

International Handbooks of Population 8

Nancy E. Riley · Jan Brunson *Editors*

International Handbook on Gender and Demographic Processes

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Editors

International Handbook on Gender and Demographic Processes

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Contents

1	Introduction	1
	Nancy E. Riley and Jan Brunson	
Part I Methodology and Measurement		
2	Measuring Gender in the Context of Demographic Change	15
	Nancy E. Riley and Deborah S. DeGraff	
3	Women, Biopower and the Making of Demographic Knowledge: India's Demographic and Health Survey	37
	Nilanjana Chatterjee and Nancy E. Riley	
4	Gender in the Investigation and Politics of 'Low' Fertility	55
	Leslie King	
Part II Fertility & Infertility		
5	Reproduction in Retrospective, or What's All the Fuss Over Low Fertility?	73
	Elizabeth L. Krause	
6	Assisted Reproductive Technologies and Making and Unmaking of Kin in Iran: Transformation or Variation on a Theme?	83
	Soraya Tremayne	
7	Unconceived Territory: Involuntary Childlessness and Infertility Among Women in the United States	95
	Kristin J. Wilson	
8	Surrogacy and Gendered Contexts of Infertility Management in India	105
	Holly Donahue Singh	
9	Stratified Reproduction	117
	Nancy E. Riley	

Part III Health, Morbidity, & Mortality

- 10 Maternal Health in Nepal and Other Low-Income Countries: Causes, Contexts, and Future Directions** 141
Jan Brunson
- 11 When the Wages of Sin Is Death: Sexual Stigma and Infant Mortality in Sub-Saharan Africa** 153
Jennifer Johnson-Hanks
- 12 Gender and HIV: Evidence from Anthropological Demography in Nigeria** 167
Daniel Jordan Smith

Part IV Migration & Displacement

- 13 Gender and Migration: Evidence from Transnational Marriage Migration** 183
Danièle Bélanger and Andrea Flynn
- 14 Womanhood Implies Travel: Punjabi Marriage Migration Between India and Britain** 203
Kaveri Qureshi and Ben Rogaly
- 15 “Where Husbands Find Jobs and Women Go to School”: Gender, Employment and U.S. Refugee Resettlement of Burma-Origin Families** 215
Pilapa Esara Carroll

Part V Families & Marriage

- 16 Women’s Happiness in Contemporary China: The Relevance of Unpaid Work** 233
Ieva Zumbyte, Susan E. Short, and Nancy Luke
- 17 Gendered Support for Older People in Indonesia: A Comparative Analysis** 247
Elisabeth Schröder-Butterfill, Vita Priantina Dewi, Tengku Syawila Fithry, and Philip Kreager
- 18 Demographics of Gay and Lesbian Partnerships and Families** 267
D’Lane R. Compton and Amanda K. Baumle
- 19 Marriage in Contemporary Japan** 287
Laura Dales
- 20 The Exaggerated Demise of Polygyny: Transformations in Marriage and Gender Relations in West Africa** 299
Bruce Whitehouse

Part VI Policy and Applications

21 Women As Actors in Addressing Climate Change 317
Yves Charbit

**22 Structures of Violence Throughout the Life Course: Cross-
Cultural Perspectives of Gender-Based Violence** 329
Jennifer R. Wies and Hillary J. Haldane

**23 Gender, Displacement, and Infant and Young Child
Feeding in Emergencies** 341
Aunchalee E. L. Palmquist and Karleen D. Gribble

Index 357



Introduction

1

Nancy E. Riley and Jan Brunson

In 1993 *Demography* published an issue that took account of the state of the field of demography, 30 years since the journal began as the field's flagship journal. In that issue, Susan Watkins's chapter, "If all we knew about women was what we read in *Demography*, what would we know?" sketched how authors wrote about women (and men) over the past 30 years. She found a number of things that—surprisingly and disappointingly—remain true today, now some 25 years later. Women were nearly always the target or subjects of research on fertility ("thick on the ground," as she put it (Watkins 551)) but most research used a narrow set of variables and concepts to capture the lives of women. Related to the lack of variables, "a rather meager range of women's activities is thought to be relevant for their behavior" (559). Part of that, she argued, is that available data do not permit much more (561). What measures are missing? She pointed to the importance of context and differences between one community or society and another in how gender is constructed, and how that context often is missing in demographic research. While power is central to most feminist research-

ers' understanding of gender (565), Watkins found that "issues of power are ignored almost completely" (561) in demographic work.

In addition, Watkins pointed out that "echoes of what Geertz terms 'fierce and multisided debates' are muted in our journal" (565). She wondered if "perhaps on the whole, the *Demography* community found the feminist critiques of research topics 'too political' for a scientific discipline, and viewed qualitative methods as inappropriate or problematic" (565).

Now, some 25 years later, where is demography on gender? Certainly, most demographers would quickly agree that gender is an important piece of any demographic analysis. The existence of this very volume—part of the *International Handbooks of Population* series—supports that widely held view. But we also might be surprised—and disappointed—that while the field has made some changes and moved the needle on understanding the role of gender in demographic outcomes, the needle has not moved very far, especially when we compare demographic work with work on gender in neighboring fields.

This volume addresses some of the missing pieces on gender in demography and brings together new work on the role of gender in demographic change. We present exemplars of research that explore how gender influences demographic processes of fertility, mortality, and migration; chapters that survey specific topics related to gender; and chapters that examine more

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theoretical and methodological aspects of gender research. In this introduction, we outline the context for the articles in this volume.¹

1.1 Efforts to Make Gender Part of Demographic Analyses

Watkins' article in 1993 came during a heyday of efforts to bring gender into the field of demography. This work took many forms and directions. Behind much of it were scholars' efforts to define and conceptualize gender (see Riley and DeGraff, this volume). Karen Mason's groundbreaking 1984 publication, *The Status of Women: A Review of its Relationships to Fertility and Mortality*, widely distributed through the Rockefeller Foundation, argued for recognizing that gender operated especially strongly at the societal level; other scholars (Riley 2003) pointed to gender as an organizing principle in all societies, thus deeply entwined with other social institutions such as the economy, the state, education or the labor force. Key to defining gender was power (Greenhalgh 1995; Greenhalgh and Li 1995; Riley 1997). Scholars also worked to find ways to measure it (Mason 1984; Mason and Smith 2001; Ghuman et al. 2006; Jejeeboy 1995) and many sought to bring theoretical insights, often derived from outside the field, into demography (Greenhalgh 1996; Handwerker 1990; Kertzner and Fricke 1997). These struggles were public—in journals and other publications, at conferences, and even in more practical, applied ways, such as in the U.S. Census (Presser 1998; Presser and Sen 2000; Federici et al. 1993).

There was also resistance in the field during this time; in submissions to population journals, some authors were discouraged from using the term “feminist” and even, for a while, “gender.” But perhaps because there was a critical mass of scholars working at these endeavors, or because there came a wider acceptance of a need for more attention to gender in demography, or for some

other reason, scholars did find some success in organizing conference panels and in publications. Interest in gender scholarship was particularly evident at population conferences held by two major organizers in the field, the Population Association of America (PAA) and the International Union for the Scientific Study of Population (IUSSP). Throughout the 1980s and through the 1990s, these organizations sponsored panels where scholars working on or interested in the intersection of gender and demography came together to discuss their progress and challenges. Several of the IUSSP conferences resulted in collected volumes exploring some of this work. Different volumes addressed different aspects of the relevant issues, from questions of measurement (Federici et al. 1993) to education (Jejeeboy 1995) to questions about power (Presser and Sen 2000). Population journals also published articles that addressed questions of gender, power, and population changes (e.g. Balk 1994, 1997; Caldwell 1986; Desai and Jain 1994; Dyson and Moore 1983; England et al. 1996; Greene and Biddlecom 2000; Morgan and Niraula 1995; Presser 1997; Riley 1997, 1998, Sathar et al. 1988).

But, significantly, in ways that continue to haunt the field, many of the most influential articles and monographs that dealt with the complexities and especially the theoretical issues around gender and population outcomes were published not in population journals but in journals in neighboring fields (Bier 2010; Budig and England 2001; Desai 2000; Greenhalgh and Li 1995; Krause 2001; Mason 1986, 1987; Riley 1999). Importantly, scholars working in neighboring fields—some of whom had a foot in demography and some who did not—were publishing groundbreaking research on these issues, often in publications in which theory plays an important role (Bledsoe 2002; Bledsoe et al. 2000; Brettell 2002; Christopher et al. 2002; Folbre 1983, 1986; Ginsburg and Rapp 1991; Greenhalgh 1995, 1996; Inhorn 1995; Jolly and Ram 2001; Roberts 1998; Sargent 1989; Scheper-Hughes 1993; Solinger 2001).

During this same time period, the UN conferences in Cairo in 1994 (International Conference

¹We note that in this introduction, much of our focus is American demographic work, and we are nearly exclusively addressing English-language research.

on Population and Development) and in Beijing in 1995 (UN Fourth World Conference on Women) were in many ways watershed moments. At these conferences, gender was front and center, and, influenced by the conferences, programs sought to address gender, gender inequities, and women's lives in new ways. In these settings, researchers and practitioners came together to develop strategies that focused on gender equity and expanding the choices women had in their reproductive lives. These were big steps for population programs and for demography as well. But many of the goals set at that time have not been met, and some (Murphy 2017) argue that the population agenda continued to follow a pathway that emphasized individual efforts ("empowerment") and not structural change; thus, here again and still, gender was dealt with at the individual level more than at the levels of society or globally (Cornwall et al. 2008; Wilson 2008; Dodgson 2000; Everett and Charlton 2013).

After these heyday years, attention to gender changed and even declined in the field of demography, at least in the organized and visible sense that was present in previous years. For example, there were fewer panels on gender at PAA in subsequent years.² In the IUSSP, where most work is done through Scientific Panels, there was a Panel on gender from 1996 to 1999 and then from 2006 to 2009, but there has not been one since.³

The falloff of attention to gender can be read both positively and negatively. Demographers now generally agree that gender is important to any analysis of demographic change, and most analyses include some measure of gender. There

is now a biennial award in PAA, the Harriet Presser award, given to honor a scholar for contributions to the study of gender and demography. But the lack of explicit attention to the thorny issues of gender within demographic change suggests that some may think we have finished with this issue, that we have figured it out. We suggest that is far from true. As the chapters in this volume point out, gender's relationship to demographic dynamics remains not only significant but incompletely understood. When we look at the articles published in demography journals that address gender, most of them still use relatively narrowly defined variables to attempt to capture gender—educational attainment, or labor force status. Gender is thus used not as a lens but as an accepted variable. While some go further, and bring in more nuanced variables (Short and McNeil 2017), we often find the same lacunae that Susan Watkins saw 25 years ago: a meager selection of variables, and often a lack of recognition about the broad areas of social life that are intertwined in demographic outcomes.

It is not obvious why there seems to be less interest in gender, or, more accurately, in exploring the complexities of gender, among demographers than there was 20 years ago. It may be that at a certain moment, there was a critical mass of scholars whose research and interests focused on these processes. It may be that funding opportunities have shifted.⁴ Key to our own puzzlement over these changes is that the subjects of gender and reproduction or gender and health continue to be at the cutting edge of work in neighboring fields (Bridges 2011; Briggs 2017; Browner and Sargent 2011; Brunson 2016; Ginsberg and Rapp 1995; Inhorn 2015; Kanaaneh 2002; Murphy 2012, 2017; Rapp 2001; Ross and Solinger 2017). What appears to be true now was hinted at in the past: much of the work in these areas is published outside of journals or places specifically focused on demography. That demography has not drawn regularly from neighboring fields on these or other issues (Fricke 1997; Furedi

²While there have been sessions that are meant to explicitly address gender, after 2003, gender as a topic was subsumed under a new heading: Race, Ethnicity, and Gender (and sometimes, interestingly, Race, Ethnicity, Gender and Religion (2008)).

³These panels are established by the IUSSP council, often after being proposed by members. They organize programs and work in the subject area of the panel. They are meant "to address an emerging or critical population issue or to develop and improve training and research in the population field. They consist of a small international group of high level experts" (IUSSP).

⁴We note that other lenses and perspectives are also less present among demographers, most notably anthropological perspectives.

1997; Greenhalgh 1996; Riley and McCarthy 2003) suggests that demography is missing out on being part of conversations that are not only cutting edge but also address topics central to the study of population. Demography's reluctance to bring in theory or politics (in its pretense of being apolitical and its attempts to be above the fray) gets in the way of potential interactions and scholarly exchanges, which are often theoretical and which recognize the politics involved in processes of gender.⁵

Across many social science disciplines, there has been a lot of work on gender and its connection to demographic issues, and in this volume, we have tapped that work. Perhaps not surprisingly, given the above, while many of the authors here are demographers, many would not consider themselves first as demographers but rather only secondarily so, and some, perhaps, not even that. But each of the chapters brings an important perspective on gender and demography, a perspective that contributes to these important topics.

1.2 Introduction of chapters

The first section of the volume, *Methodology and Measurement*, directly addresses some of the issues that Watkins raised in 1993 and have also been the subject of many conference panels and articles. The chapters by both Riley and DeGraff (Chap. 2) and Chatterjee and Riley (Chap. 3) examine the conundrums of those methodologies—predominantly surveys—most commonly used in demography and those used by others who are studying demographic outcomes using other methodologies. Riley and DeGraff provide an overview of efforts to capture gender in its complexities and discuss some of the reasons for the continuing challenges to do so. Working through exemplars, they discuss the strengths and weaknesses of quantitative survey data in under-

standing gendered demographic processes, made especially clear through a comparison with qualitative research data. Chatterjee and Riley focus on the India Demographic and Health Survey to illustrate how in their focus on collecting individual level data, such surveys often miss the broader contexts of individual measures, decisions, and actions, and in the process, render those broader issues invisible in demographic work. Leslie King's chapter (Chap. 4) focuses on societies with "too-low" fertility and discusses how demographers engage with issues of these societies. While some assess whether state policies to raise fertility rates are effective, a smaller number push further to examine the discourses behind and surrounding how low fertility is seen as undesirable and the ways that it is often linked to ideas about the composition of the nation and to exclusionary policies. By pointing out how those discourses are inherently gendered, as "women tend to be constructed as the mothers of the national family, whose primary task is reproducing the nation" (p. 26), King reminds us of the ways that gender's effects lie well beyond individual behavior, choices, and actions.

