning has mainly focused on meeting large-scale mobility needs and those related to work and study: as a result, the needs of places with a relatively low population density, as well as those needs which are unrelated to study or work, have not been met.

All of these elements have contributed to the fact that, as of today, the 'accessibility principle' in transportation is still not guaranteed for all areas of the population, especially for women.

In order to prevent mobility from becoming a factor of social exclusion for women, the availability and service of the most common modes of transportation must be improved; at the same time, the re-distribution of income and resources among the different transportation services and territories must avoid falling into regressive patterns. Universal access to paid work is also important, since employment is one of the principal mechanisms of integration into modern society.

### *Indicators for Access to Adequate Mobility and Territorial Planning*

1. Driver's licence holders: annual number of women *versus* men who are issued a driver's licence every year,
2. Motorisation index: distribution of vehicle licences by sex per 1,000 inhabitants,
3. Access to a private vehicle: percentage of women and men who report having individual access to a private vehicle,
4. Reasons for travel: percentage of persons who habitually move from one location to another for reasons related to work, study, household administration and human care,
5. Mode of travel: percentage of persons who normally walk/bicycle/use public transportation/use a private car (as a driver or passenger) as a means of travel,
6. Distance travelled: relationship between the average distances travelled by women *versus* men,
7. Self-positioning with respect to mode of travel: percentage of persons who self-identify as 'basically pedestrians' and percentage of persons who self-identify as 'basically drivers',
8. Index of perceived safety levels in public transportation stations and vehicles: percentage of persons who report feeling unsafe in public transportation stations and vehicles during the hours of low demand,
9. Evaluation of modes of travel: grade of satisfaction with respect to different modes of travel,
10. Public investment in public and private transportation: comparison of public investment in road infrastructure *versus* public investment in railways and road transportation services, according to the appropriate administrations.

### *Discussion of Four Specific Indicators*

#### *Indicator 1: Driver's licence holders<sup>6</sup>*

**Variables:** place of origin, significant age groups, type of driver's licence.

**Objective:** to discover the variability over time in the rate of new drivers, and to detect any possible trend towards equilibrium between men and

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6 Like others this is not exactly a non-androcentric indicator; rather it reflects women adopting the masculine model. But as previously mentioned the problem is timing. In this specific case many women would probably be more autonomous if they didn't have to depend on their husband to drive them. In addition, there are now a lot of jobs that require a driving licence. Something similar is happening with indicators related to participation in the labour market. Are we better off because we are in the labour market? It is not so clear; but while we are living in a social masculine model, money means autonomy. That is why the process of analysis and interpretation of the indicators in relation to each other is so important.



women in this realm.

**Importance:** the possession of a driver's licence is a good indicator of individual autonomy. In transportation models based on the use of a private vehicle, the possession of a driver's licence often provides increased access to goods and services.

*Indicator 3: Access to a private vehicle*

**Variables:** significant age groups, household type, employment status, vehicle type.

**Objective:** to learn more about women's access to a private vehicle, whether or not they own one.

**Importance:** because women tend to have more restricted access to private vehicles than do men, information on this subject can cast light on how vehicle access conditions women's possibilities for territorial movement, bearing in mind that the use of a private vehicle in the home tends to be secondary among women.

*Indicator 5: Mode of travel*

**Variables:** significant age groups, employment status, reasons for travel.

**Objective:** to explore the existing inequalities between men and women with regard to their use of different modes of transportation.

**Importance:** women tend to walk or use public transportation, while men tend to use a private vehicle as a means of transportation.

*Indicator 10: Public investment in public and private transportation*

**Objective:** to explore the distribution patterns of invested resources and their evolution over time, in different administrations and for different (public or private) forms of transportation.

**Importance:** since women are the primary users of public transportation, it is appropriate to learn more about the politics of the various administrations responsible for planning and administering transportation facilities and resources.

*Capability: Access to Care*

Adequate access to care enables all individuals to meet their needs directly, regardless of their sex, age, civil status or housing situation and regardless of whether those needs are biological, social or emotional. Care is about the meeting of bodily needs, including physical, biological, social and affective needs.

This is a basic capability that provides critical support for other human activities, including participation in the job market. 'Caring' is closely related to the sustainability of human life and to human reproduction, that is, the reproduction of human complexity in all of its dimensions within a given (and necessarily social) context. Above all, it is related to quality of life and well-being.



Care is usually organised from within the domestic sphere, although its development normally takes place in four sectors: the market sector, the public sector, the family or communal network and the domestic realm of unpaid work. Thus, the administration of care spans the public, private, communal and domestic spheres.

In terms of the marketplace, paid employment allows one to obtain an income, which in turn provides access to care services in the marketplace. While these are no perfect substitute for the care provided in the home, they can be of great help, especially to people who are dependent upon others for health or age-related reasons. At the same time, income inequalities (expressed in terms of wages, pensions, etc.) between social groups, and between women and men, affect women differently, in comparison with men, in terms of the possibility of acquiring care services in the market.

However, participation in the marketplace takes time, which then becomes unavailable for domestic activities. In other words, the amount of time one spends at a paid job conditions the amount of time one has available for domestic care; and the sum of both of these activities (that is, the total amount of time spent working) determines whether or not one will have any free time left over. It is thus important to study 'use of time'.

The ability to simultaneously work at a paid job and attend to the needs of household members is not only a matter of adding up hours, as we noted with reference to the capability of access to paid employment in the original report (Carrasco et al. 2007). The profound problems that arise at the intersection of these two categories have to do with the aims of each: the objective of paid employment is to obtain a benefit, whereas caring is an important dimension of human well-being (Picchio 2001). These contradictory aims, which imply different ways of working and different working conditions, responsibilities and levels of dedication, create profound tensions in the people (mainly women) who take on both.

Of course, a person does not obtain the capability described above as access to care simply by virtue of her involvement in the administration of care. Rather, she is offering a resource, a set of possibilities, so that another person or persons can receive better care. Traditionally, women have dedicated much more time than men to care activities, which means that the latter have received much higher levels of care than women have. Because of this, the concept of 'self-care' is an important one. Bosch et al. (2005) have referred to the difference between care that is received and that which is given within the context of the home as a 'civilising deficit'.<sup>7</sup>

Finally, the public sector participates in the caring process in two ways: by monetary transfers, which provide a means of acquiring care services in the market and by offering services of direct care. Most monetary transfers take place in the non-domestic workplace, with the result that women, who have weaker links to paid work than do men, generally have less access to this transference of funds than their male counterparts (Carrasco et al. 1997). This imbalance results

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7 The idea is similar to 'ecological deficit' used in ecology.

from the lack of recognition of caring as a form of work and the lack of rights (to retirement and unemployment benefits, etc.) enjoyed by caregivers themselves. The direct care services offered by the public sector are one resource – in many situations a determining one – that can increase women’s level of participation in the market. Given their importance, such services ought to be universalised, at least among those sectors of society whose earnings do not allow access to care services via the marketplace.

Caring for the population ought to be a basic goal of the public sector and this means that caring should not be viewed as a private subject, much less a women’s issue.

### *Indicators for Access to Care*<sup>8</sup>

1. Care time: comparison of the average amount of time spent by women versus men on domestic care work,
2. Direct care time: time spent by women *versus* men on direct care activities, in homes with individuals aged 70 or older or aged ten or under,
3. Performance of care activities: percentages of men *versus* women who spend at least 20 hours per week performing care activities,
4. Performance of cleaning and cooking activities: percentage of men *versus* women who perform at least 80% of all cooking and cleaning activities within the home,
5. Health care: comparison of the average amount of social time spent on care by healthy men and women who live in homes where at least one person is ill,
6. Unpaid caregivers: numbers of women *versus* men who work at home as the principal unpaid caregivers for family members aged 65 or older who experience difficulty performing routine daily activities,
7. Degree of schooling among preschool-aged children (0–3 years): number of 0–3 year-old boys and girls who attend public preschools, in comparison with the overall number of children in the same age group,
8. Coverage of retirement home needs number of dependent persons aged 65 or older who obtain placement in public and private senior retirement homes, in relation to the overall demand for such placement,
9. Requests for placement in senior retirement homes or non-residential day centres, or for in-home nursing care: percentage of primary female caregivers *versus* primary male caregivers for persons aged 65 or older who seek placement for the dependent person in private or public senior retirement homes or non-residential day centres, or who request in-home

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8 Some of these indicators are indicators related to the provision of care and not to access to care. The problem is the information available about time use. Again in the process of analysis and interpretation of the indicators it is important to take into account this issue.

nursing care,

10. Use of paternity leave: percentage of working fathers with children aged three or under, who have accepted some form of paternity leave during the last year in order to spend time caring for their children.

### *Discussion of Four Specific Indicators*

#### *Indicator 1: Care time*

**Variables:** place of origin, significant age groups, civil status, household type, social level.

**Objective:** to show the inequalities between men and women with regard to the performance of care work, that is, the administration of ‘care’. Variations in this category associated with age, household type, and civil status enable us to identify critical moments during the life cycle when the need for individual care increases. Variations by social group highlight the inequalities between different income groups of female caregivers.

**Importance:** the significance of this indicator is twofold. On the one hand, it allows us to observe the social relevance of care as a quantitative value, thus highlighting a basic aspect of such unpaid work: namely, its critical importance to processes of social sustainability. On the other hand, it provides a clear view of the inequalities in the time spent on care activities by women *versus* men, thus giving an indirect window on those sectors of the population who receive better care, and those upon whom most of the work relating to human and social reproduction (that is, the difference between the caregiver and the recipient of such care) devolves. The focus on care time enables us to assess and name a key female experience and to highlight its human and social value.

#### *Indicator 6: Unpaid caregivers*

**Variables:** significant age groups, household type, employment status, social level.

**Objective:** to demonstrate the inequalities between men and women in the field of geriatric care. The latter is presented as a field of increasing demand in modern society, in which women represent the overwhelming majority of caregivers for the elderly population.

**Importance:** the importance of this indicator is twofold. On the one hand, it highlights the increasing need for personal care services among the elderly – a problem that clearly requires social action. On the other hand, it calls into evidence the current feminisation of the ‘care giving population’. Far from being insignificant, this trend has serious ramifications for women. A number of studies suggest that unpaid caregivers experience a higher risk of physical and emotional illness and a lower quality of life than do other sectors of the population. If a basic goal of society is to safeguard the well-being of all its members, then this situation – in which the well-being of

the older population is exchanged for the ‘poorliness’ of their caregivers – ought to be unacceptable. The problem is exacerbated by the current demographic increase in the elderly population.

*Indicator 7: Degree of schooling among preschool-aged children (0–3 years)*

**Variables:** place of origin, social level.

**Objective:** to show the accessibility of public preschool among children aged 0–3, and the importance granted to early childhood education within the realm of educational politics. To examine the degree to which a genuine public support for the organisation of care tasks, especially with regard to care of the very young, can be said to exist, or whether, on the other hand, such tasks are routinely delegated to family members (and especially to mothers) or purchased in the market.

**Importance:** the importance of this indicator is twofold, especially if a low level of schooling among children aged 0–3 is detected. On the one hand, it shows the neglect or low interest level among political leaders when it comes to issues surrounding the care of very young children. This strongly suggests that families, and especially women, are still widely perceived as those responsible for domestic child care. On the other hand, by alerting us to the lack of public childcare services, it calls into evidence a situation that undermines women’s participation in the workforce and reduces their available free time, limiting their ability to enjoy personal care services, that is, of services for their own personal care.

*Indicator 9: Demands for placement in senior retirement homes or non-residential day centres, or for in-home nursing care*

**Variables:** dependency level, family ties, administrating agency.

**Objective:** to detect inequalities between men and women in the demand for care services for dependent persons.

**Importance:** studies show that, in situations where one spouse is dependent and in need of special care, women tend to nurse their husbands for longer periods of time than *vice versa*, and that male caregivers tend to seek placement for their dependent wives in retirement homes, non-residential day centres, etc. When the caregiver is a daughter, the difficulty of juggling paid work with unpaid care activities increases the likelihood that she will ask for help.

This indicator should allow us to observe whether or not men have begun to assume responsibility for care work.

## Conclusions

As we explained earlier, the goal of this study was to develop a set of non-androcentric indicators that seek to recover female experience and draw attention

to the specific problems affecting women in today's society – a society conceived and organised around male experiences and values.

As we have seen, such experiences traverse all the areas analysed in this chapter and of course in many others as well. That is, women's unrecognised experiences, and the specific difficulties that they encounter as a result of the current androcentric model can be found in all areas of life and not only (as is sometimes thought) in the workplace, with its distinction between men's and women's work.

Our focus on capabilities and, more specifically, on their contribution to the well-being of individuals within the population as a whole, has proven useful in light of the proposed goal. More specifically, it has allowed us to recast a number of issues familiar to scholars and political analysts alike, arranging them in a new way. This way of dealing with the situation, which implies a specific choice of indicators, facilitates an integral approach to the analysis of the different areas of human life. People are not divided into static compartments; the actions and emotions of our lives are intimately connected to each other and, what is more, they condition one another.

This is why focus matters, and why we need to continue developing and fine-tuning the line of analysis in this perspective, since the focus it applies is relatively new and promising. With its emphasis on the interrelatedness between different analytical categories and the many possible combinations produced therein, such an approach is particularly needed in the realm of statistical analysis and during the calculation of indicators. The latter application is particularly interesting and ought to be taken up by the public sector.

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# Chapter 11

## Living and Working Conditions: Perspectives, Concepts and Measures<sup>1</sup>

Tindara Addabbo and Antonella Picchio

In the past, much of the research which was undertaken into the determinants of living conditions focused on such issues as access to paid labour and the distribution of the rewards obtained from it (see Chapter 1). However, as a number of the contributors to this volume have already demonstrated, such an approach is incomplete if it does not also take account of the importance of unpaid labour (see, e.g., Chapter 10). In this chapter, we use an extended engendered definition of living conditions that includes both domestic and care work (Picchio 2003; Addabbo 2003).<sup>2</sup> We argue that this work is not only necessary to enable people to access and remain in the labour market,<sup>3</sup> but that it also makes an independent contribution to the maintenance and improvement of living standards by sustaining and nurturing human beings (including both children and adults), and is therefore integral to the acquisition of individual capabilities and the support of effective functionings.

The chapter also speculates on how to express the link between working and living conditions. We consider two possibilities: (1) Starting from the usual economic perspective that sees labour as a commodity, we relate its price and quantity to other quantities that reflect living conditions directly. Hours of work

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2 In this chapter the term ‘caring’ is used meaning a process that requires both physical housework and relational caring as, although statistically distinguished, these two aspects are strictly connected in the process of social reproduction of people. On the same line, in care work we here include also unpaid housework, as one cares also through cooking, changing sheets, cleaning, etc. For an insightful review on the caring debate, see Folbre (1995).

3 The inclusion of unpaid work of social reproduction in the general framework of the economic system has led to the development of what could be defined as a macro-extended approach, which includes the process of social reproduction among the structural processes of production, distribution and exchange (Bakker 1998; Carrasco 1999; Elson and Cagatay 2000; Picchio 1992; 1996; 2003).



are thus extended to include unpaid work of social reproduction, being added into total work, measured in time units and wages are divided by housing costs, taken as a possible indicator of what is necessary to enable people to work; (2) Moving to a different perspective, we focus directly on individual human well-being,<sup>4</sup> conceptualised as a multidimensional space defined by a set of capabilities and functionings that shifts the analysis of labour as a commodity into the analysis of the quality of life of individuals situated in social contexts. In this multidimensional well-being space we include also capabilities and functionings that are related to accessing resources via the labour market. Thus, we consider some doings and beings related to waged labour but integrated into a wider well-being space. This is an open space that grows with the flourishing of human lives and includes the freedom of composing individual capabilities into a valuable set of effective functionings (Sen 1985; 1987). A capabilities approach focuses on individuals, men and women, but is not methodologically individualistic, as lives are individually specific but take place in social contexts whereby individuals, as social animals, necessarily interact and act, creatively, on the basis of habits, norms and customs to regulate their relationships and, doing so, are capable of changing the socioeconomic environment.

The way each individual composes capabilities in the space of their well-being, weights and orders them according to relevance, is dynamic as it reacts continuously to the circumstances of life – innovating as well as adapting.<sup>5</sup> Although socially embedded, composing a set of effective functionings is an individually specific process and it cannot be assimilated into a production function based on some kind of deterministic and mechanical causal relationship. It is more an art, which reflects sentiments and emotions (i.e., fear, sympathy, shame, etc.), under the scrutiny of reason and self-reflection. This art of living, as creative enterprise, draws on both tradition and innovation in order to respond to change in material, relational and emotional events. As such, it is both an individual and a social process.

In the empirical analysis of feasible links between working and living conditions, we use the microdata on individuals and families gathered in an *ad hoc* survey, designed for the Modena Municipality and Provincial District.<sup>6</sup> The *Survey on Economic and Social Conditions in the Modena District (ICESmo)*

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4 Alkire (2002), Nussbaum (2000; 2003).

5 The creativity of composing a life can be assimilated to the creativity of using a language. It is rooted in tradition, rules and conventions, it moves within a structure, but it also innovates with regard to the means of expression of individual feelings and relations with other people (Chomsky 1957). Moreover, it has to be said that the ways family members combine paid and unpaid domestic work are not neutral to societal, economic and normative factors (Crompton 2006).

6 Modena is a province in the Emilia-Romagna Region, in the North of Italy; its territorial economic structure is mostly based on highly competitive industrial districts (Brusco 1982). The Modena District includes 47 small towns and has a total population of 630,000.

was carried out by CAPP (Centre of Analysis of Public Policies) in 2002 and 2006, designed along the lines of the Bank of Italy Survey on Household Income and Wealth (SHIW),<sup>7</sup> with the addition of some other relevant information more directly focused on living conditions, such as housing, time use, social activities, desired number of children, health, etc.

In this chapter we argue that at the very connection between living and working conditions, gender inequalities become particularly evident and, on the other hand, some important structural features of the labour market become more visible and problematic. In order to fully disclose these features, our methodological attention must focus directly on the quality of life – seen, in a multidimensional space, as the outcome of a daily and life cyclical process.