The second section focuses on fertility and infertility. The section begins with Elizabeth Krause's reflections on doing work on fertility in Italy over the last several decades; in ways that are similar to and different from King, in the first section, she interrogates the politics of "too-low" fertility in the context of Italy's history of population control. Three of the chapters in this section—those by Soraya Tremayne (Chap. 6), Kristin Wilson (Chap. 7) and Holly Donahue Singh (Chap. 8)—use the lens of infertility to effectively challenge some of demography's usual ways in its handling of fertility. They trace the ways reproduction shapes and is shaped by forces at all levels of society, from the individual through to questions about national identity and the role of reproduction in creating and maintaining a nation. Singh places current surrogacy practices in India within the history of that country's long involvement with fertility programs, including controversial programs that use sterilization as central to controlling fertility, and argues that a reproductive lens—in her chapter (Chap. 8) it is

⁵We refer less to government politics here, although those may come into play as well, and more of a focus on the unequal distribution of power within and between populations, and the ways those power differentials influence all aspects of social and economic life.

the processes of gestational surrogacy in India—allows us to see how a variety of forces influence fertility management. In her examination of infertility in the US, Wilson is explicit that seeing infertility, fertility, voluntary and involuntary childlessness from the perspective of women themselves offers a new and more grounded view of these concepts and the meaning of them to the individuals involved. In her examination of Iranians' use and interpretation of ARTs, Tremayne also focuses on local meanings of reproduction and infertility. She investigates how Iranians deal with apparent contradictions in their attempts to “preserv[e]...the strict cultural and religious principles of procreation, and, at the same time, break...the very rules which uphold them, have affected family, lineage, and kinship in Iran” (p. 2). Looking at infertility, surrogacy, and ARTs in these three very different settings—Iran, the United States, and India—underscores the impossibility of developing universal measures of gender or much else; the definition of infertility is “necessarily imperfect” as Wilson argues. Fertility and infertility are also enmeshed in community-anchored social issues, including gender, family, kinship, and motherhood; “cultural responses to ARTs are as varied as the cultures themselves” (Tremayne).

Singh argues that surrogacy and other such reproductive practices pose challenges to demography, suggesting a need to rethink a variety of issues, from assessing what kinds of reproductive services are needed where and by whom, to how ideologies about infertility, motherhood, and kinship shape and are shaped by national agendas. The first four chapters in this section provide some of the background for Riley's chapter (Chap. 9) on stratified reproduction, a term that describes the ways that social and even biological reproduction—processes that include conception, pregnancy and birth but also the raising of children—is unevenly distributed across populations. In the way that reproduction follows lines of social inequality, it is inherently political. These chapters on fertility and infertility underscore how new lenses, often developed outside the field of demography, allow insight into some core concepts in demography, including the value of chil-

dren, the role of the state in demographic change, and even how we count births and fertility.

The three chapters in the next section, *Health, Morbidity, and Mortality*, address the topics of maternal health, HIV, and infant mortality in sub-Saharan Africa and South Asia. Brunson (Chap. 10) identifies some of the challenges in achieving further declines in maternal mortality in low-income countries, particularly Nepal. She concludes by arguing that as demography's hyperfocus on fertility rates declines in conjunction with declining population growth rates around the globe, demographers are ideally positioned to contribute more significantly to studies of women beyond the topic of how many offspring they produce—a more holistic consideration of women's experiences of reproduction (or lack thereof) and their relation to demographic characteristics. Brunson invites demography to widen the scope of demographic inquiry in this way.

Both Smith and Johnson-Hanks point to gendered sexual norms as important social structures tied to population dynamics. Johnson-Hanks (Chap. 11) unpacks how “women's conformity to gendered norms concerning premarital sex affects the survival of their children in sub-Saharan Africa.” Her research demonstrates a complicated relationship between stigma and infant survival: she demonstrates that the “mortality disadvantage suffered by illegitimate children is shared by children born after bridal pregnancy in societies that are less tolerant of non-marital sex” and discusses what social arrangements might lead to such a result. Smith (Chap. 12) argues that the AIDS epidemic in sub-Saharan Africa “has heightened the stakes of normative gendered practice and sexual intimacy.” Using ethnographic and survey research in Nigeria, Smith examines how unmarried women and married men navigate the increased social scrutiny of sexual behavior “through moral lenses shaped by the epidemic.” Smith's chapter is exemplary in its tacking back and forth between the lived experience of unwed women and married men, avoiding the common pitfall of equating “gender” with “women.” He asserts, “A thorough understanding of the dynamics of gender and HIV requires attention to men and masculinity as much as to women and femi-

ninity.” Methodologically these two chapters are exemplars of the kind of innovative mixed-method research we call for in this Introduction that incorporates statistical and qualitative analysis.

In the fourth section, *Migration and Displacement*, all three chapters deal with international migration—two through marriage, and one through refugee resettlement. The first two chapters examine gendered inequities that drive marriage migration, and the third investigates the gendered effects of forced migration on refugee married couples. Bélanger and Flynn (Chap. 13) introduce the topic of marriage migration, pointing out that the phenomenon is hardly new; throughout many societies, patrilocal marriage practices dictate that brides migrate to both a new family and a new location at the time of marriage. They outline the ways in which a gendered approach had been incorporated into migration studies since the 1990s, unpacking a multitude of nuances to the overly broad term “marriage migration.” The authors conclude, “Gender is an inextricable and constitutive feature of marriage migration, and requires evaluation at the levels of individual women and men’s experiences, policies and practices in sending and receiving societies, and global and transnational pressures and institutions.”

Qureshi and Rogaly also address marriage migration in their chapter (Chap. 14) on Punjabi marriage in Britain, aptly titled, “Womanhood Implies Travel.” They tackle the assumptions in the literature on migration, which often discount key forms of women’s mobility because the distance of women’s migration is sometimes shorter than men’s. By focusing on how women—particularly in societies with patrilocal, exogamous marriage systems—are more migratory than men due to their leaving their natal homes at the time of marriage, they argue against such gendered assumptions about the scales of mobility that matter.

Esara Carroll (Chap. 15) focuses not on marriage migration, but rather on the effects of refugee resettlement on the gendered relations of language acquisition, education, and employment for married couples of Burma origin residing in New York. She argues that analyses of US

refugee integration and discussions of how to measure outcomes often minimize the effects of gender and its correlate, carework. Such studies “treat gender as a self-explanatory demographic trait, with effects which do not need to be contextualized,” and their assumed naturalness thereby remains unquestioned. Her ethnographic chapter portrays the salient contextual factors that may contribute to variation in experiences of refugee integration. These three chapters undoubtedly demonstrate that migration is a process inherently structured by gender relations.

The chapters in the next section focus on families and marriage; all five chapters address the changes in these institutions in different contemporary societies. Taken together, they argue that how we define families—who is included and who is not—has a great impact on what we conclude about families, but also about gender, and the social world in general. Three of the chapters focus on marriage and partnerships: Whitehouse examines the change in polygyny in West Africa, Dales looks at marriage in Japan, and Compton and Baumle focus on same sex partnerships in the United States. In each case, the circumstances around these marriages and partnerships have shifted in key ways that affect both how individuals enter and leave them but also how they are seen by others. From all these chapters on families, we also see how internal family dynamics, whether that is women’s happiness in China (Zumbyte et al., Chap. 16) or elderly support in Indonesia (Schröder-Butterfill et al., Chap. 17), are difficult to measure and often subject to assumptions that prove inaccurate depending on the methodological approach used.

Writing on gay and lesbian partnerships and families in the United States, Compton and Baumle’s chapter (Chap. 18) brings into demography a neglected area of research in demography (but see Baumle 2013): not only work on families formed around such partnerships but the larger issues of sexuality. They challenge demographers to move away from assumptions of heteronormativity. Dales’ chapter (Chap. 19) on marriage in Japan addresses the concerns over the non-marriage of some in a country where marriage and family structure much of social life and

where “too-low” fertility has become a concern. As Compton and Baumle argue about the United States, Dales focuses on the politics of recognizing different (sometimes newer) kinds of families. She argues, “it is imperative to address the diversity of the unmarried demographic. In light of a growing percentage of individuals who do not marry, the implications of other relationships become salient, for individuals and for the state... [and] draws attention to the ways in which the assumption of a universal life course centered on marriage produces (and reproduces) political inequalities that privilege particular versions of gender and sexuality” (p. 13).

Writing about elderly care in Indonesia, Schroder-Butterfill et al. (Chap. 17) also question how family and family networks are defined. Along the lines of the chapters in the first section of the volume, they also explicitly address how methodological approach influences substantive conclusions, arguing that “conventional statistical units, because they neglect gendered constraints, give a very partial account of age structural impacts.” They point out how a more locally based methodology is more effective and representative of what is actually happening on the ground and can better allow for local versions of key networks of support: “local surveys prepared and analyzed on the basis of ethnography open up an alternative approach in which the importance of gender roles and preferences can be placed in the context of evolving network and other sub-population relationships. More particularly, on this basis we can then explore whether older people’s gendered preferences for care are (or are not) realized, and how and why these outcomes occur”. Zumbyte et al.’s chapter (Chap. 16) on women’s housework in China presents an additional argument about how difficult it is to devise universal measures to understand issues of gender, even within one country. Women’s happiness, they find, seems to have a relationship to how much housework they do. But the relationship between these two—happiness and amount of housework—differs substantially between rural and urban areas. From these five chapters that focus on families, we can see that the relationship between gender, and even a

social institution (family) often recognized as closely tied to issues of gender, is difficult to summarize in any parsimonious way. Rather, like gender, the social construction of families makes it imperative that careful work be done in any society, with attention to local meanings and to the effects of methodology and theory, to allow us any degree of understanding about these complex issues.

The final section of the volume allows us a glimpse of the policy implications of attention to gender in demography and how we might apply research findings to ongoing events and issues. Charbit’s chapter (Chap. 21) makes clear how gender has an effect on our understanding of the environment and climate change in several ways. First, because of their position in the community and in the family, women have a different relationship to climate change and have to deal with it differently than do men. In addition, and relatedly, when women are part of the administration of programs, the programs are more likely to address the realities of women’s lives. Wies and Haldane (Chap. 22) expand the boundaries of demography in another way, arguing that gender-based violence is structurally supported; reducing such violence requires attending to the structures surrounding such violence. And finally, focusing on humanitarian crises and the experiences of women, Palmquist and Gribble (Chap. 23) make an argument for how women’s reproductive roles—here, pregnancy, birth and breast-feeding—and a lack of attention to these roles during crises make women particularly vulnerable to violence. In these three chapters, the authors are not only taking demographic issues out of the academy and examining what happens on the ground, but even the topics they focus on are relatively new or rare in demography, and thus expand demographic work on gender in important ways.

1.3 Looking Ahead

The course of soliciting chapters for this volume reflects what we believe are characteristics of the field. Readers will notice the absence of work on

men (but see Smith, Chap. 12 this volume), a topic about which we were unable to obtain chapters although we did solicit several. The heavy contribution from anthropologists and chapters that rely on qualitative data is also an obvious feature of this volume. We have fewer chapters that use quantitative data either primarily or even heavily. That imbalance—surprising in a volume in demography—to some extent reflects the editors' own perspectives: Brunson is an anthropologist, and Riley has done ethnographic and qualitative work. But it also mirrors the state of the field of demography, where we see gender as still missing the attention it deserves and being tended to mostly at the peripheries of the field, or in the interdisciplinary interstices.

However, by no means is gender a topic completely missing in demography. There are many demographers who do continue to work at the challenges of incorporating gender—in all of its complexities and connections—into demographic analyses. As we discussed above, those efforts began as early feminist scholars sought ways to conceptualize and measure gender and to model its effects. And they continue today even as the shape and place of such work and conversations may have shifted (e.g. Desai and Temsah 2014; Desai and Andrist 2010; Goldscheider et al. 2015; Brinton and Lee 2016; Johnson-Hanks 2006; Kishor 2014; Nobles and Mckelvey 2015). And we laud that work, those who continue to attempt to bring gender—as a theoretical, complex topic—into demographic analysis.

But at the same time, we note that in general, gender comes into demography more often in some ways and not others. It is now regularly included as a variable; most analyses include some measure that distinguishes between the experiences and lives of women and men. It also comes in in more complex ways, as part of analyses that are focused primarily on other institutions or events, such as research focused on marriage, families, mortality, or migration, for example. But what is still largely missing in demography is research that explicitly engages with and contributes to larger theoretical perspectives on discussions and understandings of gender, especially when we compare such work

in demography with that taking place in neighboring fields. There is now less explicit attention to the broader issues of gender and population outcomes within demography than outside the field, particularly in neighboring fields.

Here again, we are not completely sure about the reason for this difference in focus between demographers and scholars who are primarily rooted in other fields. Bridging disciplines is difficult for many areas of scholarship. But there are particular elements about the study of gender that make it hard for demography to engage fully with it. Here we note three: methodological and epistemological differences; the importance of theory to much gender scholarship; and the way that most gender scholars recognize and accept the political nature of their work.