In the empirical part of the paper, we encounter the difficulty of defining capabilities and functionings related to the labour market, given the available data. Part of the difficulty lies in the fact that, besides data on effective functionings, we require also some indication of individual agency in composing the set of functionings, given potential and opportunities.<sup>8</sup> Effective functionings reflect a search for a set of valuable doings and beings in a set of capabilities that is specifically individual but also embedded in a social and relational context.<sup>9</sup> Finally, taking into account the different characteristics of the information gathered (precise quantities, imputed quantities, aggregate data, perceptions, conventional standards, qualitative statements, etc.) we try not to lose information in the search for an impossible precision, or worse, in the pretence of a possible precision. We therefore, at measuring level, resort to a mixture of descriptive statistics, probit computations and fuzzy sets. The dimensions of workers' well-being we work on in relation to the labour market are: 1) accessing resources via the labour market; 2) caring; 3) leading a healthy life; and 4) having access to secure, safe and adequate housing. Given the data at our disposal, we considered these dimensions relevant for capturing some revealing structural links between working and living conditions.

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7 Banca d'Italia (2002).

8 Agency is one dimension of well-being (Sen 1981). It can express freedom to do and to be, but also resistance to control or even prudent voluntary adaptation to given circumstances. Human beings are never totally passive, and play their strategies according to passions, reflection and power relationships. They are also never isolated (at least in their memory) and interact with other individuals in a social context as socialised and socialising individuals. The available data set does not provide us a measure of agency in the results of choice that we can observe; however for some variables (like allocation of time) the available data on wished and actual values of the same variable provide us with an indirect measurable space for individual agency. Moreover, focusing on a specific socioeconomic context allows us to infer the institutional and economic constraints in the conversion of capabilities into functionings.

9 The relation between individual and society marks also the relation between means and functionings, as was effectively shown by Robeyns (2005: 98).

In order to access resources via waged labour, people need to be able to work, to be entitled to do it and to be free to do it.<sup>10</sup> In different ways, also caring requires ability, entitlement and freedom. Nevertheless, between paid activities, exchanged in the labour market and unpaid reproductive activities performed in the household, there are many differences, and there can be deep tensions, inherent in the gender and class division of responsibilities, activities, aspirations, objectives and purposes. In the waged labour market, the dominant purpose is production for profit, while in the household it is the sustenance and effective sustainability of a good life. Wages are ambivalent: a cost for the employer, to be kept low to increase profits, and a means of subsistence for the employee, to be increased to improve the quality of living conditions. These tensions are hidden and controlled through a separation of institutional spheres based on a gender and class division of labour, resources and responsibilities. In the space of individual and collective well-being, the interactive connections between market, family and state can become visible in the analytical framework, and their inherent tensions and conflict exposed.<sup>11</sup> These institutional interactions have an impact on bodies, minds and relationships – thus on well-being.

### Accessing Resources via the Labour Market: A Gender Perspective

Modena Provincial District and Municipality are characterised by one of the highest employment rates and *per capita* incomes in Italy and income distribution is more equitable than in the rest of the country (Baldini and Silvestri 2004a).<sup>12</sup> Modena offers also more and far better public services than national standards. Nevertheless, if we refer incomes and working times directly to some aspects of living conditions, such as housing costs and time use, we can see that, in spite of all these favourable conditions, real income distribution becomes less equitable and gender inequalities, in total workload, access to incomes, and social participation, remain striking.

In Modena, women's activity and employment rates are higher than the Italian average. In fact, women's activity rate in Modena in 2002 is 65 per cent against 47.8 per cent at national level, and women's employment rates are 61.3 per cent in Modena and 41.2 per cent in Italy as a whole. Also, the employment gender gap (men's minus women's employment rate) is lower in Modena: 7.3 per cent against

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10 The differences between possibility, ability and choice of doing are discussed in Williams (1987).

11 For interesting insights into the institutional network, see van Staveren (2001: 174–90).

12 The main results of the *ICESmo* Survey are presented in Baldini, Bosi and Silvestri (2004).

**Table 11.1 Type of work by sex and area**

|           | Modena** |           | Emilia Romagna* |           | Italy*  |           |
|-----------|----------|-----------|-----------------|-----------|---------|-----------|
|           | Men (%)  | Women (%) | Men (%)         | Women (%) | Men (%) | Women (%) |
| Full-time | 97.1     | 78.6      | 96.9            | 82.7      | 96.3    | 83.3      |
| Part-time | 2.9      | 21.4      | 3.1             | 17.3      | 3.7     | 16.7      |
| Total     | 100.0    | 100.0     | 100.0           | 100.0     | 100.0   | 100.0     |

Sources: \*ISTAT Labour force survey data 2002, Battistoni 2003; \*\*ICESmo data 2002.

an Italian average of 12.8 per cent.<sup>13</sup> Though 79 per cent of employed women in the district of Modena have a full-time position (Table 11.1), women are also over-represented with respect to men in non-standard jobs (part-time and temporary contracts). More women than men work on shifts (12 per cent of employed women vs. 8 per cent of men, with a higher rate in part-time jobs). Therefore, women in Modena, although having higher probabilities of being employed than women in the rest of Italy, still face a higher risk of being in a precarious job position relative to men.

ICESmo data give us also an idea of the gender income gap (Table 11.2). As we can see, for all recipients, women get 54 per cent of men's income, 66 per cent of labour incomes and 72 per cent of pension incomes. The higher proportion in the case of pensions is due to the fact that these incomes are generally lower, for men and women. Thus, although women in Modena have a high total work and high activity rates, their earnings are, on average, much lower than men's as shown in Table 11.2.

The income gaps are due to persistent gender inequalities in the waged labour market and to the high proportion of unpaid work – very similar to national ones. As a matter of fact, a relevant part of the higher standards of living in the Modena municipality and Provincial District is attributable to the greater amount of paid work that, while benefiting the family, does not guarantee adequate incomes to women and security in their old age. In fact, in spite of their higher participation

**Table 11.2 Mean yearly net individual incomes 2002 in euros**

|                          | Men    | Women  | Women's income/men's income |
|--------------------------|--------|--------|-----------------------------|
| All income-earners       | 23,075 | 12,481 | 54%                         |
| Income from work earners | 18,188 | 11,948 | 66%                         |
| Pensions earners         | 12,376 | 8,926  | 72%                         |

Source: ICESmo

<sup>13</sup> Data refer to people aged 15 to 64 and to ICESmo and Labour force survey data, elaborated by Baldini and Silvestri (2004a).

rate, women remain at a high risk of poverty, which is for women 8 per cent higher than the rest of the population, while for men it is 9 per cent lower – a differential higher in Modena than in Italy (Baldini and Silvestri 2004b: 213). In particular, relative to Italy, the risk of poverty for women over 60 is particularly high, (Ibid: 212). The data show that the use of activity rates as the principal indicator of gender inequalities can lead to the overlooking of important aspects of the gender gap.

With regard to the distinction between functionings and capabilities, we already noted that empirical observation gives us information on effective doings, thus it indicates functionings that are the result of a choice among a variety of potentials and opportunities and reflect individual reasoning on valuable doings and beings. To capture some hints of this agency, we use the information collected on satisfaction (dissatisfaction) with regard to the use of time. This information provides at least a perception of a ‘cost in liberty’ in some important choices in life.<sup>14</sup> Individual agency can, in this respect, be expressed as relative autonomy in making choices about time use. This relative autonomy at least allows individuals to express their dissatisfaction. The degree of satisfaction that the individual expresses in relation to paid and desired hours of paid work could thus be used as an indicator of potential change of choices in the use of time. The 1,127 employees interviewed said they would like to work an average of 35 hours a week (32 for women and 38 for men), while currently the hours of work are 39 (42 for men and 36 for women), and 39 per cent of employees declared themselves to be over employed and 3 per cent said that they were underemployed.

There is a link between the experience of over-employment and the development of one’s capabilities. We register more problems in balancing paid and unpaid household work, and work and life in general amongst the over-employed, as well as an unsatisfied desire for participation in social and cultural life. Moreover, those who feel unable to balance paid working time and personal life, also declare that they would like to reduce their paid work (Addabbo 2005).

The capability of accessing resources through paid work also affects the dimension of one’s family; in fact, lack of paid work or precarious working conditions have been found to have a negative impact on the family dimension, increasing the gap between desired and actual number of children, as shown by *ICESmo* data (Addabbo 2005) and by a qualitative survey on non-standard workers in Modena (Addabbo and Borghi 2001).

### **Caring: As Quantity, Capability and Process**

Women’s and men’s time use and caring responsibilities are interrelated with paid work access conditions and with other well-being dimensions. Unpaid work of

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14 On this idea of expressing dissatisfaction as a ‘cost in liberty’ (see Williams 2001: 21).

**Table 11.3 Total time allocation, men and women over 14**

|                  | Italy* |        |       | Modena** |        |       |
|------------------|--------|--------|-------|----------|--------|-------|
|                  | Paid   | Unpaid | Total | Paid     | Unpaid | Total |
| Men              | 24.9   | 13.2   | 38.2  | 28.3     | 13.0   | 41.3  |
| Women            | 11.6   | 37.3   | 48.9  | 17.1     | 32.1   | 49.2  |
| Hours Difference | -13.3  | 24.1   | 10.7  | -11.2    | 19.1   | 7.9   |
| Employed men     | 43.1   | 12.5   | 55.6  | 44.2     | 13.0   | 57.2  |
| Employed women   | 35.5   | 29.3   | 64.8  | 35.9     | 29.5   | 65.4  |
| Hours Difference | -7.6   | 16.8   | 9.2   | -8.3     | 16.5   | 8.2   |

Source: \*SHIW 2000; \*\*ICESmo data 2002.

one family member can sustain the quality of life of other family members and enable them to enter and remain in the labour market. Moreover, a high number of hours devoted to paid work can increase material resources and improve the family standard of living, but it can also decrease the amount of time devoted to caring for oneself and others or to social activities (Chiappero Martinetti 2003), thus, decreasing their quality of life.

The *ICESmo* survey allows us to show how total time is allocated inside the family amongst partners and, by using the Bank of Italy Survey on Household, Income and Wealth (SHIW 2000), we can compare total time distribution by gender across different areas of Italy.<sup>15</sup> As one can see from Table 11.3, women, compared to men, have a higher load of total work: nine hours more a week in Italy, and eight hours in Modena.<sup>16</sup>

On top of the differences in total work, work activities are not shared equally within the couple. In Modena women's unpaid working hours are on average more than 19 and they contribute to sustain the above-average participation in paid work activities of other family members in Modena.<sup>17</sup> Moreover, women's unequal work burden and share in caring responsibilities reduces their possibility of choosing how to use their time freely, and may also have an impact on other capabilities. For instance, data show that accessing the labour market or training may be limited by lack of time, and this applies to social and political activities

15 The 2000 SHIW survey had also introduced unpaid work into the questionnaire and makes comparisons possible. Unfortunately the Bank of Italy has abandoned this practice.

16 In Modena (*vs.* Italy as a whole) the allocation of paid and unpaid work between men and women is more similar to industrialised countries' average (UNDP 1995).

17 Baldini and Silvestri (2004a: 32, 44) point out that in 2002, men's employment rates in Modena were 76 per cent per cent, ten percentage points higher than in Italy, and that the number of families with more than one earner is equally higher in this city than in the rest of the country.

too. However, looking at employment rates by number of children in Modena, Fiorani (2004: 81) shows that in Modena employment rates do not significantly decrease, on average, for mothers, as happens for mothers in other regions of North East Italy or in Italy as a whole. This can be related to the higher than average presence, in Modena, of public kindergarten and full-time primary schools, that has a positive effect on mothers' market opportunities.<sup>18</sup>

We are aware, as we said, that there are important qualitative differences between activities exchanged in the labour market and household caring activities, especially with regard to objectives, responsibilities, social norms, and the very sense of the doings and beings involved. Nonetheless, time figures do provide an indicator of effort and involvement. What does not come to the surface when we add different activities in a total work figure is the structural relationship between men's paid work and women's unpaid work. To fully disclose this structural link, we need to take into consideration the needs and vulnerabilities of male labourers as multidimensional individuals defined by bodies, minds and relations. If this human complexity is methodologically ignored with regard to its process of social reproduction, the analysis of the waged labour market is bound to be reductive and misleading. What is lost in the analytical perspective is the role of the process of reproduction of labourers as real human beings in their life cycle. In order to recover awareness about real lives, the analytical framework must focus directly on the complexity of human life as suggested by Sen's capability approach and in the classical political-economy macro foundations. In Sen's approach, individual well-being is seen as a set of capabilities and effective functionings embedded in territorial and historical contexts. Individuals have incomes from paid jobs, but also aging and exhausted bodies, responsibilities towards their kin, friends, the community and towards the quality of their own life.

The material density of housework, strictly related to bodies and to the spaces they live in, and its rich emotional and ethical content, marks its difference with waged work in the production of commodities. Women experience nurturing and sustaining other people's lives, always adjusting dynamic balances and looking for the right proportions in the composition of different dimensions. This dynamic and creative experience could be defined as a specific capability, i.e. the capability of caring for people (and possibly for oneself), at present perceived as a feminine capability. Caring is a pragmatic process that always involves, even in the most strictly traditional context, a great degree of individual agency. The data on time use indicates a structural difficulty in balancing paid work and caring responsibilities. Thus, a general problem, given by the necessity of balancing the structural processes of production of commodities, the functional distribution of income (wages and profit) and the historical process of the social reproduction of

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18 Gender auditing analysis of the capability of caring (Addabbo, Lanzi and Picchio 2004) has shown that women's associations played a relevant role in the rise of Modena's public kindergarten supply and high quality tradition.



people, is felt, and theorised, as a woman's specific problem, to be tackled at the individual level in a private and intimate sphere. This misconception discharges into the household structural tensions that are kept out of political confrontations and public discourse.

In a multidimensional well-being approach, we can use time use and income statistics as useful indicators, without being, nonetheless, constrained into a reductive methodology limited to the analysis of market exchanges. In this wider space, we can also look for interactive relationships, tensions, ambivalences, breaking points, social standards, and, most importantly, for real human beings and effective individual and collective agency in balancing production and social reproduction processes. This possibility of going beyond the analysis of incomes and paid work hours, to focus directly on day-to-day life, becomes particularly important for connecting gender and class perspectives – not only because an increasing number of working-class women (mostly migrant ones) work in the sector of paid domestic work, but because the costs of reproducing a good life for male and female workers, and their dependants, are at the core of the conflict between wages and profits (Picchio 1992).

### **Leading a Healthy Life**

The capability of accessing resources through paid work is related to the capability of caring and of leading a healthy life that, as we have seen, enables people to work, physically and psychologically. The *ICESmo* survey gives us only a little information on health.<sup>19</sup> Nevertheless, we are able to partially reconstruct the way in which poor health influences work and daily life, because the data allow us to observe whether the individual defines herself (himself) as 'having difficulties in her (his) daily life because of health problems'. We know the number of days the interviewed person spent in hospital in the last 12 months and the degree of disability. Moreover, we can observe variables that can impact on one's health (like gym activities or smoking).

In this section we focus on the probability of facing health problems that limit functioning in daily life and work activities as an indicator of conducting a healthy life, so that we can see how this probability differs by gender and age (Table 11.4) and which factors affect this probability (considering also employment conditions) (Table 11.5). Finally, we analyse the impact of having health limits to one's daily activities on an indicator of accessing resources through paid work: employment probability (Table 11.6).

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<sup>19</sup> We are currently processing the available information on health and factors affecting health conditions by using *ICESmo* and administrative data to build a fuzzy expert system that could provide us with a partial reconstruction of having a healthy life and its interaction with other capabilities.



**Table 11.4 Average age in relation to health problems**

|   | Men         |       |      | Women       |       |      |
|---|-------------|-------|------|-------------|-------|------|
|   | Average age | Obs.  | %    | Average age | Obs.  | %    |
| People having health problems affecting negatively daily life | 60          | 130   | 9%   | 67          | 198   | 13%  |
| People without health prob. Affecting daily life              | 39          | 1,333 | 91%  | 40          | 1,385 | 87%  |
| Total   | 41          | 1,471 | 100% | 44          | 1,591 | 100% |

Source: ICESmo.

We can see that health problems affect the daily life and working activities (Table 11.4) of a larger number of women than men (13 per cent against 9 per cent). However, amongst working people there is not a great gender difference (for 6 per cent of men and 7 per cent of employed women, health problems affect working and daily life). These problems are more widespread among the elderly (the average age of people having health problems is 64 years, whereas the average age of those with no health problems is 39, Table 11.4); moreover, Modena's elderly population is higher compared to the national standard.

We have designed a probit model trying to estimate the possible factors affecting the probability of experiencing 'health problems that limit daily life' (Table 11.5). Women tend to have a higher probability of experiencing health problems of this kind, although the effect is no longer significant when we take age into account. Returning to the link between health and working conditions, we find that being over-employed is going to increase the probability of experiencing health problems, negatively affecting daily life. However, over-employment can be endogenous, given that health problems can increase the probability of perceiving oneself as over-employed.<sup>20</sup> The probability of experiencing bad health increases with age and for the self-employed, while those who exercise for more hours in a gym<sup>21</sup> or have more children have a lower probability of experiencing limiting health conditions. Nonetheless, bad health conditions could decrease the probability of having children or of exercising, and the relation could go in both directions.

As expected, when we look at the effect that being limited in daily life by health problems has on one's employment probability (considered as an indicator

20 We can estimate a simultaneous equations model to allow for this endogeneity.

21 The coefficient is negative but not significant. The probability of a woman going to a gym appears to be lower (34 per cent of men exercise in a gym, against 26 per cent of women), but among those who do this kind of physical activity, the number of hours is similar by gender (on average, five for men and four for women).

**Table 11.5 Probit model on people experiencing health problems with a negative effect on daily life**

| Variables                   | Coefficients | z     |
|-----------------------------|--------------|-------|
| Woman*                      | 0.17         | 1.23  |
| Education (years)           | 0.01         | 0.41  |
| Age                         | 0.03         | 3.97  |
| Number of children          | -0.46        | -5.08 |
| Born in the South of Italy* | 0.04         | 0.22  |
| Born Abroad*                | -0.54        | -1.40 |
| Blue collar*                | 0.09         | 0.51  |
| Manager*                    | -0.19        | -0.62 |
| Professional*               | -0.56        | -1.54 |
| Self employed*              | 0.37         | 2.00  |
| Overemployed*               | 0.34         | 2.72  |
| Weekly paid hours           | -0.01        | -1.17 |
| Voluntary working hours     | -0.02        | -1.02 |
| Children care working hours | 0.00         | 0.14  |
| Gym hours                   | -0.05        | -1.54 |
| Constant                    | -2.35        | -3.88 |
| Obs                         | 1,110        |       |
| Pseudo R2                   | 0.16         |       |

Note: LHS variable is equal to 1 if the interviewed states to have health problems limiting her daily and working life.