Demographers and other social scientists often have very different epistemological and methodological orientations. “At the center of data collection for [demography] is the social and demographic survey, aimed at reducing social life and demographic behavior to a series of discrete, measurable variables whose relationships can be modeled mathematically” (Kertzer and Fricke 1997: 2). John Caldwell argued that demographers “believe in numbers in an almost mystic way” (Caldwell 1998: 158). On the other side are those social scientists whose epistemological and methodological orientations “could be taken for a study in contrasts” and who maintain “political as well as epistemological objections [to] treat[ing] people being studied as objects whose behavior is rendered into the western observer’s already existing categories” (Kertzer and Fricke 1997: 3). That raises the role of theory in gender scholarship. Because of a belief that gender is socially constructed, most gender scholars recognize that the meaning of any behavior, whether that is labor force participation, responsibility for housework, or who controls money in a family, will have a different meaning depending on the society or community in which it takes place. Thus, universal measures of gender are not something that scholars seek out or accept. It is at the level of theory that scholars connect the

findings from different settings or across different disciplines; thus, gender scholarship often has an important theoretical component to it, something that is not present in much demographic work on gender. Another continuing tension is about the political nature of gender. Most feminist researchers acknowledge the political nature of gender and study of gender, and demography's aversion to recognizing the political nature of its work (Greenhalgh 1996; Demeny 1988; Riley and McCarthy 2003) also makes it more difficult to bridge the divide. Significantly, the conversations around gender that take place outside of the field of demography often have strong theoretical and political components.

Demography has much to add to our understanding of gender. We believe that both quantitative and qualitative methodologies provide important insights; each methodology has challenges, weaknesses, and strengths, making (another) argument for the usefulness of combining multiple methodologies. In that process, demographers have much to contribute in terms of the best use of quantitative data to capture patterns and trends in social processes, information about causal relationships, and long experience in understanding the strengths and pitfalls of different statistical modeling techniques. Equally important, demography itself would be well served by attending to these differences in how gender is handled outside and within the field. We hope the chapters in this volume encourage scholars to read and work across disciplinary boundaries. Such cross-cutting work encourages new pathways and insights. Finally, demographers might heed the arguments of scholars from feminist/gender studies who have long argued that gender is inherently and necessarily political. By recognizing and embracing that notion, we believe demographic work will be both stronger and also able to make an even greater contribution to understanding the power of gender in societies, and to effect social change. When we compare demography to neighboring social science fields, we can see how the field of demography would benefit from more, wider and deeper critical perspectives, not only around the issue of

gender, but in other areas as well.⁶ In other social science fields, such critical perspectives are productive in a variety of ways, from examining methodological and epistemological perspectives used by scholars, to the political implications of research findings or even research itself, to arguments about needed new directions.

These chapters make clear that there is exciting and useful work underway on how gender is involved in demographic processes. There is much more to be done, of course. But demography is well-positioned to make important contributions to the theoretical debates about gender that are occurring in and across many disciplinary fields. These chapters go far in that process.

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⁶In addition to research on gender, work in neighboring fields has such critical perspective in relative abundance; critical perspectives have examined such key issues as the historical roots of the field, including colonial and post-colonial influences; considered how more participatory research might benefit communities; traced the role of race and ethnicity in both social processes and in the way research gets done and noticed; examined pathways and influences of research funding; and looked at how research gets entangled with larger political and economic forces. All of these topics, and many others, would provide demography with useful new perspectives of and understandings of the field and the implications of the work it does.

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Part I

Methodology and Measurement



Measuring Gender in the Context of Demographic Change

2

Nancy E. Riley and Deborah S. DeGraff

It is now widely recognized that gender is an important factor in any demographic event or change, from infant mortality to declining fertility rates to the composition of migrants. The chapters in this volume provide evidence for that importance.¹ While the central place of gender in demographic events is widely agreed upon, how to measure gender's effects is still under discussion (Riley 2005). In this chapter, we address the challenges in measuring both gender and the effects of gender. Before measuring gender's effects, we must start with gender itself, by defining terms and then find ways to measure the concept. Only then can we have any confidence in measuring gender's effects on outcomes. Each of these steps has proven to be difficult and demographers are not in agreement on what works, what the goals should be, and, not surprisingly, on the results. In this chapter we discuss the definition of gender, address the challenges of measuring gender at all levels and elements of society, and look at ways gender has been used in demo-

graphic research in order to illustrate some of the difficulties facing demographers. We look at both quantitative and qualitative approaches to understanding the role of gender in demographic events; as an example of such different approaches, we examine several pieces of research done in Egypt. These efforts illustrate some of the strengths and weaknesses of various methodologies. In addition to research specifically focused on demographic events, we also look at research that has a wider focus for what we can learn about gender. At the end of the chapter, we discuss the strengths and weaknesses of various methodologies. We argue that the challenges of capturing a fluid, shifting version of gender—one that is increasingly accepted in neighboring fields—has been more difficult to incorporate into demographers' statistical toolboxes.

We note that in this chapter, while we discuss several pieces of research, our goal is not to be thorough in canvassing the field nor to include all the work that addresses issues of gender (even in demography). Rather, we choose work that illustrates both the work that has been done and the arguments we are making.

¹Widespread recognition of the importance of gender is also evident in the inclusion of a Gender Development Index and a Gender Inequality Index in recent volumes of the Human Development Report (UNDP 2016a), and also a Gender Equality Goal in the Sustainable Development Goals that supersede the Millennium Development Goals (UNDP 2016b).

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2.1 Studying Gender in Demography

Understanding the role of gender in shaping demographic outcomes requires at least three key steps: defining gender, then measuring gender using that definition, and finally finding a way to estimate or reach conclusions about the effects of gender. In this section we begin by discussing the definition and measurement of gender more generally, and then go on to briefly examine how far these processes have come in demography.

Defining gender is a very important first step partly because gender shapes lives at every juncture, and can be seen from the individual level through societal-level structures. Before we measure gender, we need to be clear about at which level we are focusing. Gender's influence at the individual level is probably the most easily recognized. There, we observe and measure characteristics and behaviors of women and men and the ways that being a woman or a man has an influence on any outcome, from differences between women and men in how much education they receive to how many acres they can harvest in a given amount of time. While these differences are important, to understand the full effect of gender, we must recognize that gender is not only the property of individuals or even only about how individual outcomes are related to gender. While less easy to see, gender operates as an organizing principle in all societies, and thus is part of all social institutions, from family to economy to government. Gender and its influences are also present in less tangible elements of a society, in language, images, or symbols (Ferree 1990; Riley 2003; Risman 1998). Because gender is deeply embedded and often nearly invisible in these larger structures, it is less easy to see these influences. Nevertheless, these aspects of gender actually have a dominant role in the society and in the lives of individuals.

One of the challenges, then, in measuring gender's impact on demographic or other social outcomes is to recognize, measure and assess the impact of gender beyond the individual level (Risman 1998). Key here is the way that as a social construction, gender is entwined with

other social structures and characteristics of a society. That renders universal measures, defined and employed in the same way across societies, problematic (Riley 1997). We should expect that gender's influence will differ and will manifest itself in different ways in different places. Even in different spheres of a woman's life, we would expect gender to operate differently. For example, analyzing the lives of women in a community in Bangladesh, Balk (1994) concludes that a woman's power is different inside and outside of the household, with different sets of influences, and needing different ways to measure it.

One of the key aspects of gender is power (Riley 1998); differences between women and men often reflect differences in power, whether differences in access to key resources (education, money, political power or even controlling one's own life circumstances) or differences in wielding power (in constructing policy or in compelling others to act (or not) in certain ways). While the term "empowerment" is often used in attempts to capture some aspects of power, this term itself is not always well defined and does not always address the subtleties of power differentials. A working paper from the World Bank (Alsopp and Heinsoln 2005) conducted a comprehensive review of research undertaken by scholars attempting to measure empowerment; the authors' intent was to develop a framework for measuring empowerment that might help the implementation of development programs. But, importantly, their review itself points to the problem with the notion of empowerment: their appendix listed twelve different studies with at least a dozen different measures of empowerment, suggesting just how fuzzy is this concept. For example, a woman's control of income could be about power—it might reflect her independence in spending money as she wishes and more independence in marriage or childbearing decisions (Ruggles 2015)—or it could reflect a burden—especially possible when there is little discretionary income and "control" of income is actually a responsibility to find ways to navigate tight financial circumstances in order to put food on the table. Power has other gender dimensions too, with men more likely to be in positions that

shape the lives of those in their communities, whether through laws and rules or through less formal means such as dominating in certain influential jobs or parliamentary roles. Some (Allen 1999) have argued that we need to distinguish between power *over*—the power to make others do what they might not choose to on their own—and power *to*—the power to decide their own path, such as go to school or take a particular job. Along this line, Basu and Koolwal (2005) argue that we can think of “empowerment” as an indication of self-indulgence (is a woman able to do what she wants to do?) and at the same time as responsibility (ability to fulfill responsibilities, e.g., caring for her children). Thus, sorting through women’s access to resources or her power over them must include some understanding of what such access or power achieves. But even as these distinctions and clarifications are necessary, most of such measures tend to focus on individual-level gender issues, and do not easily encompass or measure how gender is entwined with other, societal-level phenomena, such as the organization of the labor force, or government support for education.

In sum, gender is anchored in specific social complexities, acts at individual, community, and societal levels, and has many components. For all of these reasons, measuring gender is a difficult endeavor.

While some demographic research uses what we consider to be weaker measures of gender (Riley 1998)—primarily relying heavily on measures of education and employment (such as number of years of education, differences between women and men in educational achievements or number of hours working for wages, or differences in wages between women and men)—there have also been several efforts to find more robust measures of gender. Some of these have used qualitative methodologies, some quantitative, and some have tried to combine both.

There were several early efforts to understand the role of gender that were important in shaping later research. In 1984, Karen O. Mason wrote a definitive, widely distributed report for the Rockefeller Foundation, *The Status of Women: A Review of its Relationships to Fertility and*

Mortality. This report was later published as two articles, “The Status of Women: Conceptual and Methodological Issues in Demography,” in 1986 and “The Impact of Women’s Social Position on Fertility in Developing Countries” in 1987, both in *Sociological Forum*. In these publications, Mason argued that demographers were finally beginning to recognize that “women’s status” was a factor in demographic outcomes. But she also pointed to confusion within the demographic literature on what constitutes women’s status, and how we might measure the concept. Some confusion came from differences among power, prestige, and wealth and how women might have different statuses in each, which in turn might be differently accessed for any woman. Mason also argued for clarity between class and gender and their influences on women’s position, or any measure of women’s status. She argued that “gender inequality is an empirically as well as conceptually a multidimensional phenomenon” (287). Indeed, the World Bank’s efforts, mentioned above (Alsop and Heinsohn 2005), to devise a framework for measuring “empowerment” lists dozens and dozens of measures in their Annex 2, “Intervention-level indicators of empowerment.” However, while multidimensional, it may be that only one aspect of women’s position influences a demographic outcome. One of Mason’s most important contributions from this work was her insistence that gender operates at a level above the individual, that gender inequality is situated and rooted in the larger social system.

Other demographers have focused on measuring gender within specific communities or societies. In a widely cited piece, Dyson and Moore (1983) examined the differences in such demographic events as fertility, child mortality and marriage in India. They attribute much of the difference between northern and southern India to women’s status, their role in families and marriage and their “capacity to manipulate... [their] environment” (45). While later work has revised some of these early findings and arguments, their article was important in drawing attention to how demographic outcomes such as child mortality might be influenced by seemingly distant prac-

tices such as marriage systems. John Caldwell (1986) also drew attention to women's position in his classic paper "Routes to low mortality." He argued that higher women's status was a defining characteristic of societies whose health status was better than their economic standing would suggest. That women are able to go on their own to health clinics, are able to receive education, and often marry at a later age has helped countries like Sri Lanka and Costa Rica to achieve lower levels of child mortality than they would otherwise. Here again, later research (Kuhn 2010) has revised some of those findings but the original article remains important for its attention to gender's influence in demographic outcomes.

While any of these projects had weaknesses, these works and others (Balk 1994; Desai and Jain 1994; Greenhalgh 1995; Jejeebhoy and Sathar 2001) served at least one key purpose: to encourage demographers to think beyond the more easily measured and available variables of education and labor force participation. These were often used as proxies for something that was named "women's status." However, they were not up to the task of allowing insight into gender dynamics and inequalities, and often muddied the waters of such issues (Riley 1998).

2.2 Understanding Gender Through Quantitative Analyses

Since early attention to the role of gender in demographic outcomes, there has been considerable energy put into measuring gender and gender inequality in various societies across the world. Some of the attention arose from two conferences held in the 1990s, the 1994 International Conference on Population and Development (ICPD), organized by the United Nations, and the Fourth World Conference on Women, held in Beijing in 1995. The ICPD focused specifically on reproductive health and rights; the Millennium Development Goals that were developed out of the conference made issues of gender a key piece of future development plans. The Beijing Women's Conference pushed these gender issues

further, drafting a platform for women's empowerment across the globe. These conferences, and many who participated in them, were most focused on programs and actions rather than research. Nevertheless, there was an understanding that in order to address issues of gender inequality, we needed ways to measure that inequality. Indeed, soon after these conferences, a group of agencies—NGOs, USAID and others—organized The Interagency Gender Working Group (IGWG) to share work and insights around gender and to "address[...] gender equity issues and needs as they arise in the reproductive health field" (IGWG website). While much of their work, publications, and events revolve around integrating gender perspectives into development and health programs, IGWG also states that one of its goals is to "collect empirical data and identify best practices on gender issues and the interface with RH/HIV." As we discuss further below, that stated goal, while positive in its recognition of the need to develop good measures of gender, makes clear that these measures are specifically related to particular demographic outcomes, which brings with it important constraints.

Survey projects that seek to connect gender and demographic outcomes have included both those focused on single societies or even communities, as well as larger ones that collect data across many societies. In addition to projects specifically focused on demographic outcomes, there are collections of data, with gender measures, that are intended for broader use. These data might be used by demographers to understand at least the context of demographic behavior, and are often able to provide key measures of demographic outcomes and even the connections between gender and these outcomes. Notable among these data collections are those gathered through the United Nations branches. UNICEF, UNDP, UNFPA and others have made available data from most countries. For example, The United Nations Department of Economic and Social Affairs published a comprehensive report, *The World's Women: Trends and Statistics*, in 2015 (United Nations 2015), which collected data on many aspects of women's lives, including health, mortality, fertility, family life, education,

work, household decision making, and violence. Because the data the UN collects and distributes are most often produced by countries themselves, they are based on local knowledge and techniques (perhaps particularly important for cultural variables such as those used to measure gender), but it also means the data are not always easily comparable across societies.

Other survey data relevant to analyses of gender and demographic outcomes have been collected at the national or community level. We mention a few of these here to give a sense of the range of projects. The Status of Women in the Middle East and North Africa (SWMENA 2010) is a set of surveys conducted in Lebanon, Morocco and Yemen to provide data on the lives of women in these countries. Funded by the Canadian International Development Agency, the governments of these countries worked with IWPR (Institute for War and Peace Reporting) and IFES (International Federation for Electoral Systems) to collect data that might be used to improve the status of women. Topics include information on women's economic, political, and social roles, their involvement in household decisions, and questions about domestic violence. From the Morocco portion of the study, a report (IFES and IWPR 2010) of the survey findings reveals some of the uses of these data. Because one of the focuses of the survey was women's political involvement, many of the questions are directed to this topic, including questions about whether respondents (which include women and men) would support a woman candidate for public office and whether they feel that voting gives them influence. Other questions seek to measure attitudes about women's role in society, including in the household and economy, such as whether women and girls should have access to education and jobs equal to men and boys, whether wives should obey their husbands when they disagree, and whether respondents find it acceptable for men to have more than one wife.

In China, the All-China Women's Federation and the National Bureau of Statistics have jointly sponsored surveys in three different years (1990, 2000, and 2010) that seek to measure women's

status. These surveys collected data on a wide range of issues, from women's and men's occupations, to access to health facilities for pregnant women, to attitudes of men and women respondents about the accepted role of women in society (see Attane 2012). These survey data have not been widely analyzed and have limited access. Another study, a nationally representative panel survey, the India Human Development Survey, collected a wide array of data on the lives of Indian women and men in 2004–2005 and again in 2011–2012. Along with key demographic and family variables, interviewers collected information about such issues as decision making in the household, whether women and men eat together, and about whether women practice *purdah*.

While the surveys mentioned above were not necessarily focused on demographic outcomes, other survey projects specifically aim to explain fertility, mortality, and sometimes migration behavior. Some focus on areas as small as a single village (e.g., Balk 1994, in Bangladesh). Others are focused on single countries. For example, the Malawi Longitudinal Study of Families and Health (MLSFH) sought to provide longitudinal (1998 through 2010) data on “demographic, socioeconomic, and health conditions” (MLSFH n.d.) of Malawi. It is particularly focused on issues around HIV prevention, illness, and outcomes, and collects social, economic, and other data (including data on gender and sexuality) that would help to explain the patterns of HIV infection and death.

There have also been studies that collected data from several countries. The Status of Women and Fertility Survey (SWAF n.d.), as its name suggests, collected data in India, Malaysia, Pakistan, the Philippines, and Thailand to look at the connections between women's position and fertility outcomes. This survey project arose out of Karen Mason's conceptual work on gender, discussed above. The project took as centrally important the “precept that gender relations are systemic as well as individual, i.e., we incorporated variation in the independent variable at the community and country as well as household level” (Mason and Smith 2001).

2.2.1 The Demographic and Health Surveys

One of the most important sources of information on gender are the DHS surveys which began data collection in 1984, funded by USAID (see Chatterjee and Riley, this volume). Efforts to develop explicit measures of gender and gender inequality began in the late 1980s, first in specific countries that were fielding DHS surveys. In 1997, DHS directed efforts to develop questions about gender that would be used in core DHS questionnaires in all countries and to construct gender-related modules that could be used in conjunction with the core DHS survey (Kishor 2005). By 2003, these newly developed questions were in use in all DHS country surveys and gender-based modules had been used in many. The purpose of these efforts has been to provide data that would allow better understanding of the role of gender in demographic outcomes, including contraceptive use, fertility levels, and health and nutrition status. Data are collected on a wide variety of issues related to women's position, including common measures of education and employment. But DHS has also tried to collect data that more specifically measure women's position relative to men, including data on women's participation in household decisions, attitudes toward wife-beating, disagreements with husband, and freedom of movement (Kishor and Neitzel 1996; see Appendix A for a list of DHS variables related to gender). DHS data are widely available and have provided demographers ready access to information from countries across the globe. Such extensive availability may have actually discouraged demographers from undertaking their own data collection, given the time, expense, and logistics in fielding national-level surveys. Because of the extensive use of DHS data, these surveys and their use are worth a close look.

While many researchers have utilized measures of gender at the individual level in analysis of individual demographic outcomes, some researchers have attempted to include in such models influences of community or societal measures of gender. Sonalde Desai and Kiersten Johnson (2005) used DHS data from 12 countries

and multi-level statistical modeling to examine the effect of women's ability to make independent decisions on three child health outcomes: vaccination status, height-for-age, and mortality. Several of their findings are relevant in any discussion of measurement of gender or estimation of gender's effects. First, they find that whether women's decision-making ability has an influence on outcomes depends on the outcome itself, with different patterns of significance across the three child health measures. In addition, they find differing patterns of influence across countries. Also, for our discussion in this chapter, the way that the authors made an effort to distinguish between individual- and community-level influences of women's ability to make decisions is key; they found that "the magnitude of community effects far outweigh the magnitude of individual effects" (2005: 66).

2.3 Studying Gender and Fertility in Egypt

While many researchers have made successful use of DHS data and have contributed to our understanding of gender's effects on demographic outcomes, it is also useful to look closely at how DHS data have been used in this manner in one country, and to compare those results with the work of other researchers who rely on other data. We use Egypt as an example here, focusing on how different studies measured gender and looking less closely at the actual findings of these research projects.

Examining some of the work that has used DHS data from Egypt—where some of DHS's earliest work on gender took place (Kishor 1995)—to understand gender issues allows insight into some of the strengths and weaknesses of such survey data. In 1988, Sunita Kishor, who helped design DHS's gender module for Egypt, produced an extensive report "Autonomy and Egyptian Women" using those data. That report was important for its careful delineation on a number of issues related to gender and women's power. First, Kishor argued that there is no single measure of women's autonomy and so used data

culled from the DHS to design three different indices of autonomy. The *customary autonomy* index measures women's opinions about women's control in decisions regarding care of children, and about contraception and fertility more generally. The *noncustomary autonomy* index refers to women's opinions about whether women should be able to make decisions in areas beyond their traditional roles, such as household budget or whether wives should express disagreement with their husbands. The third index, *realized autonomy*, measures women's perceived ability to actually make decisions or move freely. Using two-way correlations, Kishor looks at how these indices relate with one another and with demographic outcomes such as early (0–5) child mortality and contraceptive use. She finds that the three indices are only moderately correlated with each other, underscoring the multidimensionality of women's status, position or power. Adding to that argument, these indices also do not show the same patterns of correlation with the demographic outcomes as do economic or social factors such as wealth of household, husband's education, wife's education or whether a woman is employed. Furthermore, Kishor finds that while all three measures of women's autonomy are related to the demographic outcomes under study, their correlations to those outcomes differ, with noncustomary autonomy having the most consistent pattern of relationships across outcomes.

Other researchers have also used DHS Egypt data to explore issues related to gender and gender inequality and their effects on demographic outcomes. Laila El-Zeini (2008) looked at how several factors measured in DHS data, including measures of women's status, affected the number of children women desired, particularly around their "acceptance of the two-child ideal" (161). She uses factor analysis and finds that while issues such as perceived or experienced side effects of contraceptive use played a role in fertility desires, women's roles and positions—in decision making in the household, in mobility to move around the community, and in attitudes about gender roles—were also significantly related to these fertility desires, plans, and outcomes.

DHS has made domestic violence a focus in most of their surveys; DHS has argued that factors related to violence both reflect gender status and influence other outcomes of interest. Researchers have used DHS data from Egypt to examine these elements of women's lives. A group of scholars (Akmatov et al. 2008) analyzed data from the 1995 to 2005 rounds of the DHS Egypt survey to determine if there had been changes in reporting of wife beating. They found that during these 10 years, there was a decline in reportage of severe forms of wife beating. But they also found that it was still highly prevalent in 2005, despite social changes in Egypt that might be expected to mitigate levels of domestic violence. While women's education—levels of which have risen in Egypt over the last two decades—seems to reduce domestic violence, these researchers also found that it is especially when both husbands and wives are more highly educated that there are lower levels of reported domestic violence. They found that in the 10 years between surveys there was a reduction in differences among groups, but a key finding is that violence is present throughout Egypt, and among all social groups.

Another study looked at attitudes around domestic violence. Drawing from the 2005 round of DHS Egypt data, Yount and Li (2009) found that more than half of the women sampled responded that they believed husbands were justified in hitting or beating their wives. Using multivariate modeling that included household economic resources, exposure to domestic violence in the past, as well as standard variables such as age and education, the authors looked at characteristics of women to understand what might influence these reported attitudes. They found that having had experience in domestic violence increases the likelihood that women report finding beating justifiable, suggesting the importance of social norms around this behavior; the authors argue that "a large share of ever-married women in Egypt may have internalized the broader view that men's violence in marriage is a legitimate expression of patriarchal authority" (1136). In addition, wives who are more dependent on their husbands—socially or eco-

nomically—were more likely to express justification of wife beating. The authors find that “women whose husbands had at least six more grades of schooling, were blood relatives, and were co-resident had 31%, 21% and 104% higher odds than their respective counterparts of justifying wife hitting or beating” (1133). Here, then, it is inequality between husbands and wives that seems to play a key role.

These studies on Egypt have used DHS data to explore key issues in gender, in one society. Their findings contribute to our understanding of the lives of Egyptian women on key aspects that reflect their social and economic status. In addition, these analyses reflect the kinds of questions that DHS survey data can help answer regarding women’s position and power, in particular as those aspects relate to demographic outcomes. Similar analyses focused on gender issues have been done in other parts of the world, such as India (Subramanian et al. 2006), East Africa (Ruklanonchai et al. 2016) and Sub-Saharan Africa (Cools and Kotsadam 2017). DHS are widely available and used, making it a very important source of information on women’s lives.

Of course, data and surveys are not without drawbacks. Researchers have examined some of those weaknesses specifically regarding measures of women’s position, and we discuss those below. First, though, we consider another way to recognize the limitations of survey research for measuring gender and for understanding how gender affects demographic outcomes, by looking at research on Egypt that uses methodologies other than surveys to explore these issues. Anthropologist Marcia Inhorn has written extensively on issues of fertility, infertility, and gender in Egypt. Her work might be seen as a way to understand “desire for children” or number of births preferred—both often collected in demographic surveys. But her ethnographic approach, built on years of living and working in Egyptian communities, allows us to see the complexity of even the relatively simple connections between gender and fertility. In her book *Infertility and Patriarchy*, Inhorn makes clear that we can see the power that children give women when we

look at those women who are unable to have children. Children, Inhorn argues, define women as women. Far from an individual’s desire for children, the structure and organization of society, the ways that policies are developed, the social norms that shape people’s lives—all underscore that being a mother and having children, is essential to a woman’s place—in her family, but in the society more generally. “Desire for children,” then, which seems to code an individual woman’s particular reason for wanting children (especially as it is seen from survey data to be influenced by her education, her husband’s education, or the structure of her family) is much more than that, and reflects how reproduction is part of national discourse and state policies concerning modernization. While El-Zeini’s survey analysis (discussed above) gives us some information about why women want more than two children, her conclusions about women’s mobility or role in household decisions address only individual level issues and stop short of an explanation that takes into account the ways that reproduction is tied to gender in Egypt more broadly.

Indeed, Inhorn and other researchers have argued that measuring desire for children, or numbers of children born, through a focus on individual women and their attributes or opinions, can miss the larger forces that compel women to have children. To produce the requisite number of children, but also to control one’s fertility is required of women in order to be considered modern women in a modern state. As Kamran Ali (2002: 103) argues, fertility or contraceptive use or other reproductive behavior “cannot be understood without understanding their embeddedness in social relations.” And those social relations often produce contradictory pressures, forcing women to position themselves within several opposing forces. Such (gendered) social relations are found not only within families—as surveys such as DHS recognize—but in larger social norms, government policies and national political agendas, and in the case of Egypt, the influence of foreign aid programs that promote particular demographic outcomes. Women face competing demands by husbands about conjugal duties, social and cultural pres-

tures to bear children, and state sponsored (often foreign-funded) family planning programs that seek to limit fertility (Ali 2002: 103). Ironically, as Inhorn (1996) argues, some of women's desires for children can be at least partly attributed to the pronatalist attitudes of the state, which "extol[s] the virtues—indeed the necessity—of producing offspring" (1996: 50). If society is organized around the assumption that children are not only important to women, but give women their only social role (see also Bier 2010), women's "desire for children" can be seen as easily and clearly linked to the gendered structure of society and to state policies that keep those patriarchal structures in place.

The interaction of class and gender is important in these pressures as well. While DHS data can lay out the pattern of class and poverty relative to reproductive outcomes, Inhorn (1996, 33ff) brings a deeper explanation to the role of poverty and class in reproduction. While having a child is important for all Egyptian women, Inhorn argues that the stigma and disaster of infertility is particularly acute for poor women—the very women whose fertility rates are often considered "too high" by demographers and family planning workers. Inhorn argues that for poor urban women—who are often migrants from rural areas—motherhood is sometimes the only role they have and the only path to social interaction. These women live in small, cramped apartments, do not work outside the home (because for wives to work is considered a stigma for the family), and have little interaction with others. If they do not have children, they have, essentially, no role in life. For these women, children provide security—both future economic but immediate social security—in insecure and often isolated times. In addition, because of the strong social norm that women must have children, poor women are particularly likely to see producing children as very important to feeling a sense of belonging to Egyptian society, a legitimate citizen of their community. Family planning intervention, programs, and policies, therefore, are seen as a threat to these women's very status as accepted members of their communities. Inhorn and others' research makes clear that the connections

between poverty and fertility outcomes go beyond the measures that survey research is able to capture.