\* Dummy variables equal to 1 if the individual is in the condition stated by the variable.

of accessing resources through paid work activity), we find that it is negative, and, in our sample, more significant for women than for men (Table 11.6).<sup>22</sup>

### Having Access to Secure, Safe and Adequate Housing

In this section we focus on the capability of 'accessing secure, safe and adequate housing', an essential component of a good life, and analyse, given the *ICESmo* data, some of the conditions that allow for effective functionings in this dimension. We also want to see if there are major differences in men and women's access to adequate housing and in their security in a domestic space.

<sup>22</sup> The sample is made out of people aged 16 to 64, and the estimated model is a probit model estimated separately for men and women in the sample. This negative effect has been found amongst others also by Anand, Hunter and Smith (2004) on BHPS data, though they found a lower effect for women than for men on the probability of having a job.

**Table 11.6 Probit models on being employed with health problems by gender (16–64)**

| Variables                             | Women        |      |       | Men          |      |       |
|---------------------------------------|--------------|------|-------|--------------|------|-------|
|                                       | Coefficients | S.E. | Z     | Coefficients | S.E. | Z     |
| Bad Health limiting daily activities* | -0.38        | 0.14 | -2.72 | -0.19        | 0.18 | -1.09 |
| Years of education                    | 0.07         | 0.01 | 6.17  | 0.11         | 0.01 | 7.68  |
| Age                                   | 0.00         | 0.00 | -0.43 | 0.00         | 0.00 | 0.87  |
| Number of children                    | -0.11        | 0.05 | -2.37 | -0.18        | 0.05 | -3.45 |
| Born in the South of Italy*           | 0.06         | 0.13 | 0.48  | 0.90         | 0.18 | 4.9   |
| Born abroad*                          | -0.98        | 0.20 | -4.96 | 0.74         | 0.30 | 2.42  |
| Constant                              | -0.11        | 0.22 | -0.47 | -0.28        | 0.26 | -1.08 |
| Obs.                                  | 1,075        |      |       | 1,008        |      |       |
| Pseudo R2                             | 0.06         |      |       | 0.11         |      |       |

Note: LHS variable is equal to 1 if the interviewed states to be employed.

\*Dummy variables equal to 1 if the individual is in the condition stated by the variable

People need a secure entitlement to the place they live in, to be safe from personal risks and not to feel ashamed of their abode, and the building itself is the means to fulfil this need. Its use is embedded in social conventions, as it offers a relational space as well as a physical one to live in. Living is, in fact, a day-by-day process that requires the delimitation of a private space where also personal private relations can take place. The house, as a means, reflects historical modes of subsistence that include productive systems, power relationships, social ranks, habits and tastes, conventions, laws and, last but not least, gender relations. The individual choice is not between having a shelter or not, but which kind of shelter and whom to share it with. This freedom can be limited by various factors: lack of resources, discrimination, social conventions and housing rights.<sup>23</sup>

Effective functionings in the sphere of secure access to a safe and adequate place are strictly connected to other capabilities and functionings, for instance, to the capability of caring for oneself and others and of accessing resources, generally via the labour market. The methodological openness that is inherent to the capabilities approach, as we said, takes us beyond the analysis of means, to focus directly on well-being as an end and the very process of real life. Its multidimensionality allows us to connect several doings and beings that gravitate around the domestic space. This means that deprivation in housing can have a major impact on the individual's quality of life as a whole. To operate with satisfaction in a wider social space, it is not sufficient to have access to a residence, but it is also important to feel secure and

23 On the issue of rights, see Leckie (1999). On the relation between rights and capabilities, see Sen (1981; 2004).

safe in it. The domestic space has also to be adequate in size and comfort to facilitate relations and reduce demands on housework. Moreover, well-being in the domestic space interacts with well-being in the social space and *vice versa*; thus, domestic intimacy and privacy cannot be confused with isolation, as individuals move in and out of different social dimensions.

It is clear that the capability of living in a safe, secure and adequate place cannot be measured through income, even if income is usually a necessary means for acquiring access to housing. Sometimes, income can be used as an indicator, but only when the conceptual difference between means and ends is made clear – otherwise the whole analysis becomes reductive and misses out important dimensions. There may be cases where, in spite of having an income, it is impossible to find safe and adequate lodgings or cases of intermittent and insecure income that do not guarantee secure long term lodgings. It can also happen that adequate, secure lodgings become personally unsafe as a result of domestic violence and harassment, i.e. for a relational deprivation.

When we look at housing as a basic component of individual well-being, gender differences are striking, because of the different ways in which men and women experience and perceive their dwelling, due to unequal caring responsibilities, workloads, income and power relationships inside and outside the house. Moreover, men and women usually endow the process of living with different meanings, for instance they perceive and rank working in the labour market differently, given their different historical experience of bodies and individual vulnerabilities. In the domestic domain, women are in charge of the ‘ease of the body and tranquillity of the mind’, which was the way Adam Smith (1976: 185) defined happiness.

Home safety has a dual meaning, regarding both the physical environment and the relational context. One can be partly related to income; the other is not. Domestic accidents partly depend on durables and equipment such as wiring, heating systems, and stoves that could be improved by spending more money on them, but they also depend on stress and excessive total workload.<sup>24</sup> Domestic violence is usually unrelated to income and even to education, as it depends on emotional insecurity, relative power, arrogance and misogyny, characteristics that cross class boundaries but have a very clear gender connotation.<sup>25</sup> With regard to empirical information relating to domestic accidents, it has to be noted that in Italy houses are highly unsafe: at national level, there are 8,000 lethal casualties for domestic accidents per year, 70 per cent of which involve women.<sup>26</sup> Women

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24 We have shown how women tend to be overloaded with total work when compared to men, in Italy and in the analysed area.

25 See Paul Anand and Cristina Santos’s contribution to this volume (Chapter 9).

26 Casualties are more than five times higher than those occurring on paid work sites (for more detailed information on the number and factors affecting these accidents, see INAIL and ISPESL data in [www.inail.it](http://www.inail.it) and [www.ispesl.it](http://www.ispesl.it). According to ISTAT 2001, cited by Dalfiume (2006), in 2001, on average, 7.3 people out of 100 living in Emilia Romagna suffered a domestic accident, *versus* 12.4 in Italy.

at home also risk violence and harassment. There are no local data on domestic accidents in Modena, but we do have information about domestic violence against women in this city.<sup>27</sup>

The capability of living in a secure, safe and adequate place does interact with the capability of accessing resources via the labour market but it is not reducible to it. This capability has to be grasped in the multidimensional well-being space, not simply in that of incomes. As we have previously said, in this wider space, tensions may emerge, revealing some structural problems that have an impact on the sustainability of the modes of social reproduction. As a matter of fact, tensions between production and social reproduction appear also in Modena's opulent, progressive and highly competitive economy.

Labourers (employed and self-employed) in the Modena District, are 69 per cent of the population (Baldini and Silvestri 2004a: 32). For them, housing absorbs different income proportions with an increase of class and gender inequalities. The income/rent ratio, considered at family level, discloses a great regressive effect on the distribution of real incomes weighted with housing costs. This is due to a scarcity of low rents in the housing market and to the reduced spread, when compared to incomes, between minimum and maximum values. In Modena, the regressive distributive effect of rents is mitigated by the high house ownership rate, even among low-income families, for whom house property is a strategy for security against eviction and rising prices.<sup>28</sup> Housing is a growing problem, due to the rising proportion of mobile, intermittent and precarious jobs, even in the case of high incomes. In fact, 65 per cent of the unemployed and 79 per cent of intermittent labourers are renting, showing that labourers can afford to own the place they live in only if they have a secure job.

The housing problem is greater for women because, as we saw, they are over represented in non-standard employment and have lower incomes than men. Moreover, as the type of labour contract impacts on the possibility of leaving home (Addabbo and Borghi 2001), labourers are then affected not only because they can't afford to move out, but also because their sense of autonomy may decrease. This is particularly true in the case of young people, both male and female, and of adult women. In the case of adult women, co-residence with adult children implies an increase of domestic unpaid work for women in the family, as shown in time use statistics.

In Table 11.7 we see family labour incomes distributed in quartiles, housing rents and the ratios between incomes and rent. The rent/income ratio discloses great inequalities, going from 61 per cent for the lowest income to 10 per cent for the highest income quartile. We also notice that the highest-income families, that include a labour income, pay a lower rent than the income earners in the third quartile. This could be explained by the fact that landlords demand a premium for

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27 For detailed information, see [http://www.vitadidonna.it/copia\\_di\\_vita\\_di\\_000076.html](http://www.vitadidonna.it/copia_di_vita_di_000076.html) (Last accessed 25 March 2009)

28 Fantini (2004)

**Table 11.7** Family average labour income (at least one labourer in the family and pensions included) and housing rent

| Family income in quartiles | Average income (€) | Average rent (€) | Rent/income (%) | Family members | Minimum income (€) | Maximum income (€) | Minimum rent (€) | Maximum rent (€) |
|----------------------------|--------------------|------------------|-----------------|----------------|--------------------|--------------------|------------------|------------------|
| < €14,600                  | 6,563              | 336              | 61              | 1.8            | 100                | 14,461             | 26               | 697              |
| €14,601-€24,790            | 19,555             | 433              | 27              | 2.7            | 14,701             | 24,790             | 73               | 1,033            |
| €24,791-€33,570            | 28,876             | 462              | 19              | 2.8            | 24,997             | 33,570             | 207              | 775              |
| >€33,570                   | 52,428             | 445              | 10              | 2.9            | 34,086             | 185,924            | 145              | 930              |

Source: ICESmo

risk to the lower income-earners or that wealthier tenants take advantage of social power relationships.

Well-Being is a multidimensional concept and functionings themselves have multiple dimensions, which means that also the characteristics of means, in this case housing, are variegated according to their functionality. The *ICESmo* data provide information on housing characteristics and we can value housing in relation to specific dimensions of the quality of life. For instance, given the fact that housing can be qualified by security, safety and adequacy, the empirical survey can give us some information on the quality of life related to effectively living in a safe and adequate space. To gather information on housing taking into account multiple functions we here use fuzzy logic to process information about degrees of adequacy, security and safety. The data on houses are combined in a fuzzy system that allows us to use approximate and linguistic information (Zadeh 2004: 6) and to evaluate the outcome in terms of the functioning of 'living in a secure, safe and adequate place' (Figure 11.1).<sup>29</sup> The system requires an *ex ante* specification of the relative weights of the different aspects of housing. We have assigned a higher weight to the variable 'Housing tenure' (giving a lower value to rent relative to property), a medium weight to 'Housing characteristics', a variable which is specified with different indicators: space adequacy (residents per room and perception of problems related to house dimension),<sup>30</sup> adequacy of services (heating, access and bathroom) and availability of other spaces (garages and parking lots)<sup>31</sup> and a lower weight to 'Location' – a variable that evaluates access to facilities and the environment.<sup>32</sup>

A first application of this system shows a slightly lower value on average of the variable 'Housing' in the functioning 'Living in a secure, safe and adequate lodging' for women (the value of the variable ranges from 0 to 1 and it is on average 0.61 for women and 0.66 for men). This is so especially for those having a lower level of education and, with regard to employment conditions, for blue collar workers and people with non-permanent employment.<sup>33</sup>

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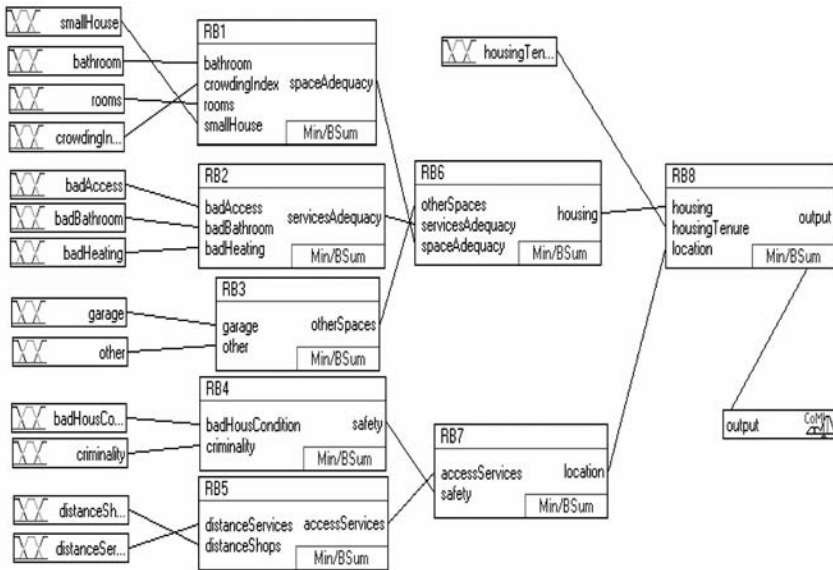
29 We are particularly grateful to Sylwia Ewa Nienadowska for her research work in building this fuzzy system.

30 For the space adequacy dimension we use the interviewee's subjective judgment on lodging dimension, and we have created indicators on the ratio of number of bathrooms and rooms related to the number of family members, and a crowding index on housing surface over family size, the latter being the variable, inside the intermediate variable 'space adequacy' with the highest weight inside this group.

31 The biggest weight within this group is given to 'space adequacy' rather than to 'services adequacy'.

32 This variable provides a judgment on housing location, and it assumes values low, medium and high. The biggest weight within this group is given to area and house safety.

33 Note that we have considered head of households' employment condition, not the employment condition of other people living in it; therefore, this result may understate the worse 'housing' functionings of those who have non-standard contracts and for this reason cannot leave the family, as shown to be the case in Modena by Addabbo and Borghi (2001).



**Figure 11.1** A fuzzy expert system on living in a safe and adequate place

## Conclusions

This chapter focuses on the link between working and living conditions, and we began by extending work into total work (paid and unpaid), and by dividing incomes for housing rent. In order to do so, we assumed two homogeneous quantities: time and money. Such calculation may have been limited and reductive, but nonetheless effective in disclosing a regressive income distribution and major gender inequalities when we take into account quantities that are directly related to an effective living process such as housing and unpaid work. We then attempted to measure some observable functionings related to access to resources via the labour market, caring, housing and good health. These functionings are integrated in the well-being space. In this space, they have to be valued in their interconnections and with direct reference to the quality of life of individuals, men and women. The shift from the evaluation of prices and quantities of commodities, labour force included, to the evaluation of a free and good life for men and women, has a radical critical impact as it offers the possibility of integrating methodologically different dimensions: material, relational, cultural and political ones. In this more

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Further research work is being carried out to show the sensitivity of results to the rules adopted and to the orderings of different subgroups of the population analysed according to the system output.



complex space, gender inequalities become more striking as traditionally hidden aspects and relations are disclosed in the economic framework.

The application of the capability approach in a gender perspective in the analysis of the labour market is particularly promising for the possibility it offers of integrating activities (paid and unpaid), responsibilities, norms, conventions and culture in a more systematic way. On the one hand, it makes it possible in the multidimensional well-being space to avoid reductive dichotomies and separation of spheres, and on the other hand, it allows us to work on different dimensions, and grading qualities, including individual and collective agency.

A wider and deeper well-being space also opens new grounds for the design and implementation of public policy and for the evaluation of its impact. In this space, gender analysis, with its focus on unpaid domestic work and caring – including the care for aging bodies, anxious minds and personal relationships – becomes essential to understand the functioning of the whole system, its institutional network and its inherent tensions. These tensions, operating at the level of living conditions, introduce a powerful dynamic into the system – a dynamic of human development that is different from that of capital accumulation.

Recognition of gender differences in the achievement of capabilities should guide the design and auditing of public policies.<sup>34</sup> For instance, it can be used to argue that the main objective of public policy is not reducible to women entering into the waged labour market, but having a good, free and flourishing life for women and men. To this aim, production, distribution and exchange of resources are instrumental. The methodological adoption of a feminist perspective could increase the realism of the conceptualisation of well-being and disclose hidden individual and social tensions. Most of all, it could help in negotiating in the public arena a good and sustainable life, for everybody, as the tensions between the processes of production of commodities and social reproduction of people are not a women's problem but a deep structural contradiction.

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# Chapter 12

## Incomplete Women and Strong Men – Accounts of Infertility as a Gendered Construction of Well-Being

Helena Machado and Paula Remoaldo<sup>1</sup>

Reproduction of human beings is also the reproduction of social relationships. It constitutes a multidimensional process, in which biological but also emotional, cultural and economic aspects play a determinant role in the construction of the experience and sense of well-being, mediated by gendered inequalities and sexual differences. Our aim in this chapter is to examine the ways in which infertility is a condition that can compromise both individuals' and families' sense of well-being and the extent to which this varies according to different gendered expectations. In medical terms, infertility is the diminished ability or the inability to conceive and have offspring. Infertility is also defined in specific terms as a delay in conception for a given period of time<sup>2</sup> (Boivin et al. 2007: 1057). It's important to take into consideration the fact that the negativistic words that are found in the medical

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1 Authors' note: this chapter is based on the outcomes of a project entitled 'Characterization of infertility in Guimarães Municipality (Northwest of Portugal)', POCTI/DEM/44483/2002 (2004–2005), funded by the Foundation for Science and Technology (Portuguese Ministry of Science, Technology and Higher Education) (Remoaldo and Machado 2008). We would like to thank Susana Silva for the comments to a first draft of this chapter.

2 According to the *European Society of Human Reproduction and Embryology* classification, which is consistent with standard practice and the WHO glossary, infertility is defined in medical terms as the diminished ability or the inability to conceive and have offspring and it is also defined in specific terms as the failure to conceive after at least one year of intercourse without contraception (Vayena et al. 2002: xx). Infertility is a condition which is typically cited to affect 10–15 per cent of couples, although the prevalence may vary cross-nationally, as well as among sub-groups within a country, as it generally increases with age and tends to be higher among those of low socioeconomic status, that are more exposed to environmental risks, mainly in their work (Strickler 1992). However, a recent study (Boivin et al. 2007) that reviewed existing population surveys on the prevalence of infertility and proportion of couples seeking medical help for fertility problems shows a different perspective. Based on data that came from 25 population surveys sampling 172,413 women, the authors indicate evidence of a 9 per cent prevalence of infertility (of 12 months). This estimate is lower than those typically cited and is remarkably similar between

definition of infertility, such as ‘failure’ and ‘inability’, project frameworks of understanding that convey a sense of inadequacy for those individuals – in particular women – that have problems conceiving and having children naturally.

The accounts on infertility or involuntary childlessness will be illustrated by the analysis of interviews with Portuguese women and men who wanted children but could not easily have them. We will explore the ways interviewees relate to their desire for children and the matter of infertility as a departure from well-being, as it is described in terms of failure, disillusion, incapacity, burden, incompleteness and social stigma. We will argue that understandings of infertility, as well as the way this condition is perceived as affecting well-being are related to the socio-cultural context in which women and men live and act. We intend to discuss, particularly, how infertility experiences reveal the weight of social, structural and gender relation factors, largely based on the ideological dominance of the nuclear and heterosexual family model, the symbolic importance of the biological dimension of kinship and the binding of the woman’s identity and social role to maternity (Machado, 2007; 2008).

The most advanced western societies are nowadays facing a steep decline in birth rates, which is related, among other factors, to the growing insertion of women in the labour market, with the changes in conjugality and in the experiences of parenthood. However, society nowadays still shows some signs of pronatalism, in the sense that having children is widely assumed to be a natural and inevitable part of the lives of the married couple, in particular of being a woman (Ulrich and Weatherall 2000; Rowland 1992; Phoenix et al. 1991). This being the case, parenthood is still an element which provides status and identity to individuals.

In the first section of this work, we provide an analysis of interviews with women and men who wanted children but could not easily have them by focusing on the social construction of the desire to have children, as something which produces ‘incomplete’ women (which reveals the essentialisation of the natural impulse towards motherhood) and ‘strong’ men (which reveals the essentialisation of the natural impulse towards genetic perpetuation, combined with the supposedly masculine capacity to struggle against adversity).

In spite of the dominant idea that the experience of infertility constitutes an immense suffering for those who wish to have children, it becomes necessary to take into consideration the socio-historical conditions of the construction of the yearning for children, and in correlation, to approach the socially constructed character of the notion that children are a contribution to the couple’s happiness and, therefore, their well-being. For all the couples we interviewed, to have a child was one of their major goals in life, which leads us to analyse the senses that the interviewees constructed in their pursuit for a child, and to equate the gender relations and models of affiliation and kinship involved in that search.

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more and less developed countries, indicating that there may not be as much difference in prevalence of infertility according to development status, as has been commonly believed.

We will attend to two conditions that, in our point of view, and considering the socio-cultural context in which our interviewees are inserted, explain the essentialisation of the yearning for parenthood and of the couples with children and, simultaneously, the socially constructed perceptions which cause women to suffer the most when it comes to infertility. On one hand, we have the symbolical predominance of a conception of family and kinship grounded upon biological bonds, and in the sequence of marriage, sex, and pregnancy. This way, couples without children a while after marriage do not conform to socially created expectations. On the other hand, there is the continuance of gender inequalities which link motherhood to femininity (more than paternity to masculinity), seeing pregnancy and giving birth as an essentialised need for women, as well as a means of social integration and personal satisfaction and, consequently, a way of pursuing happiness and individual wholeness – of reaching satisfactory levels of well-being within a traditional family (Tamanini 2004: 79).

In the second and third sections of this paper we provide an overview of some feminist studies' approaches to infertility, in particular by discussing how the feminist analysis on assisted reproductive technologies (ARTs) has displayed the fact that the medical application of those technologies and its legal regulation reinforce gendered differences and inequalities. The assumption that individuals, above all women, need to have children in order to be healthy and happy, that is, to reach satisfactory levels of well-being (Ussher, 1989) may be seen and noted in several social contexts, which will justify the fact that women are the preferential targets of medical practices and, simultaneously, their bodies used as subjects of medical research (Barrett and Roberts 1978; Oakley 1987).

The feminist approach will be followed by a brief examination of the results of much of the available research supporting women's greater overt distress in response to infertility (Becker 2000; Saetnan et al. 2000; Strickler 1992; Ploeg 2001), which may well reflect differences in the ways in which men and women have been socialised to cope with negative effects. We intend to provide a framework for understanding the different gendered responses to infertility but also highlight the fact that assisted reproductive technologies act to the detriment of other proposals, like adopting a child or remaining childless. Hence, ARTs' emergence and applications come largely justified by assumptions related to the roles of women and men in society, such as the discourses and beliefs of motherhood as a biological destiny and an inevitable outcome of a woman's biology or, in the case of men, as a way of proving strength, virility, sense of responsibility (Webb and Daniluck 1999) and capacity to produce genetic continuity.<sup>3</sup>

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3 Within western societies, kin relationships are deemed to be acquired by marriage and procreation, with generational ties being structured along bloodlines and the patrilinear kinship founded upon the ideological significance of genetic parenthood. One of the most widely debated influences on the nature of contemporary kinship across the social sciences has been the impacts created by the advancement of assisted reproductive technologies, in particular considering its potential to separate and fragment sexuality, reproduction and

This will inevitably generate new social, ethical and cultural problems for society to resolve and turns us to the point that technology and society are mutually constructed. In this case, we refer to technologies that may promise more than is deliverable. Hence, encounters with assisted reproductive technologies and fertility treatments can be described, as Strickler refers, as ‘a love-hate relationship’ (Strickler 1992: 116), as they offer the hope of becoming pregnant, but at the same time lead to prolonged suffering, physically and emotionally, with repercussions for the well-being of the individuals involved.

Feminist literature has been examining the mutual shaping of gender, science and technology (S&T), by focusing, on one hand, on how gender gets ‘scripted’ into the creation, design and use of new scientific knowledge and new technologies, and on the other hand, how the creation, design and use of science and technology may equally ‘produce’ gender relations and gender identities. It is specially this last dimension of analysis that interests us, insofar as we’re concerned with the production and reaffirmation of gender inequalities, pointing out how women and men encounter fertility treatments by analysing their discourses about their desire for children and their infertility. This work follows the feminist legal studies agenda in the way Richardson (2005) proposes and illustrates in this quote: ‘Instead of creating the identity of the woman-victim, feminism has questioned the meaning of what it is to be a woman. This has allowed feminism to challenge rather than create such a victim identity’ (Richardson 2005: 291).

### **‘Incomplete’ Women and ‘Strong’ Men: The Construction of Conjugal Infertility**

One of this study’s objectives was to perceive in what way the experiences of infertility would conjugate with the dominant social and individual constructions of well-being, which in turn reveal themselves articulated with the social and cultural contexts of gender, conjugality and family roles.

Interviews took place in a region of northwestern Portugal that we consider to be rather illustrative of the socio-cultural characteristics that reproduce conformity with the notion of nuclear and biological family, although the scarcity of studies developed in Portugal about the subject of infertility would not allow the drawing of a comparative perspective or to present more consistent conclusions.<sup>4</sup> According

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parenthood. Some basic sources will be Stanworth (1987), Franklin and Ragoné (1998), Edwards et al. (1999).

4 Within the context of sociological investigation on the subject of infertility in Portugal, we must highlight the work of Amélia Augusto (2004) which focuses on the depictions of infertility produced by the media, by doctors and infertile couples. However, the author herself points out the study’s lack of representativeness, for the reason that it only included 18 infertile couples. Another sociological study of interest for the Portuguese context is the analysis of processes of mutual conformity between law, science, technology



to recent official statistical data, this region has a birth rate (11.3 per cent) slightly above the national average (11.0 per cent)<sup>5</sup> and the most common family model is the 'lawful' couple (heterosexual, bound by traditional matrimony) with children (60.1 per cent), which is well above the national average (42.3 per cent) (I.N.E. 2002).

In a total of thirty interviews,<sup>6</sup> this study gathered the participation of 14 couples (woman and man) and 16 women. Participants selected for inclusion in this study had been medically diagnosed with infertility. Eleven of the interviewed women achieved a pregnancy that ended in a miscarriage and 19 were never pregnant. Considering that only two of the interviewed couples had not used assisted conception techniques but intended to seek medical help, most of these cases refer to situations in which the fertility treatments they had undergone proved unsuccessful.

The participants in this study were all Portuguese, heterosexual, married and white, but formed a heterogeneous group in social terms, showing diverse educational, professional and economical profiles, although there is a certain blue-collar prevalence (see Table 12.1).

All the interviewees were married at the time the study took place and the most common age group was the 30 to 34 years of age, with the lowest limit of the age range being a woman of 26 and the upper limit a man of 54.

When it comes to family income, 12 of the 30 couples had less than €1,000/month and only four made €2,000 or more a month.<sup>7</sup> The low level of income of the majority of the people we interviewed appears along with unfavourable

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and gender (Silva, 2008a), through the performing of interviews with women and men who had gone through personal experiences of medically assisted reproduction.

5 Some approaches of the procreative behaviour in Portugal reveal that the region in which the interviews took place showed, in the past, signs of strong social control, which would mean, namely, a high level of religiosity, mostly associated with the Catholic Church, that could partially explain the high levels of birth rate (Livi-Bacci 1971, Almeida et al. 1995). Up until the mid-80s of the twentieth century, this region showed one of the highest birth rates in Portugal. By force of changes in behaviour and mentalities and also through actual access to effective contraceptives, in the last three decades of the twentieth century in Portugal, the number of births has declined more than 30 per cent (Barreto 2000). In global terms, in the northern part of Portugal, the decline in the number of births started a bit later than the rest of the country, but today, we're seeing a nationwide convergence regarding a visible decline in the number of births, which is actually one of the lowest within the European Union.

6 Taken place in the homes of the interviewees during June and July 2005.

7 In Portugal, the costs of fertility treatments go about €1,250 in the public sector and €5,000 in the private sector, per treatment cycle. One could say that it's a rather expensive medical service in a country such as Portugal where the minimum wage in 2008 was €374.70. The difficulties in economical access to fertility treatments are immediately perceived. Although they aren't a subject of this chapter, they were consistently brought up by our interviewees.



**Table 12.1 Interviewees' occupations**

| <b>Profession</b>                                   | <b>Women</b> | <b>Men</b> |
|---|--------------|------------|
| Public Administration's superior ranks              | 1            | –          |
| Intellectual and Scientific professions specialists | 2            | 1          |
| Intermediate professionals                          | 7            | 3          |
| Factory and manual workers                          | 19           | 10         |
| Unemployed  | 1            | –          |
| Total   | 30           | 14         |

educational levels, as three women and two men only had four years of education. The modal group regarding level of education was the individuals with six years of education, in women (n=14) as well as in men (n=12) and only three women and one man had a university degree.

The occupational profile of the people interviewed, combined with the fact that most of them didn't have more than six years of education, allows us to declare that this study came to widen the scope of knowledge around the experiences of infertility, insofar as most studies on this subject conducted in the field of social sciences have been mostly directed to middle and upper class female participants, thus reproducing the stereotyped infertile patient: middle or upper-middle class white women, in their 30s (Cussins 1996).

### *Reasons for Wanting Children*

We began by asking our interviewees if they had already thought about having children and why. The responses reveal a wide diversity of reasons for wanting a child, from liking children, to a way to fight off loneliness or a 'natural' consequence of marriage or an individual's dream and yearning.

Within dream and yearning, the most frequently invoked reason for having a child is clearly expressed in the idea that this kind of yearning is mostly expected to come from a woman, within a cultural framework which, still nowadays, continues to bind woman and femininity to the reproductive sphere, turning childless women into 'incomplete' and socially disparaged individuals (Phoenix et al. 1991; Rich 1976).

The following account from one of our interviewees clearly illustrates the fact that motherhood is still, in society's eyes, one of the fundamental elements of femininity: 'I believe it's every woman's dream. And my greatest dream was to become a mother' (38 year-old woman, seamstress in a textile factory).

Another interviewee claimed that becoming a mother is a necessary condition to achieve 'full' femininity, revealing the sense that 'something' is missing, taken as essential to femininity's identity construction: 'For me to feel like a real woman all I lack really is just motherhood. I believe I have a good professional situation, sound family relations and I really miss that' (29 year-old woman, social educator).

The desire to have children also arises through the link between marriage and procreation that is, accordingly to the produced narratives, having a child is something which occurs ‘naturally’ in most couples after some time of marriage: ‘It’s part of it. When a person gets married she must get pregnant, right? If not, I don’t think I would marry if I didn’t want to raise a family’ (30 year-old woman, textile worker).

### *Infertility as a Social Stigma*

Whenever a marriage doesn’t produce children after some time, the involved community, from close family, to friends and neighbours, begins to wonder about the reasons for the absence of children. The following account is illustrative of the evaluation processes that such couples are subjected to, which reproduces the idea of having children as a stage in the development of a relationship and as a social expectation: ‘People always ask ‘So, when is the baby coming? So many years you’ve been married!’ (28 year-old woman, unemployed)

The perception of reproductive inability as a condition that doesn’t accord with what society and especially with what closest relatives expect from an individual leads to diverse and complex feelings, which span from the sense of inferiority, to repulsion and social exclusion.

The next testimony from a woman portrays the sense of ‘abnormality’, of difference regarding the other women who can procreate, showing also a feeling of disgust, but of inferiority and impotence as well, for not being able to reach what one wants most: to have a child: ‘That’s what disgusts me the most, and I feel a little bit inferior to other women for [not having children]. Listening to my friends talk about [children] and knowing that is something that we want so bad, but we can’t get it, it’s very complicated’ (35 year-old woman, factory worker).

### *Gendering Infertility*

The binding of social stigma seems to appear mostly associated to the woman. According to testimonies collected from two male participants from couples, the popular voice (in this case, the family) ties the blame for the infertility to the woman, suggesting that she doesn’t comply with the proper functions of feminine beings.

One of the interviewed men portrayed exactly the situation generated by factors related to tradition and culture which associate infertility predominantly with the feminine side. Furthermore, the ‘blame’ attribution for reproductive inability is projected by women in the family: ‘We already felt the looks of my parents, my mother, my aunts and such. It’s like: If you don’t have children that’s because there’s something wrong with her. It’s just the thing with the looks and thinking she’s the one with the problem, even though it might be mine’ (31 year-old man, jeweller).

One of the most recurrently used words by our interviewees was ‘pressure’, which assumes several forms, from discrete questions about the motives of the

non-existence of children, to subtle accusations of inability and selfishness, as if it were the couple's choice not to procreate.

Men and women feel themselves targeted by social pressure, which produces great emotional suffering, sometimes forcing them to pretend that having children is not a priority in their life. A socially accepted justification for not having children is presented: the need to get their life 'organised' that is, gathering financial resources and stability. What could otherwise be classified as a rational decision, based on the autonomy and freedom of decisions for their reproductive career, particularly by women, is reconfigured as a strategy which comes to broaden the female tendency to have children and take care of them. This happens because the postponing of the beginning of the reproductive career is only acceptable within many social groups as long as it is based on the concern to gather beforehand the necessary elements in order to afford comfort and well-being to future children: 'We kept saying that we had to take it easy; that we had to get our life sorted out... excuses!' (28 year-old woman, pharmaceutical technician)

The social pressure to have children and the suffering associated with the inability to have them often lead to feelings of exclusion, or 'being put aside'. The family's festive occasions which usually call for the presence of children, such as birthdays, Christmas, Mother's day or Father's day, are lived through like torture: 'I feel many times excluded and put aside for the fact that I don't have children. For example, during Christmas we trade gifts and we give them to all the children but the adults don't give us any. It's in these moments that we feel left out. But not just from the family, also from society' (29 year-old woman, social educator).

Although negativity is the dominant tone in the interviews, one of the interviewed men mentioned that he never felt like he had been discriminated against for not having children, stressing the positive aspects of such condition, namely, the absence of worries and the opportunity to enjoy more autonomy and rest. By pointing out the 'advantages' of not having children, this man is projecting an attitude of rationality and exercise of autonomy and personal freedom, socially valued in men, that appear as responses to what he considers to be the social pressure to have children: 'There are advantages and inconveniences. I might have a disadvantage such as "hey, it's Father's day and all", but in compensation I'm able to sleep all night. That is, I have some privileges for the fact that I don't have to put up with anyone' (45 year-old man, lawyer).

The seeming distance that this man shows concerning what is socially expected – to get married and have children – comes to consolidate the projection of associated behaviour to what we could designate as the 'dominant' masculine imagery which is ruled by the importance given to emotional control, autonomy and strength (Collier 1995). This narrative shows that there is a need to develop a positive reconstruction regarding the 'failure' of infertility. This 'deleting' of men's suffering is based on the dominant view of masculinity which perpetuates the idea that men can control their anxieties and emotional states by controlling the external environment (Silva and Machado 2008). The strategy of minimizing the impacts of infertility echoes the findings reached in a study of infertile men

(Webb and Daniluck 1999), that show the presence of positive reconstruction strategies of infertility situations, for example, through the redefinition of life priorities, allowing men to maintain identity processes socially attached to masculinity, namely those based on values such as competence and strength.

Another aspect which seems to differentiate women and men's responses to infertility, and which is related to the distinct socialisation processes that women and men go through, points towards the fact that there is a distortion of the suffering caused by infertility by focusing on the woman. This is because a strong man, even if he is suffering, conceals such feeling and transfers it to the female element. Contrary to what occurred with the women we interviewed, none of the men would make references to individual models of experiencing and living through infertility.

The strategies used to make men's suffering 'invisible' in situations of infertility disclose social processes of gender differentiation, which refer to the masculine as the side of reason and the feminine as the emotional side. Even if the infertility cause is the male's, the narratives surrounding infertility are centred on the woman – in her yearning to have children, in the suffering for not having them and the pain caused by the treatments, which concern the woman's body as their main subject: 'Knowing that she wants a child and can't have them ... having to go through the treatments and she suffers more than I do in the treatments... it is she that has to get all the injections ... it's a bit complicated. It's not easy' (31 year-old man, furniture dealer).

Our male interviewees often described the suffering caused by the absence of children in ways which tended to erase their own psychological suffering, either by placing more emphasis on the woman's suffering or by the use of descriptions which emphasised the suffering of both partners as members of a couple.

### *Valorisation of Biological Links*

And what to do about infertility?

The dominant response was the will to carry on the 'fight' to fulfil the desire to have children, felt as fundamental by most interviewees. This meant that they continued to look for fertility treatments. The social construction of parenthood as a natural imperative, based on the argument of human instinct, above all feminine, for procreation is reinforced and consolidated by the importance of producing offspring naturally (Ulrich and Weatherall 2000: 327). The essentialisation of the natural desire for parenthood is conveyed by the interviewees when they mention their struggle to have a child of their own blood: 'I'll go all the way, for as long as I have the resources, as long as I have the possibilities to have a child of our own. When they tell me: It's over, you don't have any more egg-cells, you don't have ovaries, you don't have anything. Forget it, adopt ... or live your life without thinking you'll have your own child. As long as nobody tells me such things, if it depends on me, I'll go all the way' (30 year-old woman, textile worker).

But whereas the interviewed women refer to such struggle in the first person ('I will fight'), men refer to the couple's struggle. This comes to reinforce the idea that women are naturally more oriented towards procreation and that having

children is seen as an essential part for the construction of individual identity (the need to feel ‘complete’): ‘We’re fighting till the end. Only when the doctor tells us it’s over, that it isn’t worth it to insist anymore... for we shall always fight’ (38 year-old man, steel worker).