These researchers (Ali 2002; Bier 2010; Inhorn 1996) also point to the ways that women's interactions with the family planning program reflect larger issues of state goals and history around reproduction through which it "creat[es] a more compliant and disciplinary citizenry" (Ali 2002: 5). Their work sheds light on how individual decisions and evaluation—and even measurement of those decisions—are tied to the state's interest and need to control women's bodies as part of a national, modern agenda, one that requires women to fulfil their roles as wives and mothers in specified ways. In this way, Ali argues, Egypt's family planning programs have not only served to reduce the number of children and regulate reproduction but also to "introduce or foster notions of individual choice and responsibility, risk aversion, and personal independence. In short, they help to construct a new kind of individuality, guided by legal constructs of citizenship" (Ali 2002: 1). Thus, this research goes well beyond El-Zeini's analysis, cited above. Using DHS data, she had found that the challenges for Egypt's family planning program in convincing women to achieve a "two-child ideal" are influenced by the effects of gender stratification, economic expectations, and the perceptions of the costs and benefits of having children. Ali's and Bier's work suggests that the "two child ideal" cannot be read simply as how many children a woman desires, but instead has a complex history and connection to state control of population and women's reproduction, and to women's place in a new modernity (see Chatterjee and Riley, this volume).

2.4 Comparing Methodological Approaches

These different approaches to understanding gender reflect the strengths and weaknesses of different methodologies, and argue for using a variety of approaches. In many ways, DHS efforts on these issues reflect the broader movement of gender within the field of demography. DHS is the

largest data collection project in population and provides data for more than 90 countries, making data publicly and widely available. That DHS recognized the importance of gender to any measure of population change is a tribute partly to the staff at DHS who were committed to including gender in its data collection and worked to find, test, and improve the measures used. In addition, DHS's inclusion of gender information reflects the field's general acceptance of gender's importance to understanding population outcomes and dynamics. As a result of DHS efforts, we now have available an enormous amount of information on how gender influences certain health and population outcomes across a wide variety of settings. And because of the wide access demographers have to these data, gender has been effectively included in most demographic analyses. It is partly because of the availability of a variety of measures of gender that demographic analyses are now more likely to use variables beyond education and labor force participation, which were for a long time used as proxies for women's status and gender inequality.

At the same time, DHS efforts have only been able to go a certain distance in our understanding of gender in demographic outcomes. Surveys are not able to capture the larger social, political and economic landscape and the role of gender therein. If state policy is gendered—as most is, especially any policy related to reproduction—that level of gender's influence is not accessible through individual level data. The danger, then, is that we risk concluding that gender's role is confined to individual-level variables, when gender's biggest influence may be how the state and society see gender's role in future policies, plans, and goals; it is these gendered policies that most strongly shape women's and men's lives (see Adams 2016).

In our discussion of demographic research in Egypt, we have highlighted the ways that different kinds of research approach issues of reproduction. Even there, we can see that survey research has weaknesses regarding measuring gender. In addition to those we have discussed, researchers have also pointed to other problems

of surveys like the DHS. First, funded by the US government, these surveys reflect the overall concerns, issues, and goals of the US government. More importantly, DHS collects comparative data, using a core questionnaire that is used virtually intact in many countries. Such data collection has many strengths, allowing comparison of similar measures across many localities, both within and between countries. But it also carries a major weakness. Cultural or social constructions of gender or other elements of any society are not easily or fully captured in such an approach. On this point, a conclusion reached by the researchers using the SWAF survey data fielded in five countries (discussed above), is relevant.

They argue,

The results suggest to us that (a) measurement problems make reaching any conclusions about causal processes extremely difficult at the individual level (although we would not have been able to reach this conclusion without the study's comparative design); and (b) what we and others have been to learn[sic] brings into question the blanket supposition that women's empowerment reduces fertility. (Mason and Smith 2001: 1)

Petra Nachmias (2012) raises similar issues specifically regarding DHS's Egypt data. She raises issues of data reliability, pointing to how responses appear to be influenced by the interviewer. Even more important for our discussion here are issues of validity: are these questions good measures of women's position and power? Nachmias demonstrates how these measures are not stable across time or space, suggesting the difficulty of using the same measures and questions in different societies, and even communities within one society, or even from one year to another in the same community. The questions she and others (Agarwala and Lynch 2006) raise point to the weaknesses of survey data in understanding women's status. What is clear is that even as we can often see a connection between a particular element of women's lives and a demographic outcome, we cannot be sure whether and how the element truly reflects gender status.

2.4.1 Assessing Quantitative Methods

We have made the case for the importance of strong conceptual foundations for measures of gender, and for measures that are informed by country context and that extend beyond characteristics at the individual or household level. Here we argue that in efforts to understand the impacts of gender on demographic behaviors and outcomes, it is equally important to be mindful of the quantitative methods of analysis used and the interpretation of their results. For example, by now it is widely understood that two-way or stratified correlations or cross-tabulations between gender measures and demographic outcomes simply describe statistical associations in a sample. While perhaps suggestive of avenues worth exploring more fully, they are not indicative of causal, behavioral relationships and should not be interpreted as such, because they do not take into account the multiple factors that could influence demographic outcomes. Multivariate statistical modeling along with hypothesis testing is required if the goal is to derive causal inferences about behavior using quantitative methods.

Multivariate statistical modeling, however, is also subject to a variety of pitfalls. The remainder of this section briefly summarizes some of these issues and their implications for methodology. It is neither intended as a comprehensive review of such issues, nor as a “how to” list but, rather, as a general guide to inform both the development and evaluation of statistical models of the role of gender in demographic processes at the individual or household level. First, just as with the development of measures of gender, it is also important that statistical models be founded on well-articulated and supported conceptual arguments with respect to determinants of the behavior or outcome under study (i.e., the demographic outcome that is the dependent variable of the statistical model). In particular, it is not appropriate to allow preliminary results from a single sample of data to strongly influence the specification of a statistical model, because the probability theory underlying this method of analysis makes clear that different random samples drawn from the

same population yield different results. Rather, multivariate model specification should be grounded primarily in conceptual arguments and/or prior empirical evidence.

Second, in any application of multivariate statistical modeling, it is important to be as inclusive as possible (given the data available or that can be collected) in specifying explanatory variables representing the conceptual arguments just discussed. To the extent that relevant variables (i.e., variables representing factors that influence the dependent variable) are not included as explanatory variables, the model loses explanatory power. More importantly, to the extent that any such omitted explanatory variable (or unobservable) is correlated with explanatory variables that are included in the model, the estimated coefficients of those included variables are biased, as they contain part of the influence of the omitted variable. The more important the omitted variable is to the dependent variable, and the stronger the correlation between the omitted variable and the included explanatory variables, the greater the magnitude of the bias.

Omitted variable bias is present to some degree in almost all multivariate models because of lack of data as well as conceptual limitations. In practice, therefore, it is important to consider whether statistical models are prone to any substantial biases. In the context of efforts to understand the role of gender in demographic processes, a likely source of such bias stems from the lack of measures of gender at a societal or institutional level. As discussed above, the majority of empirical research on the role of gender in demographic processes makes use of measures of gender at the individual or household level, with little if any incorporation of measures of gender in larger communities. It is reasonable to argue that measures of gender at the community level are likely to be correlated with individual-level measures of gender. Thus, the estimated coefficients of the latter are biased in the sense that they do not isolate or disentangle gender influences at the individual level from gender influences at the societal level.

A third salient issue in this context is that the method of multivariate modeling assumes

explanatory variables are exogenous, i.e., they are determined through some behavioral process that is distinct from the behavior under study. If this assumption is violated (in other words, if explanatory variables are endogenous), then estimated coefficients are again subject to bias. Measures of gender at the individual level are likely candidates to be in violation of the exogeneity assumption. For example, building on the discussion above, it might be the case that individual-level measures of gender are not only correlated with community-level measures of gender, but are in part determined by gendered structures at the community level. If so, the determination of the individual-level measures of gender is related to the determination of the demographic behavior under study. Similarly, there could be other factors that contribute to variation in gender measures at the individual level while also having a direct influence on the dependent variable of the model. Household economic class, for example, might be such a factor in some societies. Furthermore, it is possible that individual-level measures of gender are at least partially endogenous due to reverse causality in that household demographic outcomes (e.g., fertility, infant or child mortality) might have an influence on gender dynamics within the household. In any of these situations, rather than treating individual-level measures of gender as exogenous, researchers should employ statistical techniques designed to reduce or eliminate endogeneity bias, such as instrumental variables methods among others.

Finally, we note that the influence on individuals/households of gendered institutions at the country level (e.g., country-wide social norms surrounding gender, representation of women in national government, or federal laws that treat women and men differently) is particularly challenging to capture using quantitative methods, even if good measures of such representations of gender are available. Quantitative approaches to understanding demographic outcomes are based on exploiting variation in characteristics (the explanatory variables) to explain differences in the demographic outcome (the dependent variable). However, analysis based on cross-section

data for a single country (or region within a country), as in the majority of relevant research, cannot make use of societal measures of gender because, by definition, there is no variation in these measures. While it might be possible in such situations to incorporate community-level measures of gender at a smaller scale (e.g., village or province), it is not possible to capture the potential influence of country-wide measures of gender because all individuals/households in the sample are subject to the same influence (i.e., they have the same value for those explanatory variables). In order to include country-wide influences in quantitative models of demographic outcomes for individuals, the analysis must introduce variation in societal measures of gender either by using data from multiple countries, or for multiple points in time for a given country. This substantially increases the data requirements and, thus, the cost and feasibility of analysis. Alternatively, with appropriate country-level data, perhaps some insights regarding societal gender influences can be gained by modeling demographic processes in aggregate, with countries as the unit of analysis rather than individuals or households. Such macro modeling approaches, however, lose the richness of information associated with differences in characteristics and outcomes across individuals and households within a country, and also suffer from the problem that the meaning of any variable/measure may differ across countries.

2.4.2 Qualitative Research on Gender

One pathway to examining larger, societal-level influences on gender is through qualitative methodology. Earlier, we described how qualitative approaches have illuminated different aspects of gender's involvement in demographic outcomes in Egypt than do quantitative methodologies. In this section, we push further, looking at several pieces of qualitative research that have important gender implications but are not specifically demographic in focus. Our purpose here is two-fold. In much work in demography, the main

focus is understanding demographic outcomes; interest in women's status and gender is really in service to understanding those outcomes (Riley 1998). For women's status, fertility is often the outcome of most interest. Because of that focus (which is understandable, even necessary, in demographic research), measuring and understanding gender has often been straight-jacketed in demographic research, sometimes missing the larger social landscape. For the DHS and other demographic surveys, then, its work on gender remains, has to remain, as part of those larger goals, and not its priority. Here, we extend our discussion of gender's measurement beyond demographic concerns in order to illustrate the ways that measurement is more constrained in the field of demography than in other fields (but see Adams 2016). Our examples come from primarily qualitative research for several reasons. We argue that even surveys that are not focused on explaining demographic outcomes face challenges in measuring gender that are related to the methodology of survey research. For one, surveys try to develop standard measures that can be used across different communities and, often, societies. Thus, while DHS's demographic focus might constrain its measures of gender, any survey has difficulty in capturing the complex processes that gender inevitably involves. Because the researchers whose work we highlight do not seek to understand a particular outcome, they are able to explore a more nuanced understanding of gender; they can throw their net more widely, and because they focus on one community, may be better able to tease out the messiness around gender.

Qualitative research is recognized for its potential for providing us deep insight into complex social processes, and for allowing exploration of the connection between context and outcome. Thus, rather than focused on the outcome, qualitative work attends to the events and processes leading up to any outcome. Qualitative work is particularly good at getting at the meaning of any event, process or social action to an individual. For example, while both quantitative and qualitative projects use interview as a method, the goal of each is different. In quantita-

tive survey interviews, the researchers attempt to get accurate answers to questions they pose, often using responses with categories that have been developed during survey preparation. For some measures, this approach yields accurate, useful information. In qualitative, in-depth interviews, on the other hand, the purpose is quite different. Rather than being imposed and created from outside, qualitative interviewing aims to understand the world from the respondent's own perspective. In this way, the meaning of anything is explored and understood as context- and often respondent-specific. The assumption in these interviews is that the respondent and the interviewer work together to construct knowledge (Singleton and Straits 2002).

For gender, such an approach has clear strengths. Even the most easily available measures of gender are recognized as context-dependent. For example, whether a woman works outside the home for income may reflect her power and access to resources that allow her to shape her life in her own ways. However, it may also reflect her poverty and her lack of choices that compel her to work. For demographic research, qualitative methods may be better able to capture the subtle processes through which gender influences outcomes and the importance of context in any of that influence. A few examples of qualitative work on gender illustrate our arguments.