The privileging of biological parenthood is strongly rooted in what is considered to be the couple’s, socially expected, ‘normal trajectory’. With the development of ARTs which promise to fight the fate of procreational inability, the quest for genetic continuity – the biologisation of family – along with the entire symbolical load it carries, seems to be emphasised. In fact, social pressures towards biological parenthood are reinforced by reproductive technologies themselves, since the fundamentals of their use are precisely based on the possibilities to naturally engender a child (Stanworth 1987; Franklin and Ragoné 1998; Edwards et al. 1999). The privileging of genetic continuity is reflected by the rejection of adoption as a possibility of parenthood: ‘To adopt, I think I wouldn’t want to. Knowing it’s not really ours ... I wouldn’t want that. I’d rather stay alone’ (37 year-old woman, factory worker); ‘I don’t want to [adopt a child], because I think it would never be my own. Either I have one or I don’t’ (29 year-old woman, office clerk).

Thus, once again, we see that procreation and parenthood, more than natural, are foremost the result of social constructions (Strathern 1992; 1995).

### **Impacts of ARTs in Family and Gender Relations: The Feminist Approaches**

Assisted conception techniques, as well as other reproductive technologies, such as those designed to control infertility, to monitor and control labour and childbirth, to monitor the quality of the foetus and provide pre-natal and neo-natal care, have always been the subject of legal, political and moral debates (Stanworth 1987). Social sciences – and in particular feminist research – have been contributing to the debate by analysing the socio-cultural dilemmas that are being raised in the context of ARTs, in addition to difficult ethical, personal, moral and political questions. In the context of this chapter we are mainly interested in focusing on two of the fundamental aspects of the feminist approach on these technologies’ impacts: on one hand, the way these technologies come to consolidate the patriarchal collection of ideas of family, based on the sequence of marriage, sex, procreation (based on biological bonds) and, on the other hand, the way in which the infertility experiences reproduce and amplify the gendered social relations.

Even the legal regulation of the ARTs itself, existent in the Council of Europe’s recommendations on Artificial Human Reproduction (1989) and in most European legal frameworks (Ferreira 1999; Sheldon 2005a), privileges the traditional,<sup>8</sup>

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8 The justification for the existence and development of ARTs depends, to a great extent, on the fact that most infertile couples show their preference for children resulting from their own genetic material, turning to gametal donation only as a last resort (Stanworth 1987; Franklin and Ragoné 1998; Edwards et al. 1999). An assisted reproductive technique

heterosexual, preferably married family and biological kinship. In Portugal, the present applications of ARTs<sup>9</sup> reveal the power of the social and moral values which are dominant within Portuguese society in terms of sexuality, conjugality and family, by which conformity to the nuclear, heterosexual and biological family is essential (Augusto 2004; Nunes et al. 2004; Silva 2008b, Silva and Machado 2008; Remoaldo and Machado 2008). One of the most revealing aspects is the fact that, in Portugal, the ARTs are being faced as a subsidiary, rather than an alternative method for procreation, that is, as a therapeutic answer to fertility problems or to situations in which there is a risk of transmission of infectious or genetic diseases (in married heterosexual couples or in legal union considered to be 'stable'), which excludes its application in cases of single women or that are not in 'stable' relationships and non-heterosexual couples

A considerable number of writings by feminist scholars consider that reproductive technologies have an important role in the objectification of women and therefore are responsible for subjugating and disciplining effects on women's bodies and lives. However, feminist studies have been far from uniform.<sup>10</sup> Many powerful critiques by feminist scholars call on reproductive technologies to backup their theories of objectification of women and emphasise the dangers of reproduction of a patriarchal logic which subjugates women, especially when allied to a market logic and power (mostly masculine) of medical practices.<sup>11</sup> Liberal feminist analysis decries the objectification of women (Cussins 1996) and points out that reproductive technology increases choice for women.<sup>12</sup>

In this study, almost all couples pointed out situations of discrimination, vulnerability and threats to the woman's physical integrity resulting from medical treatments (Douglas 1991), and the hindrance from fair access to this

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which clearly describes the importance of genetic bonds between the parents and the children is the Intracytoplasmic Microinjection (technique which consists of injecting one spermatozoid into an egg-cell by micromanipulation), which avoids resorting to a sperm donor. The desire to achieve procreation through 'normal' means is also visible in the fact that many couples that resorted to Intrauterine Insemination with sperm from a donor would conceal the fact from the children (Golombok et al. 2005). In the same manner, the fact that the medical experts try to match the donor's physical characteristics (blood group, height, race, skin, hair and eye colour) of the child to the non-biological father's, comes to reveal exercises of kinship 'construction' which seek out to meet the social expectations of biological kinship (Thompson 2001).

9 In 1986 the first 'test-tube baby' was born in Portugal. But only 20 years later, in 2006 (Lei no. 32/2006), Portugal was given the first legislation on ARTs.

10 For a short and useful review of the main feminist approaches on Assisted Reproductive Technologies, see Cussins 1996.

11 Feminist writings on the objectification effects of reproductive technologies on women's bodies and lives are extensive. Essential sources include Spallone and Steinberg (1987); Corea (1987); Kirkup and Keller (1992), Raymond (1993).

12 For an illustrative liberal feminist critique of reproductive technologies see, for example, Birke et al. (1990).

sort of health care, mainly because of the lack of economical resources, access to information and conciliation between their professional activity and consulting hours. All of these processes interfere with the individuals' bodily, psychic and social conditions that may collide with the constructed notions of well-being, and represent impediments to a complete fulfilment of sexual and reproductive rights, leading to the questioning of the access and enjoyment of resources (Robeyns 2003), mainly when the socio-economical and cultural conditions under which women and men make their choices are not considered.

Western belief systems about motherhood and parenthood act in order to legitimate dominant socio-cultural beliefs and practices – namely, the patriarchal nuclear family, heterosexuality and genetic parenthood. In this context, infertility is constructed as impairment or as failure and much psychological and clinical theorising and research has presented infertility as a significant challenge to the psychological and emotional resourcefulness and well-being of couples, resulting for some in impaired sexual functioning and dissatisfaction, marital communication and adjustment problems, interpersonal relationship difficulties and emotional and psychological distress (Webb and Daniluck 1999).

### **More Stressed Women?**

Findings of much research on the psychological and social consequences of infertility suggest that women, more than men, experience more negative effects of infertility, tending to reinforce dominant social beliefs about motherhood as necessary to womanhood by endorsing beliefs about women needing children in order to develop as healthy individuals and about mothers being crucial to a child's successful development (Ulrich and Weatherall 2000: 324; Phoenix et al. 1991). In this sense, psychology, as well as medicine and common sense assumptions have promoted motherhood as essential for women's well-being, for their psychological completeness and happiness.

The feminist research has been contributing to the critical deconstruction of these assumptions about the inevitability of the feminine yearning to become a mother and the direct association between reproductive capacity and happiness, health and well-being. In social contexts where femininity tends to be closely attached to reproductive capacity and the 'marriage-sex-procreation' triad prevails, there are cases of childless women that are recurrently seen as pathologies (Morell 1994) and childlessness and infertility are often conflated.<sup>13</sup>

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13 We use the term childlessness as meaning 'no child after a given period of marriage' (Boivin et al. 2007: 1507). The term might be used for couples not wanting children but is commonly applied to couples who want children but experience a delay in conception. According to Boivin et al., in fertility surveys a distinction should be made between infertility (by posing a question such as 'Are you presently experiencing/have you ever experienced a delay in conception/difficulty in carrying a child?') from childlessness



Besides, it is also possible that in many cases the option to turn to ARTs is given as one of the few choices presented to women (if not the only one), because of the social stigma attached to infertility and non-motherhood (Crowe 1987). We must point out that one of the main achievements by feminist literature has been to set the need to argue for a broader definition of motherhood and a wider variety of culturally sanctioned roles for women (Ulrich and Weatherall 2000).

The incapacity to have a child is generally acknowledged to be a major life crisis and typically, medical, psychological and sociological literature tends to present infertile couples as emotionally devastated and anxious. Infertility is thought to be an experience that leads to prolonged suffering, physically and emotionally, also posing the question of the right to procreate and to fair justice on egalitarian access to health services, which in the case of ARTs, involves proceedings and arguments around the priorities for the Portuguese health care system.<sup>14</sup>

However, most studies about infertility experiences have focused essentially on women and it could be the case that the instruments used to collect information would be more sensitive to women's responses to infertility. The reasons why that would happen are diverse, beginning with the fact that women are the ones who must endure most of the medical investigations and treatments for the couple's impaired fertility, even if the cause of infertility is masculine. Another point is that the unsuccessful fertility treatments are given explanations based on the belief of the 'miraculous' character of scientific and technological progress, holding women as primarily responsible for the maximisation of the possibilities of success of the techniques or their failure. Women themselves tend to take full and individual responsibility for unsuccessful treatments (Silva 2008b, Silva and Machado, 2008). They see themselves as 'guilty' for not achieving pregnancy, even when the detected cause is found to be the male. Whether it's because they don't respond to hormonal stimulation, or because they fail to accept the embryo, or even because they don't conduct the most 'suitable' lifestyle after the transfer

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('After being married for [specified number] years do you have a child?') (Boivin *idem*, *ibid.*). As Ulrich and Weatherall point out 'Not only has psychology promoted motherhood as essential for women's completeness and happiness, but childlessness or not wanting children has been viewed as unnatural and pathological.' (2000: 324).

14 Given that the economical income is one of the most widely used variables in order to uncover health care access inequalities, it becomes particularly striking in cases of infertility in Portugal once we notice the high costs associated with this kind of treatment which is offered in most cases by private clinics, predominantly orientated towards profit and cost-effectiveness and, thus, making their price range inaccessible for many Portuguese people. Most of the 28 (2007) clinics who offer fertility treatment are located in the larger urban centres (11 clinics in Lisbon and six in Oporto, respectively), which considerably raises the costs of access to fertility treatments for those who live far from the clinic's location. This comes to aggravate the inequalities in the access to ARTs for some population strata, which makes it difficult to accomplish the WHO goal of accessibility as a key millennium challenge for those involved in the delivery of fertility treatment and assisted reproduction (Boivin et al. 2007).



of embryos, they become vulnerable to certain psychological mechanisms or even to difficulties related to their age.

As Irma van der Ploeg puts it, in a book that focuses on the very invasive, dangerous and traumatic treatments for male infertility and foetal surgery solely through women's bodies, in a context of a medical approach to women's bodies that understands them as the 'natural' and 'given' subject of medical investigation and intervention, there is a paradox and a contradiction that has resulted from the 'combined achievements of medical reproductive technologies and feminism' (Ploeg 2001: 2). The paradox is that, at the same time women enjoy greater freedom over reproductive choices, in the case of reproductive technologies, they are often subjected to physical, invasive and risky procedures in a way that the struggles to emancipate women were attempting to move beyond (Stengel 2006).

In addition, it's also women who more frequently assume responsibility for initiating treatment efforts, a fact that may reflect women's long-standing involvement with medicine during the course of their lives, particularly when issues of reproductive health are concerned. Social context and expectation are also important. Since pregnancy and parenting are believed to be mainly women's issues, this means, in consequence, that failure to biologically reproduce may affect women more negatively to meet gender role expectations than men.

These techniques may also be used to overcome malfunctions of the male body, but in a process of medical intervention that is directed 'inside out', since the most widely used technique in a male infertility context is the intracytoplasmatic injection (a technique which consists of injecting a sperm-cell inside an egg-cell through micromanipulation), that even permits the harvest of immature cells (spermatids – male germ cells derived from spermatocytes and developing into spermatozoa) allowing the male gamete to be prepared and capacitated for reinsertion in the conception process as fertile. From this perspective, the male body is perceived as 'naturally fertile' (which reinforces, through medical practices, the cultural conceptions that a man is always fertile). On the other hand, the female body is seen as more needy of medical help and intervention, and therefore, more vulnerable to screening processes. Hence, women are doubly integrated into the reproductive medicine techniques – on one hand, they are elected as fundamental actors in assisting medical production; on the other hand, they are seen as the preferential object of medical practices.

## **Conclusions**

We have intended to understand the ways in which infertility experiences relate to social and individual constructions of well-being, which in turn disclose articulated relations with social and cultural contexts of gender roles, conjugality and family, based on processes of essentialisation of the yearning to procreate, and are mostly aimed at women. As Tamanini (2004) would say, based on the approach on the application of ARTs in Brazil, these promise to give the woman

back what she lost or what she didn't have in reproductive matters – and we are faced with the 'incomplete' woman imagery – at the same time men are offered the possibility to enhance what they already have – for men are naturally complete and therefore 'strong'. The applications of ARTs are developed in a social context which essentially invokes gendered social relations, despite the fact that fertility treatments appear legitimated by the couple's 'will' and 'yearning' and often mostly grounded on the woman's desire to have children. It's important to understand to what extent such desire is socially constructed and historically conditioned.

The desire to have children appears as something fundamental in the interviewed couples' lives, for several reasons, from the perception that procreation is something expected from those who are married, to the reports that mention the need to fulfil a dream and a desire. Generally, the aspect of desire and the perception of procreation as something which corresponds to individual as much as social expectations are articulated together and ARTs are themselves shaped with these social contingencies.

Women's social binding to procreation can cause incapacity to breed to be seen as a deviation from the expectations of the individual and those of others. Hence we suppose that the social pressure to have children and the condition of infertility mostly penalises the woman. There are, however, authors who mention that infertility can be as much or more penalising for men, insofar as male infertility appears culturally associated with the loss of virility, which may cause this condition to be experienced as a manifestation of impotence and a loss of manliness (Webb and Daniluck 1999; Wright et al. 1991).

Wanting children and not being able to have any engenders feelings of frustration, anxiety and disappointment. Suffering is kept silent and the condition of infertility is concealed. A heavy burden is carried by women, as well as men. The women feel incomplete and unable to fulfill what they understand to be their socially predestined function: to become a mother. The men feel threatened by the incapacity to procreate, which is culturally associated with a loss of their manliness. They assume an ambiguous role that comes with the 'protective element' function that reproduces the gendered social expectations: they are simultaneously cooperative and strong: cooperative, insofar as they share the women's suffering, manifesting discomfort towards the physical pain inflicted on their mates by fertility treatments and the risks they are subjected to, for it is on the women's body that most medical exams and medication are applied. But according to socialisation differences between men and women, this study identified in men the belief that they should be the couple's 'strong' element – the ones who share the pain and suffering but don't let themselves be shaken by the misfortune of infertility.

Previous studies about the way women and men deal with infertility and medical treatments point towards differences and similarities. Published literature on the theme, as well as our study, led to the fact that women, as much as men that are faced with the experience of infertility, feel that several dimensions of their personal and social life, the familial and social relationships, the conjugal relation and expectations regarding marriage and their senses of femininity or masculinity

are transformed. That is to say, infertility leads to the reconfiguration of life projects and identity processes, which in social contexts where healthy adult individuals – overall healthy women – yearn for children, contributes to the limitation of the possibilities of construction of well-being.

Differences in the ways of facing and handling infertility are also stressed and seem to indicate that the situation of being unable to bear children is apparently more penalising for women, who show higher levels of distress (Wright et al. 1991) among other reasons, because of differences that seem to reflect distinct socialisation processes regarding the manner in which it is socially expected for women and men to deal with negative events. According to the dominant models of sexual division of labour, the women are allowed to cry, whereas the men are not, which comes to essentialise the idea of the natural impulse towards parenthood – necessary for the ‘wholeness’ of the being, especially in women, and revealing of the male ‘strength’, through the naturalisation of the instinct for the genetic perpetuation of the species, evoking attributes culturally associated with men, such as vigour, energy and virility.

Paternity may be an attribute of manliness, but not in the same way that maternity is an attribute of femininity. The social construction of the desire for children appears, regarding women, as a yearning that has always existed, as something instinctive and natural, as if maternity was to be an experience of continuity, of repetition, of fulfilment of a plan always elaborated in the feminine past, necessary to make the woman ‘complete’ (Rich 1976; Oakley 1980; Phoenix et al. 1991). However, paternity reveals a fundamental design for a certain type of masculinity – that of the married man – since the single’s masculinity may be grounded on the lack of responsibility and in sexual liberty, as a desire that is established during a certain moment of the life cycle, facing towards the future, for progeny, enabling changes or substitution of such project. But infertility brings the risk of femininity or masculinity being positioned in the lower strata of the ‘more or less’ feminine or masculine (Costa 2002).

One central assumption of this chapter is also that the ARTs, rather than revolutionising the conceptions and practices of gender relations, family and kinship, produce a reproduction or even an ideological amplification of the traditional definitions of these concepts (Sheldon 2005a; 2005b), grounded upon the nuclear and heterosexual family model, in the symbolical importance of the biological dimension of kinship and in the binding of the woman’s identity and social role to motherhood. In fact, one of the basic assumptions of technological innovations and medical practices in the area of assisted reproduction is to contribute to the well-being of families.

We suggest that ARTs may be technologically innovative, but they are conceptually conservative in upholding existing cultural assumptions about parenthood, sex and marriage. From our perspective, the application of science and technology to the process of human reproduction should, above all, widen the possibility for a greater diversity to build familial and kinship relations with more fluidity than those of the barriers established by the ideological dominance of the

heterosexual, nuclear family with the ability to procreate. It is our assessment that a broader definition of motherhood and fatherhood is needed and, above all, a wider variety of culturally sanctioned roles for women (Ulrich and Weatherall, 2000). We argue for alternative representations of parenthood in a sense that enables individuals, women and men, to live a 'good' life, to reach more satisfactory levels of well-being and to compose their effective functionings, in the sense developed by authors like Amartya Sen (1985). Feminists see reproduction as a potential source of women's power but also as an historical justification for its limitation. Accepting this view, we consider that it is also imperative not to restrict women to the dominant normative representations of femininity within patriarchal societies and to allow real freedom or ability to develop positive states of being (Robeyns 2003). How can this potential contradiction be surpassed in a positive way? How can one call it a choice when it's seen by everyone else as a duty?

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## Chapter 13

# Time to Do and Time to Be? The Use of Residual Time as a Gendered Indicator of Well-Being

Claudine Sauvain-Dugerdil

The term ‘indicators of well-being’ implies an essential incoherence. By nature, an indicator is essentially factual and is supposed to reflect objectively the reality that it measures. It has therefore mainly an *etic* dimension, i.e. ‘regarded as meaningful and appropriate by the community of scientific observers’. In contrast, well-being is rather *emic*, that is, regarded as ‘meaningful and appropriate by the members of the culture under study’.<sup>1</sup> It is therefore highly variable, complex, difficult to define and even more difficult to measure.