Evelyn Blackwood's ethnography (Blackwood 2000), *Webs of Power: Women, Kin, and Community in a Sumatran Village*, explores how life is organized in a Sumatran village in a way that challenges how we think about sources of power and how those are gendered. Blackwood, an anthropologist, spent 18 months living in the village, studying the smallest details of social life in her efforts to understand how kinship, gender, and power are related. She found that men have a great deal of power, mostly in the public spheres of village life. She explores how British colonial presence has played a role in how village life is structured; the British made men the title-holders of land, and men were the ones who dealt with the state. Thus, by many measures, men now have more power than women. But Blackwood argues

that women, too, have power in village Sumatra and she describes the spatial layout of houses to help make her argument. Women occupy the inner rooms of the house, and men the outer rooms. While some might see this as reflecting exclusion of women, Blackwood argues the opposite, noting that the inner rooms are at the center (or heart) of the house (see also Bray [2005] on China). Her very different reading of this spatial organization underscores her interpretation of women as powerful: “men sit in the respected but outer part of the house, reflecting their transient relation to it, while women sit at the heart of the house, reflecting their place as the enduring and permanent core of the lineage. The easy association between power and public falls apart in this reading, replaced by a more complex relation between gender and power” (45). Indeed, Blackwood argues that women derive power from their fertility and role in raising children and organizing family life. Through that work, she argues, women play a central role in the larger social world: “in creating shared identities or generating material, cultural, or social value, women control social relations and their meanings” (12). In addition, Blackwood questions the notion of autonomy as an adequate measure of power; she defines autonomy as “independence, an ability to act alone, and freedom from outside constraint” (13) and acknowledges that in many (especially Western) societies, autonomy has a positive meaning. However, she argues, autonomy is not always valued; many cultures, including Indonesia, do not share the western notion that a free and autonomous self is the basis of social interaction and something to strive for. Rather, Indonesians see interdependence as a valuable and necessary component of social relations. Thus in Indonesia, women’s “sense of self derives from being a complementary family person” (13); because interdependence is valued in this culture and setting, women derive power not from independent actions but from their roles as mother, and in that role—and in their interdependence with others—control many key elements of social life.

Suzanne Brenner (1995), whose ethnographic work has focused on a different part of Indonesia, in Java, has made a similar argument about gen-

der and power. Because women in this area are usually in charge of the household’s budget and make key economic decisions for the family, researchers have often assumed that women have power equal to men. Brenner argues, however, that money and its control does not necessarily grant power. She focuses on the importance of prestige, and argues that prestige comes from being removed from the financial aspects of the community or household, and thus able to focus on ascetic practices. In fact, by controlling money in the family, women grant men the freedom to acquire prestige, to act in ways outside the household that will earn the family and household respect in the community. Through fulfilling their gendered roles, women help “to ensure the prosperity and status of their families” (43).

The findings of Blackwood and Brenner are useful for demographic researchers. They remind us of the importance of power to any measure of gender/inequality and the difficulty of using a single notion of gender to get at those issues of power. In these Indonesian settings, men’s control of land and their public presence suggest that women have been left out of key social, political and economic arenas. But such a reading would not be complete. As Brenner (44) argues,

What I have proposed here is an alternative configuration of gender relations and of women’s association with the household: one which grants women the role, at least in some contexts, of domesticator (of men, money, and desire, among other things) rather than domesticated, and which sees women’s activities as central to the production of the family’s status in the wider society. Seen from this angle, neither the household nor women’s spheres of activity more broadly should be seen as subordinate domains: they are, rather, crucially important sites of cultural production and social reproduction in their own right.

Blackwood makes clear the role of children in such a configuration; when we see how children can be a source of women’s power, we are better able to understand that if women have fewer children, they may lose a vital source of power and influence.

A very different study, conducted in the United States, makes another case for the value of qualitative research to understanding the role of gen-

der in demographic outcomes. Kathryn Edin and Maria Kefalas studied poor young women in the Philadelphia area to understand why this group—for which we have fertility data through the US Census and through national-level surveys—bear children both at young ages and without the support of a male partner. In *Promises I Can Keep*, they report on their findings, based on ethnographic work they conducted while living in the neighborhood for 2.5 years. They are focused less on what happens than why it happens. Through long interviews and conversations with these young women and their family members, they provide strong and deep support for how context shapes decisions about children and marriage. Not only are the women themselves poor, but the neighborhoods in which they live are poor as well, with few opportunities for advancement or escape. In these communities, and among this population, most routes to success are closed. Schools in these communities are so poorly resourced that education is an unlikely ticket to a better life. Jobs that could provide a decent life are also scarce. While researchers have argued that early childbearing can derail a woman's chances for success, that argument is not relevant here, where success is nearly impossible no matter whether a woman has a child or not. For these women, children provide one of the few sources of love and affection. In addition, women see children as a way to keep themselves on track; they work hard for their children. Additionally, they see their decisions to have children and decisions about marriage as very separate. In these poor neighborhoods, men are mostly absent, with the grind of the streets causing the death or incarceration of many men. For those men still present, the lack of available jobs makes it unlikely that they will be able to contribute to a family income. Women, then, see having children as a more stable and stabilizing influence than marriage could ever be. Some talk about their children as “saving them”—from a much worse life, from succumbing to the worst of these neighborhoods, from loneliness.

Other qualitative research explores the connections between individual lives and larger social or economic structures even more directly.

In *Children of Migration*, Rhacel Parreñas promotes a view of gender that goes well beyond individuals or even families. Her work focuses on mothers who migrate for work, leaving their children behind in the Philippines, giving us an important perspective on the effect of gender on migration and family-making. Basing her research in a community in the central Philippines, Parreñas conducted interviews with young adults and their guardians, surveyed elementary and high school students, and conducted focus group discussions with community leaders, teachers, and workers. One of the contributions of her work is to underscore how such migration is transnational in nature—there are regular exchanges between the migrants and those left behind in the Philippines. Indeed, these mothers, who plan to return home in the future, most often migrate specifically to better the lives of their children. Here, we come to understand what they see as their responsibilities of motherhood. If they stay in the Philippines, they will be unable to provide the economic support they see as necessary for their children's future success and view migration as a necessary (but rarely preferred) way to be good mothers to their children. Parreñas also makes clear how these transnational migration processes are deeply gendered. While she begins her work with individuals within a community, the scope of her project extends far beyond; she demonstrates that individual and family decisions are rooted in gendered national and international policies and inequalities. Gender does play a role within families as wives and husbands make decisions about who does what in the family, who takes care of the children, and who migrates. But equally important in these decisions are the influences at the community, national, and even international levels, especially the gendered structure of the international labor market. Women's migration from the Philippines is part of the (gendered) “global economy of care” in which some countries (like the Philippines) send and some countries (like the US) receive workers (generally female) who provide care work—nursing, elderly care, child care. At the same time, the Philippine government sees the remittances of migrants as vital to the coun-

try's economy (the World Bank (World Bank n.d.) estimates that more than 10% of the Philippines' GDP comes from remittances); because of that perceived need, the state has a heavy hand in encouraging migration—and the continuing ties (and remittances) of migrants—through its policies regarding taxes, voting, and other laws. While women now make up a greater proportion of migrants out of the Philippines (in 2012, there were 1.2 million female migrants and 1.1 million male migrants employed overseas (Aranda 2017)), migrant mothers actually have a difficult time fulfilling their often conflicting roles of migrant worker and mother. These conflicts are compounded by how government policies undermine such families by tailoring policies and rhetoric to the presumption that only “good mothers and normative families” (where women care for the household and men work outside the household to provide financial support for the family) deserve public support. Women leave their families and country because the demand for female care workers in industrialized countries provides women the opportunity to provide for their families. But the Philippine government is two-faced on such migration, both encouraging women to migrate and remit money back home, on the one hand, and at the same time insisting—through rhetoric and policies—that mothers who “abandon” their families to work abroad are not good mothers and such families are antithetical to national family and gender values of family and womanhood. The government's unwillingness to provide aid—in the form of programs for children in these families, for example—or even to acknowledge the contributions and sacrifices these mothers are making can be partly traced to the influence of the Catholic Church and its teachings about families. Parreñas argues, though, that most important is the poverty of the Philippines and the serious national debt. That debt has resulted in structural readjustment policies dictated by the World Bank and others that have forced the government to slash public programs, including educational programs that might give children a path out of poverty. These neoliberal policies have hit poorer families—and mothers within them (Parreñas 2005; Briggs

2017; Sparr 1994; Rose 1995; Haddad et al. 1995)—particularly hard, as they have to find their own ways to thrive and sometimes even survive.

Parreñas's work captures the intricacies of migration decisions and the ways those are prompted by gendered expectations, opportunities, and constraints well beyond their own households. The rise in women's labor force participation in industrialized nations and the continuing view that care work is best done by women helps fuel a demand for the migration of women from the Philippines (see Riley chapter, this volume). The Philippine government is also part of this process, as it develops policies that assume that migration—and the disruption of Filipino families—is a necessary part of the country's economic strategies. Individual women, then, might have some say in whether they stay or go, but their decisions are heavily shaped by the gendered processes that occur well beyond that individual level.

Geographer Mark Hunter, in *Love In the Time of AIDS*, investigates how gender has shaped the AIDS pandemic. His focus is on South Africa, where it is estimated that five million people are infected with HIV, half before the age of 25, and where prevalence of HIV is much higher among women than men (Bhana 2012). Hunter argues that the growing epidemic has been influenced by how the social, economic, and political landscape has changed in ways that have reconstituted the rules and expectations of intimacy. This area of South Africa has seen some of the fastest declines in marriage rates in the world; while in 1960, 57% of men over the age of 15 were married, that figure had dropped to 30% by 2001 (Hunter 2010: 93). That decline in marriage, Hunter argues, signals the ways that social change is connected to changes in intimate behavior and relationships, “largely attributed to three forces: domestic instability caused by male migrant labor, women's increased work prospects, and the growing economic failure of rural areas” (94). Men's roles as providers in marriage and family have been undermined by women's new roles in the changing economy. Women now migrate from rural to urban areas in large numbers, often

to procure jobs in factories, and have established autonomous households. Their economic reliance on men has declined in response. In this context, men's roles and their relationship to women has also undergone change. In the past, couples had lived within a "patriarchal bargain" in which women remained loyal wives, producing and raising children and working for the family while men provided economic support, often connected to their labor as migrants. As men are no longer able to provide that kind of family support, and women are increasingly economic providers of the family, that patriarchal bargain has broken down. In its stead have come more temporary intimate relationships; men and women both now have multiple sexual partners. Hunter points to the ways that poverty and low marriage rates, in a society like South Africa's with wealthy and poor individuals living in close proximity, has fueled the AIDS epidemic.

Hunter is not arguing that women in these areas are powerful, *per se*. They are deeply poor, with few resources and few pathways out of poverty. There is now a substantial population of single women who live with and raise their children in sub-standard housing at the margins of cities. Intimate relationships have undergone deep changes in this part of the country in recent years; while women are no longer tied to the earlier patriarchal bargain nor to specific gender expectations and roles, these changes have not necessarily translated into more control over the dangers of HIV infection and illness—for women or men—and HIV has been able to gain a foothold and to spread rapidly.

Hunter is careful to point out that while it is true that sex and even intimacy are often commodified today, that is not new. Indeed, Hunter argues that money has long been involved in love and intimacy, whether it is in the role of socio-economic class in finding a suitable partner, the expectations of men fulfilling the "provider role" or how the institution of marriage is so often predicated on having the necessary economic pillars of house and economic stability. But the function and form of money and commodifica-

tion have changed in recent years. Because of pervasive economic instability and uncertainty, trust between partners is hard to come by; in this environment, where many adults have multiple sexual partners, money has become "enmeshed in new forms of emotion and reciprocity—exchanges more akin to gift relations, marked by mutual, if uneven, obligations that extend over time" (180). As individuals try to make a life for themselves and their families in the midst of this precarious environment, intimacy becomes bound up with trades and gifts made across lines of gender and socio-economic class. AIDS has spread not simply because of poverty, as many have focused on, but also because the legacies of racialized colonialism have produced a system of gross inequality and poverty that prevents women and men from establishing stable families.

Hunter's work is an argument about how such rich, detailed ethnographic research, with its attention to complex social processes, allows us to see how difficult it is to measure gender's role in the AIDS epidemic. His research included many kinds of data, including interviews with more than 200 people, some interviewed several times, participant observation over the course of his many-year residence in the community, archival work, and text messages and love letters between individuals in the community. This approach, then, goes beyond marriage or HIV infection rates; these rates—as important as they are—cannot in themselves capture the shifting and complicated meanings of marriage, intimacy, gendered relationships, economic interdependence, power, or illness. It is through this rich ethnographic methodology that we understand that the relationships between men and women—inside and outside of marriage—are tied to the economic changes that put stable family and household life out of reach for most in such poor communities. AIDS has become the full-blown epidemic it has because it entered communities that were already weakened and were attempting to readjust to shifting political, economic and social winds.

2.5 Implications and Conclusions

The research we have discussed throughout this chapter underscore two key arguments: measuring gender is difficult, and demography continues to be challenged in finding good measures of gender. Much demographic analysis now includes some measure of gender. But that measure is nearly always at the individual or household level. We are getting better at measuring the differences between women and men, and even how different characteristics (such as socio-economic class or education) are related to gender. But what remains mostly beyond demographic analysis is a way to capture the ways that gender operates at the societal or community level to affect individual outcomes.

Given these continuing challenges, both quantitative and qualitative methodologies are useful, even as each brings strengths and weaknesses. If we want to understand patterns of behavior in a population—whether those related to gender or something else—quantitative data are necessary. Information on large numbers of people is especially useful in understanding causality—how one variable affects another. From surveys like the DHS, we have been able to capture information on such processes as how girls and boys are treated within families, the effect of education on women’s fertility desires and outcomes, and how women report their role in decisions made within the household. These are important to our understanding of women’s and men’s lives, and give us key information on the place of gender in the lives of individuals.

Survey data are less good at measuring gender beyond the individual level. While we can use societal level measures such as labor force participation or numbers of women and men in government positions to give us a sense of gender in a society as a whole, it is harder to untangle gender from other societal-level processes. In addition, as we have argued, statistical analyses have to contend with how individual-level measures of gender are likely to violate assumptions about exogeneity, and thus are not able to distinguish individual- and societal-level influences.

Gender’s influence at the societal level is powerful and far-reaching. A country’s plan to modernize or strengthen its economy is always tied to assumptions about gender. In China, for example, the government’s plans to modernize the society and economy have been built on assumptions that mothers—who are usually working full-time in the labor force—will provide the “intensive mothering” that is required to get their children into top schools and good jobs (Greenhalgh 2010). Much of the burden of meeting the country’s modernizing goals, then, falls to mothers and their work in childrearing (Riley 2017). But gender’s role is equally important in the United States, where Janet Yellen, former Chairwoman of the Federal Reserve, recently argued that women’s entry into the labor force has been a “major factor in America’s prosperity” (Applebaum 2017). However, she argued, we have not done enough to make it possible for women to reach their potential. If policies were enacted that made it easier for women to combine work and family (by providing paid leave and affordable child care), we would see the US economy grow further, by some 10%. At this point, however, the US economy remains highly gendered, and most women have trouble combining their family and working roles. China and the US present just two examples of the role of gender at the societal level. Capturing the norms, values, and expectations around gender, and their role in policies at all levels, from employer to government, is difficult through survey data.

Qualitative methodologies are effective in addressing the messy processes of gender, the ways that individuals might seem to be “making choices” but are actually making decisions because of larger societal pressures and expectations (see Stone 2008). Studies, such as those by Edin and Kefalas (2007), Inhorn (1996), Ali (2002), Parreñas (2005), and Hunter (2010), discussed above, suggest the ways that gender is deeply embedded in social, economic, and political institutions that in turn affect marriage, fertility, or migration decisions. In addition, the meaning of an event or outcome—such as the birth of a child or the death of a family member—is nearly always tied to context, and qualitative

research is often better attuned than surveys are to the contextual influences. We suggest that to truly understand the role of gender in demographic outcomes, we need a variety of methodologies, and close attention to the strengths and weaknesses of whatever methodology we are using.

The field of demography has been wrestling with the effects of gender for several decades now, with some positive outcomes. Most demographers agree that it is an important variable and needs to be included in most analyses. Most research that has added nearly any measure of gender has found a significant influence. Data collection has followed this acknowledgement of gender's importance. DHS surveys provide information about gender for more than 90 countries. But at the same time as demography has made these changes, it has met certain challenges as well. These challenges are both conceptual and statistical. Researchers (Desai and Johnson 2005, discussed above; Mason and Smith 2003) who have examined both individual and community level influences have found that community level influences explain a much larger proportion of variation in women's status than do individual or household measures. As we have noted, capturing those societal-level influences continue to present both data-collection and statistical challenges.

In their focus on explaining particular (demographic) outcomes, demographers have limited themselves in the breadth of the approaches they use to understand gender more broadly. As Mason argued in 1986, "Focusing on a specific question, such as how gender inequality influences female age at first marriage or infant and child mortality, is far more likely to indicate which aspects of gender inequality, under which circumstances, and in which social settings, are likely to be important than is a general discussion of the nature of gender inequality and its impact on demographic behaviors" (Mason 1986: 298). Qualitative work can help in our understanding gender's role, though there are drawbacks here, too. Demographers are less inclined to use qualitative than quantitative approaches, particularly because they are not as useful in understanding

patterns of behavior in a general population. But as we have seen from the examples in this chapter, qualitative researchers whose goal is less focused on a particular behavioral outcome (such as fertility), have the luxury to cast a wide net in examining the role of gender and its interrelations with other social phenomena. In these studies, the research questions unfold differently than in statistical analysis, and in that unfolding, we are better able to see the rich, complex role of gender in the lives of women and men; that insight in turn allows us greater understanding of the role of gender in demographic outcomes such as desire for children, the prevalence of AIDS, or migration decisions. The evidence here makes a strong case for the need for multiple methodologies and an openness to borrow widely across fields and disciplines in order to understand the many and complex ways that gender affects all demographic outcomes.

Data collection matters beyond simply understanding what is occurring; these data are often used to make policy. As we discussed above, researchers have found that the stronger effects of gender come from the societal rather than individual level; that relationship suggests that policy interventions might be more effective beyond the individual, too (Desai 2000). However, if we continue to focus research only at the individual level as demography has consistently done, we will be more inclined to think that interventions should happen there, too. Thus, if the children of more educated women are less likely to experience diarrheal disease, we might focus on increasing women's education. Or, as Afifi (2009) found in Egypt, if women who marry at a later age experience less domestic violence, we might encourage later marriage. Such a focus might make marginal differences in outcomes, but focusing on community level issues—such as potable water or community sanitation or the role of women in the community or economy—is undoubtedly likely to have a wider and deeper effect. Thus, what data we collect helps to determine how well we understand the effects of gender on outcomes, but measurement of gender has more far-reaching consequence, in the way those data are used to

create and implement policy to improve demographic or other outcomes.

While demography has made some progress in understanding the role of gender in demographic processes and events, there is much work still to be done. Casting a wider net, both conceptually and methodologically, might yield useful results or at least new pathways to follow in exploring and understanding this important area of influence.

Appendix A: DHS Data Related to Women's Status and Empowerment

The DHS Program data and analysis provide an in-depth look at:

- The life courses of women and men, including
 - when they first have sex, marry, and have their first child
 - whether they work
 - whether they control income and household decisions
- Gender differentials in education and in children's health and health care
- Women's experience of various forms of gender-based violence

All Demographic and Health Surveys include the following women's status and empowerment indicators:

- Literacy and educational attainment
- Employment and occupation
- Control over own earnings (most surveys)
- Age at first marriage
- Age at first birth
- Contraceptive use
- Spousal age and education differences

Demographic and Health Surveys implemented since 1999–2000 contain information on the following additional women's status and empowerment indicators:

- Women's participation in household decisions
- Women's attitudes toward wife-beating by husbands
- Women's opinions on whether a woman can refuse sex to her husband
- Hurdles faced by women in accessing health care for themselves

Demographic and Health Surveys for some countries include a module of additional questions on women's status and empowerment the DHS Women's Status Module. Indicators available from the module include:

- Choice of spouse
- Natal family support
- Asset ownership
- Control over money for different purposes
- Knowledge and use of micro-credit programs
- Attitudes about gender roles
- Freedom of movement
- Membership in any association
- Having a bank account

accessed at: <https://www.dhsprogram.com/topics/Womens-Status-and-Empowerment.cfm>

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Women, Biopower and the Making of Demographic Knowledge: India's Demographic and Health Survey

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357. *What is the main reason you are not using a method of contraception to delay or avoid pregnancy?*

358. *Do you think you will use a method to delay or avoid pregnancy within the next 12 months?*

359. *Do you think you will use a method to delay or avoid pregnancy at any time in the future?*

360. *Which method would you prefer to use?*

(DHS/India Questionnaire (Round 2), Questions 357–360)

In the Demographic and Health Survey (DHS/NFHS¹), women in India were asked hundreds of questions about their lives, including those above which were directed to respondents who were not currently pregnant and not currently using contraception. Funded by the U.S. government through its office of US Aid for International Development (USAID), in partnership with local governments, DHS has collected data in over 90 countries in Latin America, Africa, and Asia.

We wish to thank those who spoke with us in India and the United States about the DHS (see footnotes below) and who generously provided insights and information about the survey. Our findings and, especially, our interpretations are our own; by citing information from these interviews, we do not mean to suggest that the interviewees would agree with our interpretations or perspectives. We thank Jan Brunson, Deb DeGraff, and Sara Dickey for their readings and helpful comments.

¹As we discuss below, in India, the DHS project has been renamed the National Family Health Survey; we will refer to this survey project as DHS/India throughout the paper.

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DHS data can be considered at the center of demographic knowledge of non-industrialized countries; data collected by DHS are used by many constituencies to describe, understand, and manage these societies.

Surveys, including the DHS but also those measuring consumer behavior or political participation, provide much of our knowledge of the world today, crowding out nearly all other ways of knowing. Information collected from these surveys has become so common and so widely disseminated and accepted that we rarely think about the ways that surveys construct knowledge. Survey data are also central to the operation of the modern state, which relies on them for planning purposes. Development planning, once tied to the amelioration of the negative effects of capitalism in the North/West, has, since decolonization, been associated with changes implemented

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in or prescribed for, the South/Third World, which is routinely represented as backward, impoverished and inferior. Developmentalism, as a belief and a set of practices which endorses modernity, science and the individual in a linear, evolutionary narrative of material progress, naturalizes the nation-state as the site of planned change. Development is not only a preoccupation of national governments but a foundational element of global governmentality. In addition, the neoliberal turn of nearly all states in recent decades (Harvey 2005) makes the focus of these surveys that much more significant. It is individuals whose behavior is measured, who are assumed to be at the center of social change, and to whom development projects are directed.

Control of population—control both of the numbers of people and of their actions—is vital to modern development. The need for knowledge of fertility practices and their contexts is related to population policies that are based on developmentalist notions of the world. Demography, with the “facticity” of its numbers and its commitment to population control, provides the information, perspectives, and insights that states and other organizations need to plan a careful path to development and modernity.

As a “population billionaire,” (United Nations Population Division 2002) India assumes primacy in any discussion about population growth. In India, population control and management has long been the goal of governing powers, colonial and Indian. India has a long history of surveys, from those used by the British regime to categorize their colonial subjects through attempts by the independent state to manage fertility and mortality. The DHS is only the most recent intervention in this population management project, marking a stage in India’s shifting developmentalist policy which, although represented in the last decades as people-centered, participatory and sustainable, effects no departure from modernist, neoliberal orthodoxy.²

Although the DHS is funded by the U.S. government, the U.S. did not simply impose its version of development or population control on an inexperienced and dependent India. Rather, the process of how the DHS came to India suggests how development and neoliberal ideologies are hegemonic well beyond the borders of the west; India’s colonial experience and subsequent nationalist endeavor to play “catch-up” with the West had normalized development as a universal project long before the arrival of demographers from Washington DC. “A developmental ideology was...a constituent part of the self-definition of the post-colonial state” (Chatterjee 1993: 277). As James Ferguson has argued, “‘development’ was laid on top of already existing hierarchies; it neither created north-south inequality nor undid it but instead provided a set of conceptual and organizational devices for managing it, legitimizing it, and sometimes contesting and negotiating its terms” (Ferguson 1999: 248).

We examine DHS/India in light of these issues. India’s decision to participate in the US-funded and -directed DHS data collection project represented only a new phase in a long engagement with a western ideology of progress and the accompanying population and development projects and the place of women in these. Our intention in this chapter is to identify some of the underlying discourses—in the US, India, and in the world at large—that make DHS and the current population agenda a seemingly natural part of a gendered development process. DHS remains the model for demographic data collection; its widespread acceptance, the respect that it has garnered, and the broad use of DHS findings make it an especially useful way to examine these wider discourses. It is not our intention to focus on the technical issues of the survey or the questionnaire; in fact, many experts on survey techniques, sampling, and statistical analysis have pointed to the varied strengths and weaknesses of DHS and similar data (Caldwell 1985; Gould and Brown 1996; Johnson-Hanks 2007) and to the

²While the term neoliberal has many meanings, here we refer to “technical reliance on market mechanisms” (Ferguson 2009: 173) and, particularly, “a sort of ‘rational-

ity’ in the Foucauldian sense, linked less to economic dogmas or class projects than to specific mechanism of government, and recognizable modes of creating subjects” (Ferguson 2009: 171).

strengths and problems with DHS/India data in particular (Visaria and Rajan 1999; Jejeebhoy 1999; Kanitkar 1999). Our goal is different; we attempt to deconstruct the questionnaire and survey project in order to examine its underlying assumptions and to illustrate how questionnaire methodology and its related epistemology are connected to a particular—gendered—developmentalist, neoliberal ideology and practice.

Four broad themes anchor our analysis throughout this chapter: (1) the ways that development efforts in a country like India are built on colonial history, ideas about modernity and science and the role that governments play in achieving a modern nation state, particularly through population control; (2) how surveys reflect a trust in numbers and statistics and they in turn help in governing a population; (3) how projects like the DHS reflect neoliberal assumptions about individuals and how their actions—and “choices”—can be effective means to change; and (4) how women are central to all of these projects. It is women, their reproductive behavior, and their roles as mothers that are under surveillance here and it is that behavior that is the target for change. While we address these four issues explicitly in the last half of the chapter, because they have influenced the entire DHS/India project, they undergird our entire analysis, including the next sections. We begin by looking at the historical and contemporary context for the DHS/India project to elaborate the continuity between it and previous government efforts. We then look more closely at the questionnaire itself and discuss assumptions embedded in the text.

We argue that the DHS reflects long-standing epistemological and methodological approaches used in gathering information on individuals' lives. Our focus on DHS/India is meant to illuminate the meaning and significance of the DHS survey, in India but more generally as well. Our efforts are meant to “emphasize those domains most taken for granted as universal...; make them seem as historically peculiar as possible; show how their claims to truth are linked to social practices and have hence become effective forces in the social world” (Rabinow

1986: 241, quoted in Escobar 1995: 11–12; see also Adams 2016a).

3.1 How the DHS Came to India

The Demographic and Health Surveys project began in 1984 and the data collected through these surveys soon came to have a central place in our understanding of population dynamics in many countries. The DHS takes its place in a long line of surveys done in both western countries and, later, in poorer countries. Particularly important to DHS were the World Fertility Surveys (WFS) of the 1970s, a worldwide effort funded in large part by UNFPA and USAID that sought to measure fertility, mortality, and family planning use in over 60 countries and provided some of the earliest measures of populations residing in the Third World. According to one researcher active in the development of the WFS, “The first and most basic aim of the WFS programme is to assist countries to acquire the scientific information that will permit them to describe and interpret their populations' levels of fertility...Improved data on these topics will facilitate national efforts in economic, social, and health planning” (Gille 1987: 10). DHS data are meant to provide a similar function; DHS's website states that “DHS believes that the ultimate purpose of collecting data is its use in policy formation, program planning, and monitoring and evaluation.” (<https://dhsprogram.com/who-we-are/About-Us.cfm>; accessed 21 September 2017) DHS was originally modeled after the WFS and the Contraceptive Prevalence Surveys of the 1970s and 1980s, and has added further focuses on maternal and child health. These surveys are primarily funded by USAID and usually jointly administered by ICF (a private organization) and an organization or agency in the local area. Most surveys focus on married women of reproductive age. In recent years, DHS surveys in some countries have included samples of men and non-married women. In addition, many DHS surveys have added special modules on specific topics, such as that addressing gender in Egypt (which was adapted and adopted in many other coun-

tries), and a qualitative focus on adolescent pregnancy experiences in Ghana.