As in the case of notions with similar meanings, e.g. the quality of life and human development, well-being has been the object of numerous studies and measures, though these have not really been satisfactory. It appears that, in practice, well-being is reduced to a few easily measurable dimensions. This is so inasmuch as well-being is generally considered in relation to actions (policies, programmes and projects) that need to be monitored. In other words, the usual approach refers to ‘well-doing’ rather than to well-being, to an exogenous, rigid scale rather than to an endogenous, flexible one centred on the individual’s perceptions of his or her own needs. Introducing the *emic* dimension leads one to consider individual agency not only as expressed in practice, but also as a cultural agency. Beyond behaviour and the way a person lives her/his (everyday) life, one must then take into account her/his value system. The observable activities and decisions – the *etic* side – make sense through the meanings given by the individual themselves – the *emic* side. Yet, the meanings bestowed by each individual are the outcome of a complex negotiation among personal aspirations, social expectations and all types of constraints. The space of individual freedom and the capacity to conceive and realise a life project are thus diverse and depend on the human resources one possesses. Individual projects may only be conceived as ‘grounded’, i.e. in reference to one’s status and position in the life course.<sup>2</sup>

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1 Notions introduced by Pike in 1954. See James Lett (1990) for a brief introduction on the topic. S.C. Hussey and K. Colich (1990) provide a more detailed bibliography.

2 The notion of ‘grounded project’ (*projet situé*) has been introduced by Bassand and Kellerhals (1975) in reference to parenthood (see also Sauvain-Dugerdil 2005).



Considered in this way, the study of well-being corresponds to the framework of the capability approach developed by Sen and colleagues.<sup>3</sup> Usual measures of well-being refer to Sen's notion of capabilities, i.e. the means or the necessary conditions rather than the outcome. The main point remains that of defining the latter – Sen's functioning or development in his sense of the freedom 'to live the life one has reason to value' (Sen 1999). In the same way, we postulate that well-being can only be subjectively defined in terms of self-accomplishment or internal harmony, which enables the individual to really 'be'. The definition of this fuzzy and intimate notion is certainly not straightforward and its measurement is even less so.

In this chapter, we discuss the pertinence of time use as such a tool. In other words, the challenge is to consider time use, i.e. 'time to do' – as an entry point for the 'time to be' which allows self-accomplishment. This time to be implies agency in the sense of an individual's creativity, which is only possible whenever time use is less constrained. This is why we propose here to centre the discussion on what can be called 'residual time'.

Beginning with Boserup (1970) and others, numerous studies have demonstrated that time budgets represent an excellent means to measure the real, everyday distribution of tasks and roles from a gender perspective. Oppong (1980), for instance, relies on time use as a tool for the application of her framework for studying the seven roles of women. The time dedicated to conjugal, parental, kin, or community tasks, or professional and domestic work clarifies the interdependence between roles, in particular between productive and reproductive ones, and the interdependence with the roles played by others, within the couple, the household and the community. However, information about the way individuals cope with the constraints on their roles in society and how they perceive the roles and constraints is not a measure of well-being. In turn, we postulate that Oppong's seventh role, the 'individual role' – a complex, heteroclit category covering whatever remains for oneself after one has fulfilled the six other roles – would be a pertinent proxy for well-being. This 'residual time' is the outcome of the dialectic between societal constraints and individual agency. As a measurable notion, it has an *etic* dimension, which is, however, not an end in itself, but a way of getting at the *emics*.<sup>4</sup>

As the time associated the most with individual freedom, residual time appears to be a challenging life experience at least in four interdependent ways. First, it is the most highly conflictual arena as regards the basic ambivalence between social expectations and personal aspirations. Second, it possesses an exploratory dimension that carries both opportunities and risks and may thus be constructive or destructive for the individual (and the group). Third, according to the degree and type of individual agency, it may be an active or a passive experience that is tightly

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3 For a presentation of the capability approach, see, for example, Robeyns (2003a; 2003b; 2005).

4 In this regard, we adopt Pike's point of view in opposing Harris, the scholar most closely associated after Pike with the introduction of the emics-etics debate; Harris considers etics as an end in its own right.

linked with the fourth point, i.e. the polarity between conformity and creativity. As Dumazedier (1987) underlines, '[free time] is the time of emergence of the most traditional values or the most innovative ones that are changing the relationship to one self, to others and to nature in everyday life'. In short, the way residual time is used represents the expression of the individual's attitudes towards life and it is deeply rooted in the individual's own life situation. It therefore provides a proxy for well-being that is sensitive to personal capabilities and social status as given, in particular, by gender and age. The use one makes of personal time is thus a mirror of one's individuality and the degree of the control one exercises over life (empowerment), but it also contributes to building individuality and shaping life in the future. 'More than work, leisure requires imagination [...]. The quality of leisure expresses or betrays the quality of a society [...] Therefore tomorrow's humans will be shaped for leisure and by leisure' (Elgozy 1980). In other words, we do not consider residual time as a proxy for well-being because it is equivalent to a certain idea of happiness, but because it is a dimension of self-fulfilment that is realised through the opportunities offered by a creative, active use of personal time.

In this chapter, we explore the pertinence of residual time as a proxy for well-being. The main objective is methodological. Through two examples, we discuss the type of research design that will allow us to meet the conditions described above, i.e. a) considering residual time as a grounded life project through *etics* measures that provide insights into the *emics* and b) an interpretation in terms of the quadri-polarity of roles mentioned above. The two examples rely upon two different research options: a comparative analysis and a multidimensional questionnaire survey.

a) A grounded project: the meaning of residual time is specific to each period of life: it is associated with the challenge of the development of the child, the construction of the autonomous person and persistence during old age. We shall focus here on the early ages: childhood and youth. During childhood, residual time is usually considered in terms of unprotected time (and risks associated with it) in contrast to protected time. As regards youth, we propose to speak rather of unstructured time.

An *etics* measure to get at the *emics*. The meaning of residual time for the individual's well-being may only be approached in reference to a specific value system. We explore here the pertinence of two different approaches: a comparative analysis and the study of a rapidly changing context. Residual time during childhood will be analysed through a review of the literature, with an emphasis on the worldwide comparative analysis of time-use studies undertaken by Reed and Suman (1999). Their sample allows a comparison between non-industrialised and post-industrialised societies, as well as between different regions of the world. As for youths, we shall refer to our work in Mali on the changing behaviour of young people in the highly critical context of economic crisis and the redefinition of socio-cultural reference points (Sauvain-Dugerdil and Dieng 2001; Sauvain-Dugerdil and Ritschard 2005; 2008).

b) Quadri-polarity: the individual space for functioning relative to social constraints; risks and opportunities; active or passive leisure; creativeness or conformity. The data are discussed in order to identify the conditions that allow one to have time for oneself, i.e. the conditions under which children and youths have the individual space to function and under which they may develop personal aspirations. The main issue then becomes whether residual time contributes to well-being: in other words, does it represent an opportunity for personal fulfilment?

### **The Challenges of the Unprotected Time of Children: A Comparative Approach**

The notion of protected time is a modern invention associated with the changing meanings of childhood and motives in child rearing. In agricultural or urban informal economies, children contribute to the family economy, whereas, in urban market systems, they are a cost burden. The short-term return in terms of the labour force represented by a large family has shifted so that, now, investment is made by families in a few children for a longer-term return – less and less an economic one, and more and more as a means to achieve social promotion (the status conferred by a well-educated child) and, in post-modern societies, mainly as a source of happiness and personal achievement (Ariès 1960; Kellerhals 1985; Kellerhals et al. 1993). The twentieth century (and the twenty-first century) has been a time of growing concern for the future of children, in particular, through better education and health care, which are viewed as a justification for interfering in the right of children to use their time as they wish (Qvortrup 2002). This declining trust in children has been associated with a new life environment in protected spaces supervised by adults. The paradigm of child protection, exacerbated by the increasing risks and insecurity of urban areas, has, however, evolved in parallel with a growing recognition of children as persons who are actors in their own development (Gordon 1993). In particular, since the work of Piaget, the importance of playtime in the acquisition of skills and competence through the development of mental schemes and new adaptive strategies has become widely acknowledged.

Child protection is thus increasingly considered in its ambivalent dimension, which also includes the risks associated with confinement, the loss of freedom, the habit of submission and pressure towards conformity. The risk of (over-)protection has a strong gender bias. The protection is mainly directed towards very young children and girls who, by nature, are seen as more fragile and vulnerable, and who should therefore live and grow in a more restricted and controlled functional space. The justification for the restricted female space according to a prehistoric distribution of tasks between male hunters and female gatherers who stay closer to the camp has, however, been challenged by research indicating that females went as far away from the camp as men. Moreover, the confinement of girls has been proposed among the possible causes of the higher mortality rates among girls than boys during the second half of the nineteenth century in Europe (Tabutin

and Willems 1998; Perrenoud 2001)<sup>5</sup> or in a few societies in present-day Africa (Tabutin et al. 2001). It is also becoming better recognised that gender differences in the characteristics of functional space during early childhood play an important role in the construction of gender identity, such as expressed, for instance, in gender preferences in domains of activity. The types of games played in the schoolyard, where boys tend to occupy all the territory by running after each other or playing football, whereas girls play more static games on the margins of the playground have been interpreted as causes of a gender gap noted in academic success in geometry and mathematics (Baudelot and Estabelet 1992).<sup>6</sup>

At the heart of current discussions on child protection is the issue of the child's own interests. One may wonder if erecting walls to protect the child from a hostile environment is perhaps simply an easier response than trying to remove the threats and risks, and make the environment more child friendly.

For all these reasons, unprotected time should not be seen only in terms of dangers and the risk of delinquency, but as a challenge in terms of the safety of the child, his/her growth, the development of his/her personality, the imprinting of gender roles, and an apprenticeship in autonomous acting and thinking. The amount of unprotected time and, even more, the type of activities performed during unprotected time and the places where these activities occur thus appear to be pertinent indicators of child well-being from a gender perspective.

The review of 27 studies on the time use of children and adolescents undertaken by Reed and Suman (1999) provides a unique opportunity to test the value of such data in a comparative perspective, particularly inasmuch as the authors' aim is to discuss the data in terms of developmental benefits. The authors distinguish a group of non-industrial populations characterised mainly by poor schooling (rural Bangladesh, rural poor and urban slum dwellers in India, rural Nepal, and rural Kenya), a few examples of populations in a transient stage with some schooling (rural Java, Botswana, Kenya, Mexico and the Philippines, small towns in India) and so-called post-industrial populations among which they further distinguish populations in Europe, East Asia (China, Japan and Korea) and North America.

The amount of free time, i.e. time not dedicated to school or work, appears to be highly variable within and among the groups of populations. It is especially diverse among non-literate populations, ranging between 10 per cent in a Kenyan group to 63 per cent of the waking daytime hours among urban boys in India. It

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5 This is not in contradiction with recent work on the issue with regard to Great Britain indicating that the differences in mortality rates are associated with differences in the incidence of infectious disease (Harris 2008).

6 Yet, the so-called handicap of girls in mathematics and technical subjects has recently been challenged. In the European Union, whereas the results among girls are effectively lower in tests measuring mathematical culture, the results among girls are higher than those among boys in general science (Eurostat 2002). Moreover, in Great Britain, girls are now surpassing boys in all domains, including mathematics, and, in Italy, girls now outnumber boys in advanced studies in mathematics, an area that offers opportunities in teaching.

varies according to economic system and employment opportunities; a relationship has also been found with climate. A constant across all these populations is the fact that boys enjoy more free time than girls, free time being negatively associated with household tasks. In the post-industrial group, the gender gap is absent or minimal in spite of large differences in free time among populations (the amount of free time is twice as great among children in the United States and slightly less than twice as great among Europeans as it is among East Asian children). The gap widens with age and reflects large differences in the duration of school time. The time devoted to watching television is similar across the post-industrial groups studied, but is positively correlated with national wealth, and watching television appears to be the preferred leisure activity among the poorest people in rich countries. It rises during childhood and declines in adolescence, and, everywhere, boys spend more time watching television (sports and action movies) than girls. Other, passive, non-media-related leisure activities are much more common in the United States (even more so during adolescence) than in Europe and, especially, Asia.

Within non-passive leisure activities, the authors distinguish structured activities and unstructured activities. Structured games are less frequent among non-industrial populations, and, across all populations, more frequent among boys. Within the post-industrial groups, they are less frequent in the East. In the West, they are characteristic of higher socio-economic strata and reflect a trend towards the 'domestication' of playtime by adults, especially in the United States, where such games are often sponsored by schools. The incidence of unstructured leisure activities increases in late childhood and playtime is replaced by talking time among adolescents in the West.

The authors discuss the data in terms of personal development. For instance, television watching appears mainly as a 'default' free-time activity that is performed during spare time, for instance, in the evening. They mention a few studies showing that it is associated with poor school work only if the television watching lasts more than an average of three hours a day, and they discuss studies linking television watching with physical passivity and obesity. They conclude that television watching becomes detrimental only if it is quite excessive. Structured activities are discussed in terms of positive changes in self-esteem and school achievement, but also the risk of the delayed identity development associated with highly competitive sports at an early age and delinquency among peer groups.

The authors also review the information, which is less abundant, in reference to the people with whom children spend their time. The time spent alone does not appear to differ much among the different population groups; it ranges between 20 and 30 per cent of waking hours. Among populations in non-industrial settings, the most time is spent with family members and mainly at home; among boys, family time decreases with age, however. Asian children spend all their non-school time at home, whereas the time spent at home is much less in the United States (except among African-Americans). The time at home is negatively correlated with the time spent with peers. Asian children spend much less time with their

peers than do Europeans and, especially, Americans. Among children in the West, the time spent with peers increases with age and reaches about one hour a day during adolescence (slightly more among girls than among boys). The authors conclude with an analysis of the benefits and risks associated with the time spent with peers.

The authors recognise the limitations due to problems of comparability of data and lack of information on intra-population heterogeneity. They also emphasise the need to put the results in context and the changes in the context itself. Thus, among the non-industrial populations, children dedicate as much as six hours a day to work (nine hours among adolescents), but this work takes place within the family and with a perspective of apprenticeship for the children's roles as adults. Among the urban poor, children's work is increasingly associated with hazardous activities that no longer take place within the protective environment of the family and are more characterised by economic migration and child trafficking. In post-industrial societies, work has been replaced by school and leisure time, especially 'media time'; in the West, children are also spending an increasing amount of time with their peers; particularly in the United States, children are taking on more small jobs. We can only agree with the authors' conclusion about the need for more research linking time use with personal development, as well as a better understanding of peer culture and a focus on the quality rather than the quantity of time use.

This example clearly shows that time use may be considered a proxy for well-being only if information on the type of activity is coupled with information on the place where the activity occurs and the people with whom it is performed. Moreover, comparative analysis makes sense only if the interpretation is filtered through a fine knowledge of the specific and narrow socio-cultural context; this is impossible in the case of national-level data. Under such basic conditions, well-being may be examined by way of the opportunities associated with unprotected time and its changing meanings. For instance, one may wonder whether leisure time that is increasingly structured, such as school time, has been sufficiently explored from the point of view of the child's best interests.

### **Risks and Opportunities of Unstructured Time among Young People in a Rapidly Changing Context**

Youth is a period in life during which the ambivalence of residual time is maximum. Residual time is the time that gradually escapes from family control and is characterised by exploratory behaviour that is especially risky and may have long-term consequences. The relevant scientific research on youth has long been limited to studies of deviant behaviour and the risks that delinquency represents for society. It was only during the last decades of the twentieth century that, in parallel with a rising trend in the age of entry into adulthood, youth was recognised

as a specific period of life with specific needs<sup>7</sup> and it has now become a public concern as expressed, for instance, at the International Conference on Population and Development (ICPD, Cairo 1994).

Youth is a complex period marked by a series of steps towards autonomy along the residential, occupational and familial dimensions. This is well reflected in the diversity of leisure activities according to sex, social strata and level of education, but also in their changing nature according to age (Lavenu 2002). In the second wave of her study, three years later, when the young are in their 20s, Lavenu observes a reorganisation of activities from the more collective practices of adolescence (e.g. collective sports activities) to more individualised practices. This evolution seems to occur in parallel with the acquisition of one's own residence, often with a partner, which is an important threshold to adulthood.

Globally, the amount of available residual time during adolescence has been increasing, though this trend is highly variable. On the one side, in the West, the amount of unstructured time seems to be shrinking: the time outside school is increasingly structured like school time, especially among secondary students 12–16 years of age (Zaffran 2000). On the other side, as shown in the time-use studies reviewed by Reed and Suman (1999), the amount of residual time varies across the regions of the world following the trends in schooling and working. Non-school time spent at home is decreasing during adolescence in parallel with the increasing part of the day spent outside with peers, more and more with peers of the opposite sex. This is especially the case among North Americans of European origin (much less among African-Americans), among whom, however, young people increasingly dedicate part of their spare time to small jobs for pay. This is less the case (and probably more recent) among young Europeans, who are spending as much time with peers, but who have less free time because they are spending more time at school. In East Asia, the amount of school time is rising with age; young people have much less residual time and they are spending it mostly at home.

Among the non-industrial group, work time is increasing with age and only young men enjoy some free time. One may, however, wonder whether this is not changing with the greater openness to external influence. This has been the objective of our analysis of time use among young people in Mali. In a context of multidimensional crisis and precariousness, these young people must find their way and create a new youth culture at the crossroads between their local history and a globalising world. We have therefore developed a research strategy that allows us to consider time use as an indicator of individual achievement from a gender perspective:

Time use was considered one dimension of a broader survey to cross time-use data with other traits of the behaviour, situation and life history of young people.

The survey was conducted in a context of changing youth behaviour, i.e., Sicatori, a large unprivileged suburb of the capital city, Bamako, with three smaller

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7 The literature owes much in this regard to the work of Galland (1991; 2000)



samples in different settings: the oldest and more central part of the city, Niarela and a subdivision of Sicoroni, Bandiagara Coura, where new Dogon immigrants have settled, as well as a very isolated rural Dogon population in northern Mali.

We selected the day known in the capital city setting to be the least structured day of the week,<sup>8</sup> i.e. Saturday, and undertook the rural survey after the harvest, at a time of reduced agricultural tasks.

Wherever possible, one girl and one boy were interviewed in each household, to minimise any contextual bias in the gender comparison.

The survey was conducted in 2002 among a sample of 2,000 young people aged 12 to 30 years. It is part of a research partnership between the Laboratoire de démographie et d'études familiales (LaboDém) at the University of Geneva and colleagues at the University of Mali at Bamako. The broader aim of the study is to examine the changing youth culture and entry into adulthood in this context of uncertainty from multiple points of view. Therefore, the time-use module is only one dimension of the study.

The scientific objectives of the time-use analysis may be summarised in four basic questions:

- Is unstructured time new, i.e. the expression of an emerging youth culture; and is the gender divide shrinking? In other words, is youth in Mali becoming a gender-neutral period of life, like youth in other parts of the world, such as postulated for instance by Prével and LeBras (1995)?
- Is unstructured time the privilege of the more well-off or a sign of exclusion?
- Is unstructured time a source of delinquency, as it is usually considered in Mali, or is it rather an opportunity for personal achievement?

### *Unstructured Time as a New Dimension of a Less Gendered Youth Culture?*

For analytical purposes, the day was divided into six periods (five in the rural sample), during which the percentage of time dedicated to different types of activities was computed. This information has been aggregated from spontaneous declarations (Figure 13.1 and Figure 13.2). The structure of the workday reveals a strong gender divide; young men fill female tasks only exceptionally, whereas young women spend the first part of the day in domestic chores (mainly food preparation in the rural sample), but contribute also to some extent to economic tasks such as commerce in town and agriculture in the countryside. In the rural sample, this gender segregation is not reflected in the amount of unstructured time enjoyed by young women and men. The proportion of time that women spend resting, chatting or partying is similar to the amount of unstructured time available to men. However, the latter have some free time from the start of their day, whereas

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<sup>8</sup> Given that this criterion is somewhat meaningless in a rural setting, we referred to the day before the interview (except if the young person had been travelling that day).



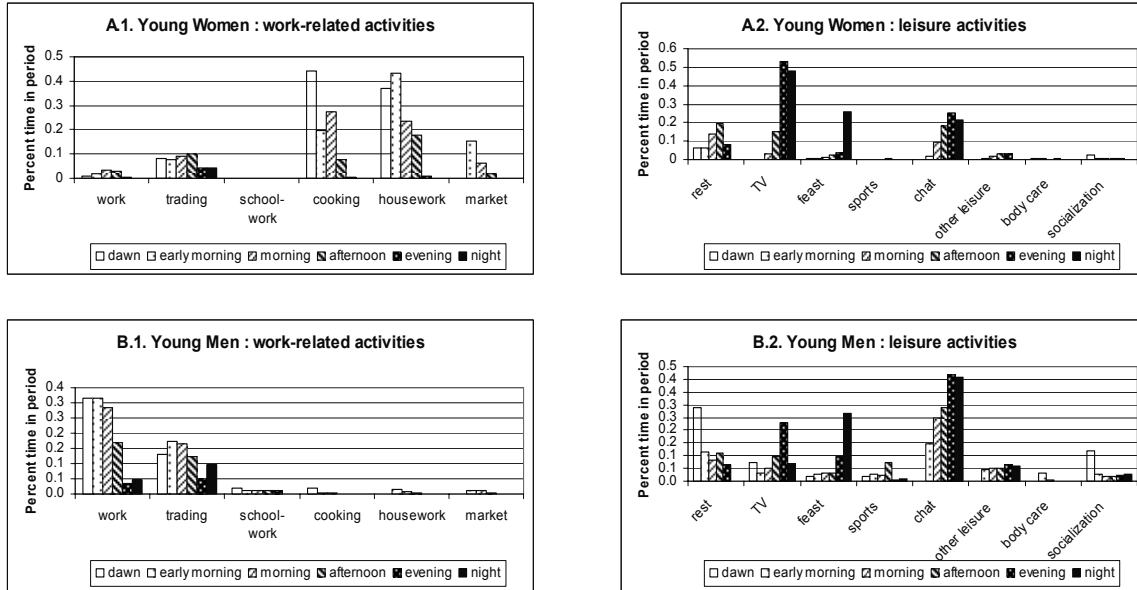
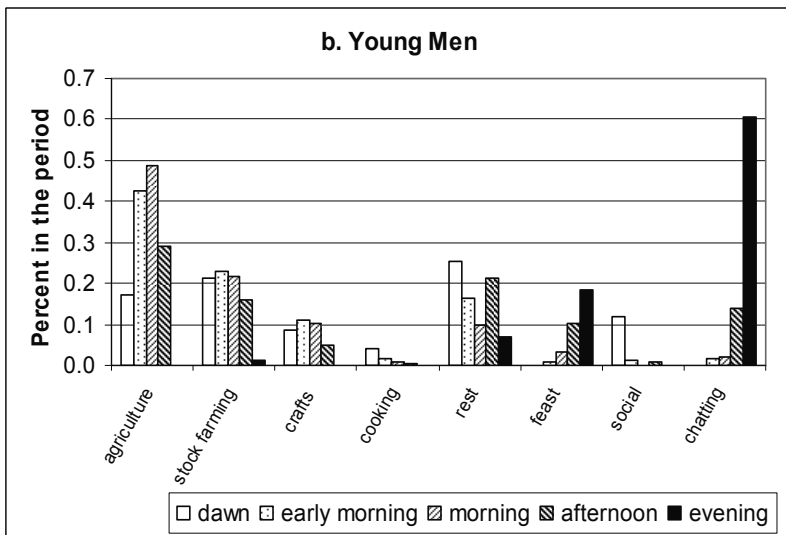
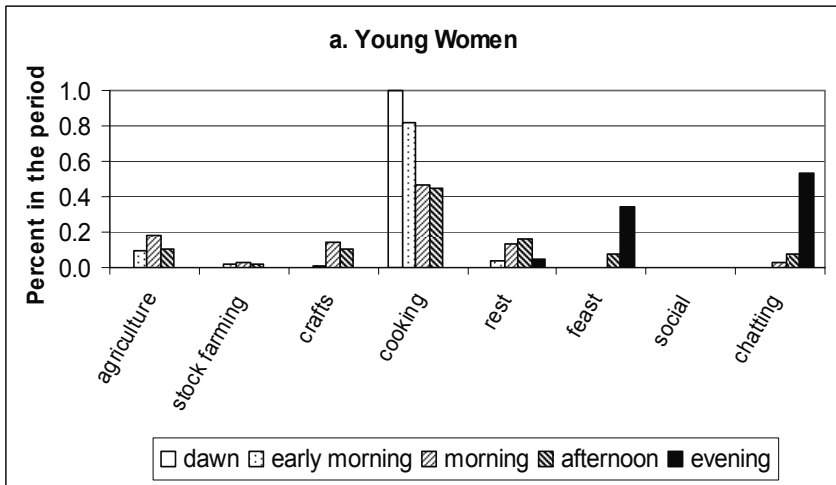


Figure 13.1 A Saturday in Bamako



**Figure 13.2** A day among the Dogon of Boni

the morning is dedicated among women to domestic tasks and the women have free time only later in the day. The same is true, but in a more accentuated way, in the urban sample: young women wake up earlier and have little time before the afternoon for resting, chatting or watching television. The major part of their evening is spent watching television, which is also the main occupation of the

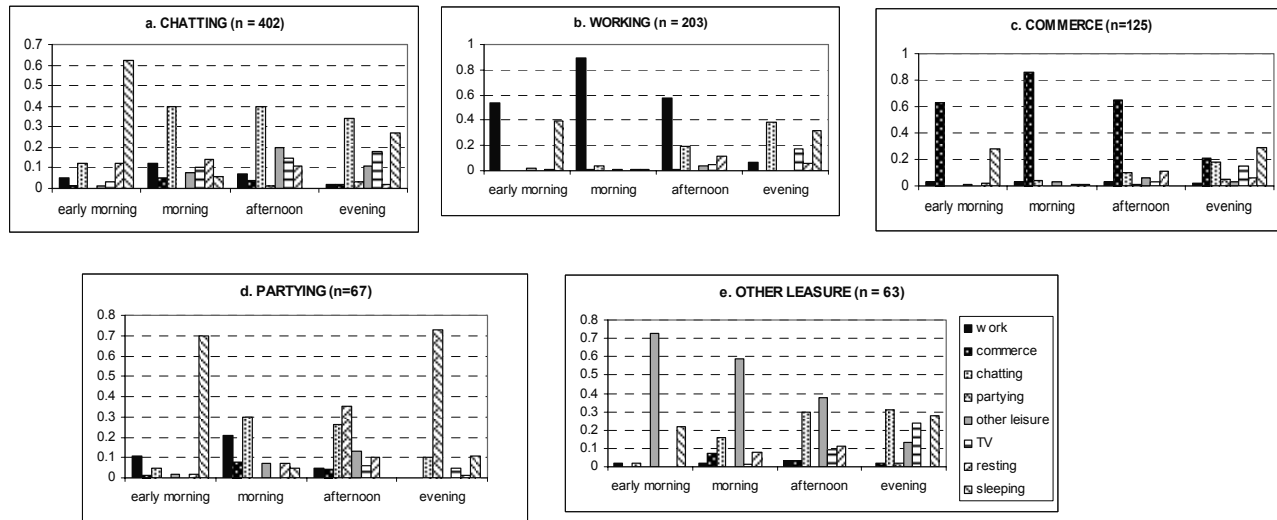
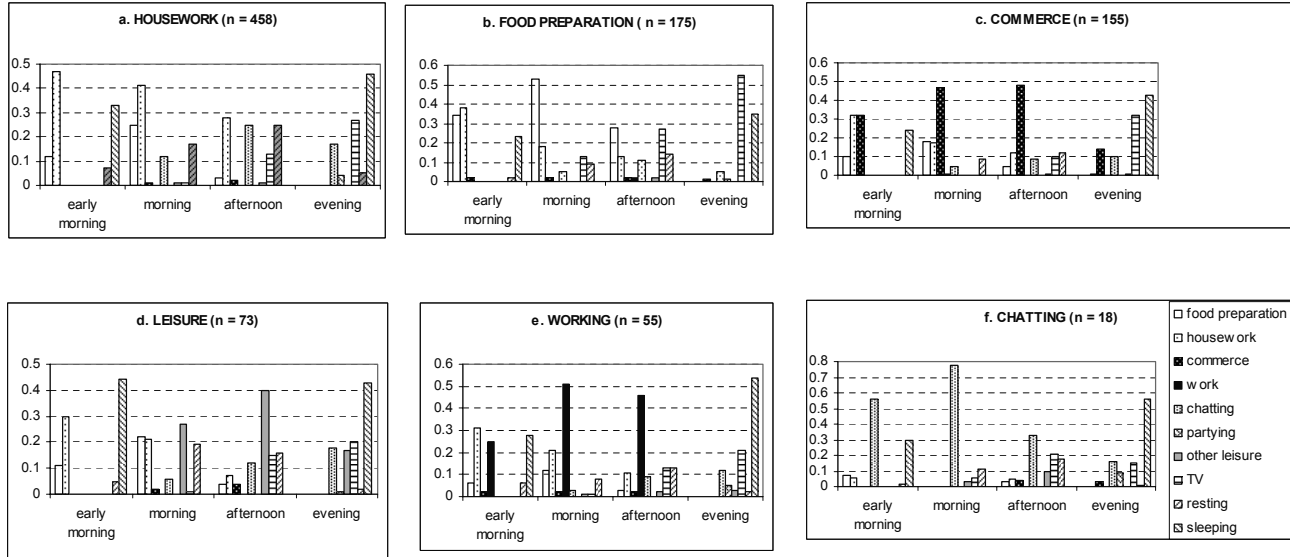


Figure 13.3 A Saturday in Bamako. Time use profile of young men



**Figure 13.4 A Saturday in Bamako. Time use profiles of young women**

noctambules.<sup>9</sup> Urban young men also spend some of their evening watching television and going out later on, but male time use is mainly characterised by the fact that the main occupation is chatting and that the males have free time already early in the morning.

We may thus conclude that unstructured time is not a new urban way of life, but that urban life is increasing the gender gap in this area. This is confirmed by the results of the cluster analysis performed among the urban sample.<sup>10</sup> Nearly two-thirds of the young men are found in the profiles of people among whom unstructured time dominates, whereas this is the case among only one-tenth of the women. Nearly half of the men are found in the *chatting* profile (Figure 13.3a), and more than two-thirds of the women are among those oriented towards household work (the domestic [tasks] profile, Figure 13.4a, and the *food [preparation]* profile, Figure 13.4b). The other half of the men are distributed among four groups. In two of these groups, the major part of the day is spent in economic activities: *work* (23 per cent of the male sample) and *commerce* (14 per cent). The latter are those who have the least free time, even at night, whereas the other economic activities extend rarely into the evening, which is dedicated to chatting, television watching or sleeping. The two last profiles are dominated by unstructured, but distinct activities. One small group, the *partying* profile (Figure 13.3d, 8 per cent), spends the evening and part of the afternoon going out, and the rest of the day mainly chatting, like those in the *chatting* profile, who also wake up late. The daytime of the last group is dominated by social and sport leisure activities (*other leisure* profile, 7 per cent). The remaining young women are found in four time-use profiles: two with a strong economic dimension (Figure 13.4c and 13.4e: the *commerce* profile, 17 per cent, and the *work* profile, 6 per cent) and two small groups characterised by more free time (Figure 13.4d and 13.4f): the *leisure* profile (8 per cent) and the *chatting* profile (only 2 per cent).<sup>11</sup> (The latter is the only female profile with nearly no domestic tasks.) Free time is, however, also found in some amount among the daily activities of the women in the *domestic* profile: nearly one-third of the second part of their morning and two-thirds of their afternoon are spent chatting, resting or watching television; in this group is also found a small share of women who go out at night to party.

### *Unstructured Time: Privilege or Exclusion?*

A series of variables have been used in an answer-tree analysis to distinguish among young people according to different time-use profiles (Sauvain-Dugerdil 2005): schooling and occupation (was an individual student at the time of the survey, number of school years and additional occupation), household composition (total

9 The 'night people' who go out to party at night and go to bed after midnight.

10 The rural population is too homogeneous in this regard.

11 In the subsequent analysis, the *commerce* and *work* profiles have been aggregated into a new *work* group, while *leisure* and *chatting* have been aggregated into *leisure*.

number of persons, number of young people, of sisters, at least one parent living in the household, father living in the household and any polygamous relationship in the household), mobility (length of residence in Bamako and number of changes of residence) and a composite indicator of living standards based on the facilities and services available in the household. Living standards, mobility and the existence of an additional occupation have been considered proxies for socio-economic status, whereas extensive schooling and residence in a small nuclear household have been chosen as indicators of a more modern lifestyle.

The results of the analysis have led us to conclude that unstructured time is not associated with social exclusion. Yet, in some cases only, the availability of unstructured time may be seen as a privilege. Among young men, some unstructured time-use profiles emerge as the privilege of students and, particularly within the *chatting* and *partying* profiles, the privilege of students who do not have any additional occupation. One might therefore conclude that the availability of unstructured time represents an aspect of life in the more well-off strata where people have adopted habits more typical of life in the West. However, this conclusion does not appear to be so straightforward given that the level of living standards is not a distinguishing variable in this case. On the other hand, the *other leisure* profile is more frequent among less privileged students (new migrants with an additional occupation), while, among young men who are no longer in school, the *chatting* profile is more frequent among those with an additional occupation. *Partying* appears as the privilege of students with no additional occupation who, however, are not living in a small modern-type household environment. The small group of young women who enjoy more unstructured time than others seems to belong to the more 'modern' sector of society (characterised by a higher level of education and a smaller household size). However, they do not appear to be especially privileged, which is indicated by the fact that they tend to have additional occupations and have not become able to avoid domestic chores. In turn, girls who are included in the *domestic* profile appear to be more well-off (more often, they have no additional occupation, are still studying and are part of households with a higher standard of living).

### *Unstructured Time: Risk or Opportunity?*

The answer-tree method has also been applied with respect to a series of socio-demographic factors (age, civil status, presence or absence of sexual experience, parenthood), the self-perception of health status and some information about relationships with young people of the opposite sex (the experience of love<sup>12</sup> and, among those people who have already become sexually active, age at first intercourse, number of partners, occasional sex, and unprotected sex), and the hour when respondents retire for the night. In these areas, the behaviour of the young men in the three profiles of unstructured time shows contrasts. Those young men *partying*

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12 Answer to the question 'Have you already been in love?'.

appear to adopt riskier behaviour relative to young men in the *chatting* profile and, even more, young men spending time participating in *other leisure*. These last go to bed earlier, have not yet had sexual intercourse and are usually younger. Once again, the image is not so straightforward. Those *partying* go to bed late, gauge their health status as poorer, have already been in love and have had several sexual partners. Nonetheless, those who go to sleep earlier have already had more sexual partners in their lives. Among young women, unstructured time is associated with a later age at first intercourse, which is, in this context, an element in the 'modernisation' of society and the improved status of women. Also, going to sleep late is, among women, not associated with the availability of more leisure time, but, rather, with the burden of food preparation or of commerce. More leisure does not appear to be associated with risky behaviour; this is also indicated by the lower frequencies of unprotected sex among women in the *leisure* and *domestic* profiles.

### *Discussion: Unstructured Time, Functional Space and Well-Being*

The main conclusion to be drawn from our analysis is that, as regards time use, the gender gap is important. Despite the narrowing differences in age at first sexual intercourse, youths in Mali are far from gender neutral (Sauvain-Dugerdil, Gakou and Dieng 2006). Young women wake up earlier and, even on Saturday, have less unstructured time available relative to their male counterparts. They all contribute to domestic tasks, even as students. They spend most of their Saturdays within the family and often even do not go out at all.<sup>13</sup> The distinction between a female inner functional space and a male outer functional space is, however, not so clear. In fact, among the young men who were interviewed, the family is also the main functional space.<sup>14</sup> For both men and women, unstructured time is mainly spent at home; the use of external spaces is linked principally with outside work and commerce. The functional space of women in the *food* profile also includes the neighbourhood, whereas those young women in the *domestic* profile, who enjoy more free time, generally stay at home. For both sexes, unstructured time therefore largely remains under family control. Young men are distinguished by a third type of functional space, i.e. the space shared with peers. This buffer space between the family and the community may, however, be more or less private depending on whether it is at the homes of friends, *au grin* (a regular meeting place of peers in the neighbourhood), or in leisure spaces. The young *partying* men spend more time with peers and in more public spaces (*au grin*, for example) and, above all, in places where other leisure activities are carried out. In turn, the young men in the *other leisure* profile meet mainly at the homes of friends, while the *chatting* ones,

13 They declare that their activities take place in the household or 'before the main door to the home' (*devant la porte*).

14 We should recall, however, that our sample unit is the household (or what is known in French-speaking sub-Saharan Africa as *la concession*) and that we therefore have not taken into consideration young people who have no fixed residence.

when they are not at home, may be found mainly *au grin*, but also at the homes of friends.

Among young women, the small group enjoying a larger amount of unstructured time and spending somewhat less time at home – the *leisure* profile – belongs to the more progressive strata in society, but are not necessarily more privileged, whereas those young women in the *domestic* profile who also enjoy some free time, except during the first part of the morning, seem to be among the most privileged. These two groups appear to be pioneers as regards unstructured time; among them are also found the few young women who occasionally also gather together in leisure spaces. However, neither group seems to have adopted risky behaviour and their later age at first intercourse tends to indicate that they have also acquired a little more autonomy. Their greater freedom, which is also demonstrated through the availability among them of more unstructured time, is associated with new, though controlled opportunities that women in the *food* or *work* profiles do not enjoy.

Among young men, the situation appears more complex given that the unstructured time they enjoy appears to indicate both new behaviour and old, deeply anchored habits.

Young *partying* men whose activities are performed more often in more public spaces where peers meet are representative of exploratory, riskier behaviour. These young men belong to more privileged social strata, but they reside in more traditional, larger families.

In turn, the young men in the *other leisure* profile, similar to the young women in the *leisure* profile, reside in more modern, though not really more privileged households. In this case, unstructured time is not associated with riskier behaviour and the activities mainly take place within the confines of the family. The availability of unstructured time may be new, but it remains under family control.

Students who generally have no additional occupation and who are in the *chatting* profile seem more privileged (though this is not true of those in this group who are not students). They spend half their Saturdays at home (when living in a small household), but also much time at the homes of friends or in peer spaces (*au grin*). They rate their own health status as relatively high, and, globally, the availability of unstructured time does not appear to be associated with riskier behaviour; this is probably due to the fact that they remain in well-defined spaces.

Thus, the availability of unstructured time is not new, but it is taking on new, more individualised meanings. It is increasingly beyond the control of parents and is considered by adults a bad element that leads to *dépravation*. For young men, peer spaces have a growing importance. The challenge therefore resides in issues revolving around the nature of the peer groups and peer relationships.



## Discussion: Residual Time as a Gendered Indicator of Well-Being

We argue that residual time, although not to be equated with well-being, is a means to grasp the essence of well-being. It is readily measurable insofar as adequate information is available to analyse it in terms of individual fulfilment. We therefore propose to examine residual time through interpretative keys within a threefold framework: the *etic/emic* approach and the notions of a grounded project and personal agency. In order to highlight the points most pertinent for the study of well-being, this framework is applied to various value systems. On the one hand, a worldwide comparison aims to distinguish generalities from regional and local specificities. On the other hand, a study of the availability of unstructured time as one aspect of the behaviour of young Malians is aimed at exploring whether this element represents an index of self-fulfilment that is relevant in a rapidly changing context in which young people are seeking new points of reference.

The record of activities – the *etic* dimension – is considered here as a way of getting to the *emics*, the meanings for the individual.<sup>15</sup> In order to infer the importance of residual time for the individual's self-fulfilment, the first interpretative key is thus the amount of residual time available. In this regard, the data presented here point to a negative association between leisure time and the economic situation of children, as well as the contribution of children in meeting the domestic burden. We have noted that young Malians involved in commercial activities enjoy little free time, especially young women, who, moreover, must also contribute actively to domestic work. Children's work is thus the first barrier to children's well-being. However, school work, as also indicated in the Asian cases, may also become a heavy burden.

Enjoying residual time is a necessary, but not sufficient condition for well-being. The second interpretative key is therefore linked to the availability of a time-space for an individual's creative functioning that is appropriate to the construction of autonomy specific to each period of life. Residual time is thus a grounded project, the meaning of which changes over the course of life. During childhood, the availability of residual time contributes to the development of the personality. It is linked to the availability of a creative space that should be free of danger, but not overly protective. The debate about unprotected time (Colozzi and Govannini 2002) reveals much about the growing obsession with

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15 Obviously, the best way to get at the *emics* is to address directly the points of view of respondents through *ad hoc* interviews. This implies a more cumbersome research scheme that is usually not part of time-budget surveys, although recent research increasingly includes indices of satisfaction and indicators of time pressure (for instance, see Gershuny 2000; Goodin et al. 2002; Nomaguchi et al. 2005; Taylor 2007). Nonetheless, our postulate is that detailed information on the types and locations of activities and the people with whom activities occur, coupled with good information on the context and on the individual's personal characteristics, may represent a valuable approximation of the meaning to be given to residual time in terms of the individual's self-fulfilment.

security, which may smother the child's creativity. The functional space is thus often limited to school, clubs and home. Staying home takes on new meanings, however, if parents, by being away at work, allow the home to become the child's kingdom. The risk that the home may become a place of confinement also arises among young people. However, at least among boys, peer spaces tend to take on growing importance. During this period in life, which is characterised by greater freedom, without the full responsibilities of adults, residual time may become an element in self-fulfilment to the extent that it is not fully structured. In a context of increasing uncertainty, the building up of temporal autonomy represents an existential challenge linked to entry into adulthood (Schehr 1999). Adults should help young people obtain the information and the skills they need, while trusting in their capacity to become aware of their own limits. However, data show that there is an increasing trend among parents to organise the activities of children and structure them like school time. The availability of unstructured time is also being reduced by the growing practice of students taking on small jobs so as, in some contexts, to acquire greater autonomy, but also, often, as unavoidable early economic responsibilities.

Whenever it is highly structured or laden with responsibilities, residual time may provide the opportunity to acquire competence which will be useful in adult life. This is however to be distinguished from time-space which enables an individual to develop a personal life project. The unprotected time of children or the unstructured time of young people becomes a dimension of self-fulfilment whenever it is the arena of personal agency. This third interpretative key also implies that time has been organised in a pro-active rather than a submissive way and that it may become an experience of creativity rather than conformity.

Finally, risky activities should be minimised in order to transform residual time into a constructive opportunity. The comparative data have shown that, for instance, American children enjoy the most leisure time, but also that their activities are passive the most often. The trend seems to be towards filling up more organised time through more passive leisure activities, thereby leaving little space for creativity. It is therefore probably necessary to consider the factors associated with different behaviour by exploring in more detail, for example, the characteristics of those children and youths who watch more television, the so-called leisure activity of the poorest in richer countries. Thus, residual time may only be properly interpreted when more information is available about the circumstances surrounding activities, including the with whom and the where of activities and whether the activities are associated with risky behaviour. Especially valuable would be any exploration of the influence of peers and a comparison of activities that occur in public *versus* private places. Changing parental attitudes are also certainly a key point to be further considered. The ongoing transformation of the family and of gender roles implies that there is a risk of more over-protection. In a context of fragile couples, the child may become the only lasting relationship within the family and the ultimate refuge against loneliness. Yet, new ways to experience autonomy are also emerging. Parents who spend less time with their

children may also be allowing them more autonomy; Solberg (cited in Qvortrup 2002) has succinctly described the trade-off, i.e., 'independent mothers need independent children'.

Time-use studies are particularly appropriate in clarifying gender asymmetries and have been widely used to estimate differences in the domestic burden and in total workloads. Gender differences in the use of residual time have been studied less. The persistence of the over-protection of girls and young women and the long-term consequences need to be addressed more directly. However, it is also necessary to analyse why girls seem to adopt less risky behaviour. In this regard, the study of societies where individualised free time is new, especially among girls, would be particularly instructive. Our Malian work shows that these new female spaces of freedom appear to be experienced as positive opportunities. We have seen that, in the urban settings studied, free time is less associated with risky behaviour among young women. Moreover, among rural populations, the new trend towards the temporary migration of very young girls who go to towns, mainly as servants, is experienced by the girls themselves as a tremendous opportunity to discover the world and gain some economic autonomy. In contrast, boys report on their experiences of mobility in a much less positive way (Sauvain-Dugerdil and Dougnon 2006). Although newer for girls than for boys, these experiences seem better controlled by girls. This may be partly explained by the fact that these new spaces of freedom remain more protected among girls than among boys: in the urban example, leisure activities among girls are mainly realised within the confines of the family, and, as regards rural migration, boys usually travel farther than girls and work in more exposed settings. But we may also postulate that girls experience these new freedoms with a different attitude by considering them as new opportunities to add value to their lives.

The second point about gender differences that needs to be analysed additionally is types of leisure. Recent work in the West has shown that, despite the more gender-neutral nature of youths, girls still contribute more than boys to domestic work.<sup>16</sup> Moreover, young women spend more time than young men in cultural leisure activities (e.g., for Italy, Sabbadini 2004). It appears that this is a reflection of differences in life orientation and that this contributes to promoting the gender divide in the choice of the domain of activities. We postulate that this is the expression of a profound difference in the respective weight assigned to doing and being within life. One may therefore hypothesise that women are able to experience their years of retirement less stressfully because they are better prepared to do so given their multiple roles throughout life, which causes them to establish a distinct relationship with personal time. This hypothesis ought to be analysed further, especially in connection with the factors that help seniors to maintain their autonomy.

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16 In Switzerland, girls aged 15–24 years, living with their parents, contribute to domestic and family tasks 3.2 hours a week more than do boys (respectively 13.1 and 9.9 hours, OFS 2003). In this regard, see also Sauvain-Dugerdil and Thiriart, in press.

In conclusion, residual time, conceived as ‘time for being (time to be)’, is a complex notion with a changing, gendered definition along the life course. It seems especially critical in a context of the ever-increasing structuring of time as the main social response to more insecure urban settings. This is the case of children and youths, but it may also apply to the time of the elderly. In homes, the elderly do not fully enjoy a key privilege of old age: the time to take time, that is to say, the time to live at one’s own rhythm. The ‘time to be’ is also a critical issue in consumer societies in which shopping is increasingly becoming a substitute for true leisure activity. Time to be may thus offer new insights into well-being; however, measuring this time is not straightforward. One should be aware of the limits of time budgets and the fact that they provide pertinent information only if they are carefully contextualised (Grossin 1998). Residual time may be a proxy insofar as it is analysed in reference to the value system in which it is embedded, such as may be provided by the position of the individual in the life course in a gender and socio-cultural comparative perspective. Without specific indications on the diversity of situations, the comparative approach only represents a rough picture. In contrast, research on foreign cultures, especially in a context of changing settings, helps one to ask the most pertinent questions. The strategies adopted by young people in situations of extreme precariousness and in redefining their points of reference supply insights that may be useful in understanding the new temporal characteristics of young people in general. A keen issue raised, for instance, through the present work in Mali is the riskier behaviour of more well-off boys.

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# Chapter 14

## Summary and Conclusions

Bernard Harris, Lina Gálvez and Helena Machado

As we explained in Chapter 1, the chapters in this volume vary considerably in their choice of period and location as well as in their disciplinary backgrounds and choices of well-being indicators, and this makes it difficult to identify a single set of conclusions to derive from the book as a whole. However, it is possible to identify a number of common features which can also be used to offer pointers for future research.

One of the most important points to emerge from the first half of the book is the need for historians to renew their search for indicators which are capable of reflecting the different experiences of past generations of males and females. One of the most contentious issues to emerge from the subsequent symposia organised by COST Action A34 concerned the question of how far it was either possible or desirable to impose 'modern' conceptions of gender inequality or well-being on past societies, and this question was also raised by Marie-Pierre Arrizabalaga's chapter on gender and well-being in the Pyrenean stem-family system in the current volume, in which she described the subordination of conceptions of individual well-being to that of the household as a whole. However, although it is undoubtedly necessary to recognise the differences between past and present, it is also important to know how far the inequalities which did exist were reflected in indicators of material well-being. If it turns out that such inequalities were 'accepted' by those who experienced them, it becomes even more important to understand the circumstances of that acceptance and the point at which it began to be challenged. This question was addressed most directly in the current volume by Heidi Haggrén's chapter on the industrial struggles of Finnish nurses.

Although these chapters have highlighted the importance of historians' efforts to describe and understand patterns of gender inequality, they have also illustrated some of the difficulties associated with this endeavour. In our introductory chapter, we identified some of the problems associated with the use of real-wage data as ways of measuring the well-being of the whole population, and the following chapters illustrate different ways of seeking to circumvent these. In Chapter 2, Richard Wall pieced together information from a wide variety of sources to shed light on the relationship between gender and well-being in a number of different historical settings, whereas both Aravinda Guntupalli and Jörg Baten (in Chapter 3) and Bernard Harris (in Chapter 4) used anthropometric data to summarise the experience of both males and females at different ages. However, even though the last two chapters may have helped to demonstrate the potential value of



anthropometric measurements as indicators of well-being, they also illustrate the difficulties that remain. These difficulties are reflected in the different conclusions which the authors of these two chapters sometimes appear to derive from apparently similar sets of data.

One of the most important conclusions to emerge from all these chapters is the need to take full account of the specific context in which original data are generated. This point was addressed most directly in Josep Bernabeu et al.'s chapter on the experience of chlorosis among Spanish women during the late nineteenth and early twentieth centuries. The central question raised by this chapter is how far chlorosis represented a 'real' disease as opposed to a diagnostic category imposed upon women by physicians with a particular view of female 'susceptibility'. The authors' conclusion was that chlorosis probably did represent a real form of disease and was directly related to the circumstances of the lives which large numbers of women were constrained to lead, but they also argued that many of these circumstances did not simply disappear when the diagnosis disappeared, but were rather transferred to other diagnostic categories.

Although the chapters in Part I are primarily concerned with the understanding of historical patterns of inequality, they also pose a number of challenges to the authors of the more 'contemporary' chapters in Part II. One of these challenges is the need to establish the extent to which modern societies have succeeded in overcoming the patterns of inequality inherited from earlier periods. A second challenge is the methodological challenge of developing new ways of measuring well-being which are sensitive to present-day inequalities.

The authors of the chapters in this section come from a variety of disciplinary backgrounds, including economics, sociology and anthropology, but they are linked by a common desire to explore the value of the 'capabilities approach' to facilitate an understanding of the relationship between gender and well-being, even though they do this in different ways. Paloma Villota explores the ways in which different tax regimes influence the extent to which men and women participate in the labour market; Paul Anand and Cristina Santos use data from a specially commissioned survey to examine the extent to which men and women are able to enjoy the capability of living a life free from the fear or threat of violence; Helena Machado and Paula Remoaldo use the language of capabilities to explore gender differences in the experience of infertility; Claudine Sauvain-Dugerdil interrogates Sen's concept of a 'life one has reason to value' (see also Sen 1999: 14) through the medium of time use; and both Cristina Carrasco and Tindara Addabbo and Antonella Picchio adopt multidimensional approaches to the measurement of well-being in Chapters 10 and 11 respectively.

One of the main challenges posed by the capabilities approach is the difficulty, as Claudine Sauvain-Dugerdil has suggested, of unpicking the process by which capabilities are translated into functionings. Her own chapter attempts to address this problem by investigating the use of residual time by young people in Mali and other settings, but it is also suggested that it is very difficult, in practice, to separate the choices which people make from the contexts in which they make them.

Although all of the chapters in this section refer directly to the work of Amartya Sen, and three also cite Martha Nussbaum, there are some tensions between them. As Cristina Carrasco remarks in the introduction to Chapter 10, ‘there are ... differences of opinion between those who argue that the capabilities approach can be used to develop a “gender-neutral” approach to well-being and those who argue that it can form the basis of an approach which is directly in women’s experiences’. In the current volume, this contrast emerges most clearly in the contrast between Carrasco’s own chapter and the chapter by Paloma Villota. In her chapter, Villota is directly concerned with the ways in which different fiscal regimes constrain women’s capabilities by discouraging them from participating in the labour market, whereas Carrasco makes an explicit plea for ‘a system of indicators ... [which] seeks to reassess women’s experience by placing it within an analytical framework that is divorced from society’s traditional focus on male experience’.

The contrast between Villota and Carrasco’s chapter is also reflected in their different approaches to the question of social care. Although Villota acknowledges ‘the importance of unpaid care work’ as a means of achieving personal and social well-being, her main concern is to call for improvements in the public provision of such services in order to make the care of other family members compatible with paid employment, whereas Carrasco argued much more strongly that it was necessary to move beyond the traditional distinction between the private and public spheres and to attach greater value to activities which have traditionally been associated with female activity.

These issues are also highlighted in the chapter by Tindara Addabbo and Antonella Picchio. Like Villota, they recognise the extent to which the need to provide domestic care can often impinge on a person’s ability to participate in the paid labour market, but they also share Carrasco’s view of the need to value caring work in its own right as an activity requiring ability, entitlement and freedom. They conclude that the ability to move beyond the dichotomy between the public and private spheres is one of the principal attractions of the capability approach.

Although many of the chapters in this section are concerned with issues such as freedom from violence and access to either paid or unpaid labour, Helena Machado and Paula Remoaldo’s chapter focuses much more strongly on the questions of childlessness and infertility. They begin by looking at the gendered nature of men and women’s responses to the ‘condition’ of childlessness before going on to consider the impact of the development of new reproductive technologies on male and female fertility. Although these technologies have often been hailed as a ‘solution’ to the ‘problem’ of infertility, Machado and Remoaldo argue that they may also help to reduce women’s well-being by reinforcing traditional gender roles and increasing the pressure placed on women to conform to their ‘biological destiny’ by giving birth.

Although Machado and Remoaldo’s chapter is primarily concerned with the impact of reproductive technologies, it also raises broader questions about the relationship between medical advances and human well-being. In 1948, the World

Health Organisation defined health as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’,<sup>1</sup> but recent advances in medical care have had a dramatic effect on our conception of what this might mean, and this has been one of the main factors which has led to the rapid growth of health expenditure in many western countries during the last twenty years.

As this summary has suggested, the contributors to this volume come from a wide range of backgrounds and represent a diverse set of approaches, and it has not always been easy to steer them towards a common set of conclusions, but we hope that we have managed to identify some of the key questions which the different chapters raise about the relationship between gender and well-being. It is also important to remember that the chapters in this book represent only the first stage of an ongoing process of discussion and debate which we hope to continue in future volumes. These volumes will attempt to carry the discussion forward by examining the roles played by households and families, the provision of paid and unpaid work, public policies and social movements in the creation and transmission of well-being between the sexes and across generations.<sup>2</sup>

## References

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1 For further information, see <http://www.who.int/suggestions/faq/en/index.html> (accessed on 9 December 2008).

2 The volume on the role played by families and households in the transmission of well-being will be edited by Jan Kok, Margarida Durães, Llorenç Ferrer and Antoinette Fauve-Chamoux and published by Peter Lang. The provisional title is *The Transmission of Well-Being: Marriage Strategies and Inheritance Systems in Europe, 17th–20th Centuries*. The volumes arising from subsequent symposia are due to be published in the current series.

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