There have been four rounds of DHS surveys in India. The first DHS/India survey (there named the National Family Health Survey) was conducted in 1992–1993; a second round was completed in 1998–1999; a third round in 2005–2006; and a fourth round was done in 2015–2016 (data from this last round are still being prepared for analysis). The surveys were funded by US Aid for International Development (USAID)³; coordination in India was handled by the International Institute for Population Sciences (IIPS) in Bombay.

India has had a long history of employing surveys as a way of understanding and constructing groups of people. The British colonial government devised techniques for data collection and increasingly recognized the potential use of such data. Early census and survey techniques, and the survey administration itself, came to be bureaucratized in ways that make their legacy still apparent today; these censuses shaped thinking about the categories used to collect data and to interpret the social landscape. For example, it was through census categories and data collection that British colonial officials transformed a colonial perspective about the importance of caste in India into a normative category (Cohn 1987: 242; see also Ludden 1993).

Its colonial past influenced India's involvement with DHS. While the Indian government wanted to craft its own development path, by the 1990s a pro-liberalization lobby in government responded to a balance of payments crisis by negotiating an IMF loan and acceding to conditions which set the stage for market reform and structural adjustment. In this context, USAID's "... knocking at the door" of India paid off with India's acceptance of the DHS.⁴ Given structural readjustment policies and requirements, the Indian government's ability to say no to a proposal such as the DHS became

increasingly constrained. But in addition to this pressure from outside, India saw benefits from participation in the DHS project. The Indian leadership was committed to "development" and believed that addressing population concerns was an important part of any development strategy. By all accounts, the Indian family planning program, initiated in the early 1950s, had not succeeded in reducing fertility or population growth to the extent that it desired. From a modernist view, the DHS could produce more and "better" numbers which might very well be the basis of better control over population. DHS' potential technological contributions would allow the government to tout the survey results—and its own knowledge of and relationship to the people—as being modern, scientific, and responsive to national welfare. It could also help chart a way forward to reach the goals of population control. "Institution building" was also important; DHS would allow India to strengthen its own population research centers.⁵ The rigor and scientific approach to collecting and analyzing data that was the hallmark of DHS was a major selling point; DHS could contribute to "capacity building" through workshops designed to train researchers in all aspects of surveys including questionnaire design and reporting.⁶ In this context, the naming of the DHS/India project took on added importance. Giving the India DHS a unique name, National Family Health Survey (NFHS), was a way to claim that in this endeavor, India and the U.S. were equal partners. Indian science and technology, then, avoided the label "inferior." In spite of its similarity to DHS projects in other countries, the new name would signal the role of the Indian government in the project. According to many,⁷ DHS/India is said to represent a new era for surveying in India, in its stan-

³The second DHS/India, in 1998–1999, received additional funding from UNICEF for nutrition data collection.

⁴Interview with K. Srinivasan, Executive Director, Population Foundation of India Dec 2000, Delhi.

⁵Interview with K. Srinivasan, Executive Director, Population Foundation of India Dec 2000, Delhi.

⁶Interview with Fred Arnold, Vice President, ORC Macro, March 2001, Calverton, MD.

⁷Interviews with: Fred Arnold, Vice President, ORC Macro, March 2001, Calverton, MD; and Arun Kumar Roy, Chief Executive of Economic Information Technology, Kolkata, Jan 2001.

standardization, its rigorous training of personnel, its release of good quality data, and its national sampling; many elites in India—policies makers and scholars alike—believe the collection and use of good data reflects and can aid a modern, planned state.

Thus, for all of these publicized modifications, much of DHS/India was not new in terms of the methods, methodology, nor epistemology it brought with it to the Indian bureaucracy, India's statistical establishment, nor to the people likely to be interviewed. Belief in modernist notions of planning, rationality and governance, and the role of women to all of these, was already well embedded in Indian society. The main difference might have been that now outsiders were once again directly involved in the surveillance and control of people—women—and that India had joined an international effort to standardize the understanding of population. Indian researchers and officials were part of the DHS/India survey project and there were additional modules used in India, but DHS/India was like DHS projects in other countries, with a core questionnaire that was mostly standardized and similar to that used throughout the non-industrialized world.

3.2 The NFHS Questionnaire: Reading Between the Lines

While we argue that we need to look beyond the actual DHS/India questionnaire to understand the totalizing power of these discourses, as we do later in this paper, even a brief examination of the questionnaire itself is revealing.⁸ We reiterate that our focus here is not a critique of the technical details of the DHS or NFHS questionnaire and survey nor an examination of its strengths and weaknesses. Our goal is very different; we focus on the underlying assumptions within the questionnaire. The questionnaire allows us to see how demographic knowledge anchors population surveillance, through the bodies and behaviors of women; the

publicity and results from the survey help to shape the social world, giving rise to further need for continued surveillance and governmentality (Foucault 1991; Murdoch and Ward 1997).

DHS/Washington and its Indian counterparts have worked to make each round of the survey better than previous ones. They have modified questions, widened the sample, and changed the topics of focus in ways that allow the data to be more relevant to the country's need. For example, the second round of the DHS/India included modules on women's status and domestic violence and in Round 3, there was a module about HIV/AIDS, providing useful data on this developing issue. In the last rounds the sample included not only the usual married women, but also non-married women and men. While in the first two rounds, the DHS/India used three questionnaires to collect data from their sample (a village questionnaire, a household questionnaire, and a woman's questionnaire), in later recent rounds, DHS used a separate questionnaire for households, women and men.⁹ Clearly, DHS tries to be responsive to the local situation and develops the Indian questionnaire in consultation with their Indian partners.

Here, we focus our attention on the individual woman's questionnaires (from the second and third rounds of the NFHS), which are at the center of DHS data collection. In Round 3, DHS/India interviewed a sample of 124,000 women (both married and unmarried) age 15–49 in every state in India, (and nearly 75,000 men age 15–54). Using a standard questionnaire (each printed in two languages, the local state language and English), female interviewers interviewed female respondents about a range of topics regarding

⁸Each round of DHS had a different (but similar) questionnaire. In this analysis, we draw from the questionnaires used in both Round 2 and Round 3 of the survey.

⁹The village questionnaires were used to collect information from the village head about facilities in the village such as health and education facilities, the presence of electricity and telephone connections, and asked about major problems in the village. The household questionnaires collected information on all residents in the household at the time of the survey, about deaths in the household over the past 2 years, and also asked about such issues as the prevalence of certain illnesses (such as asthma and tuberculosis), ownership of items such as land, livestock or house; and details of housing such as source of drinking water, type of toilet facility, and where household members go for medical treatment.

health, contraceptive use, and background characteristics such as age, education and work.

These DHS questionnaires reveal a number of assumptions central to the mission of demographers and policy makers in India and the U.S. Based on a positivist epistemological model, these survey interviews are seen not as sites of knowledge production; instead, the interviewer's role is to "mine" the already existing and uncontaminated information residing in each respondent (Singleton and Straits 2002). Thus each interview is as much like all the others as possible. This kind of data collection allows lives and events to be translated into the language of variables and quantified. Researchers can then assess the relative importance of different factors (variables) and their impact on the social phenomenon of interest; with these techniques, assessments and measures can be made with some degree of disciplinary reliability and validity. Underlying this process is an assumption that we can and should find universal laws to explain behavior. Missing from this kind of data collection is the significance of how much of this behavior is socially constructed and an allowance for the way that memories of the past are reconstructions.

In studies of fertility, this kind of approach often results in a disassociation between the bodies of women being interviewed and the data that describe them. "Demography as a science engages with a body understood in purely biological terms...Fertility is thus represented as a natural property of a biological body, which can be controlled with modern technology. Demographic understanding of fertility does not engage with a body that is socially inscribed" (Robinson 2001: 38–39). Thus, women interviewed in the DHS are asked (Q 232 in Round 2, Q405 in Round 3) about their emotions before their current pregnancy, and whether "At the time you became pregnant then, did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?" In other places in the questionnaire, the assumptions of ordered lives, easily categorized in universal ways, is also clear. In Round 2, Question 334 asks respondents "Who mainly

motivated you to use [their current contraceptive method]?" as if this kind of influence can be easily pin-pointed and measured. How does one convey the overall—but often diffuse—influence of, say, media or friends and family, on decisions such as these? The expectation that women quantify possibly unquantifiable information—and the insistence on these data—is also suggestive of expectations of orderly lives that can be scientifically categorized and brought within the state's supervision. This question, like all others on this questionnaire, reflects the emphasis on counting and enumeration and the way the complexity of women's lives is squeezed into questions and answers that can be enumerated. Women are asked about whether they had wanted to wait to become pregnant and if they answered yes, were asked (Round 2, Q404) "How much longer would you have like to have waited?" a number that many people would find difficult to calculate in any exact way.¹⁰

The DHS sample also reveals the agenda of survey and government administrators. As in most demographic work, much of DHS work focuses on individual women, collecting data on their lives. While DHS did include a sample of men, the focus on women reflects the ways that women are both the targets of family planning efforts and assumed to be responsible for the fertility behavior that is under close scrutiny here. Of course, in this regard, it is not just any women who are scrutinized, but only currently married women of reproductive age and only those in households. Other women are of significantly less concern. Thus, nearly all the information on health collected through National Family Health Survey is not about overall health, nor even women's health, but about the reproductive health of married women of a certain age (and their children). As one government official made clear, "the overriding objective of the Family Welfare Program (FWP) [to which DHS/India data is inevitably and

¹⁰It is also not clear how such a close calibration of women's responses on how long they would have waited would be helpful to survey researchers. Here is an example where getting "exact" information seems more important than its use would argue for.

closely linked] is to stabilize the population of the country.”¹¹ In light of the goals of the FWP and its reliance on DHS data, a focus on women of reproductive age is an obvious outcome. In its focus on mothers and children, it is, of course, reinforcing that bond, and a way of seeing the mother/child and, in its absence, the father/child relationship, in certain ways. It is a particular version of family that gets reinscribed here. As well, women's role as mothers is central to this construction; the assumption here is that women play a central role in these state population goals because of the important role they play in their children's lives. Women, it is suggested, should and will make good choices that will help themselves, and such proper choice and rational planning will allow them to be seen as “good mothers;” their behavior will produce healthy, productive children (see Greenhalgh 2010 on women in the Chinese state's population project). We might think of the good mother here as an Indian version of the “neoliberal mother;” one who chooses wisely and carefully to enhance the lives of her children (McRobbie 2013; Lulle 2014).

The mechanisms of governmentality are clear in this questionnaire. Not only does the DHS collect bits of information, bits of women's lives, but it also makes up people and categories. These categories and the focus of the survey itself are derived from scientific theories of population change¹² and a belief in neoliberalism. This process is aided by the use of questions which produce a specified, finite, and limited range of choices invented by administrators out of and for particular developmentalist politics. Whether the questions deal with methods of contraceptive use (Round 2, Q318 or Round 3, Question 320) or the kinds of food eaten in the last week (Round 2, Q451), the possible responses are not left to chance but are carefully devised long before an individual woman hears the question. In the

construction of these categories, and the assumptions about where women fall within them, the complexities of life are erased. In Question 441 (Round 2), those women who did not breastfeed are asked “Why did you not breastfeed?” The choices for answers are “mother ill/weak; child ill; child died; nipple/breast problem; insufficient milk; mother working; child refused; other.” What does a woman answer if her reason for not breastfeeding is more complicated than any of these, if she is trying to emulate modern women who bottle-feed instead of breastfeeding, or if neighbors or family members discourage her for some reason? The possible reasons for not breastfeeding are sometimes so complicated that it would be impossible to capture them in this kind of document. In Round 3, women are asked about how many times they breastfed during the daylight and nighttime hours the day before and interviewers are instructed “IF ANSWER IS NOT NUMERIC, PROBE FOR APPROPRIATE NUMBER.” Thus, breastfeeding experience will be made to conform to the questionnaire's and agency's ideas of appropriate structure.

In a number of documents, DHS and NFHS repeat the underlying central purpose of the survey: “The main objective of the survey has been to provide policymakers and programme administrators with a comprehensive snapshot of the demographic and health status of households, women, and children. This information will assist them in monitoring progress towards the achievement of population, health, and nutrition goals, identifying problem areas, and planning and implementing strategies to improve existing programmes” (NFHS Key Findings 2000: 21). Surveillance of women for the purpose of planning and managing the population. While there are instances that emphasize actual surveillance (for example, Q331 (Round 2) asks the respondent to show the interviewer the packet of pills or condoms she is currently using), surveillance is built into the overall survey project, where the questions asked will give the government and governing bodies the tools needed to manage the population. When one reads through the questionnaire, not for the specific details asked but for its overall purpose, it becomes clear that this is a

¹¹Interview with K.V. Rao, Chief Director, Ministry of Health and Family Welfare. Dec 2000, Delhi.

¹²For example, Q439 (Round 2), which asks about the timing of renewal of sexual intercourse after birth, appears to be linked to the theories that suggest that post-partum abstinence can delay pregnancy and reduce fertility rates.

document to aid in the surveillance of a population, an element of a modernist ideology of development, and that women are at the heart of that surveillance. The repeated questioning about births and pregnancies, for example, underscores how acceptable surveillance is and how much it is assumed by all involved in creating the survey that such surveillance will be accepted by the women respondents. That women do not protest or refuse these surveys more often than they do gives credence to those assumptions but also reflects the way that biopower and governmentality operate through widespread acknowledgment of the state's purview in this area of social, political, and personal life. This kind of survey—and women being in the lens—is the norm. The intended methods of population management are also evident in the survey, with its many questions about what kind of media exposure respondents have, or if they have seen any family planning messages in their daily lives.

Science—its authority and value—is emphasized throughout the survey. From the introduction respondents are given through the entire questionnaire, the survey reflects, and counts on, a belief in the importance of scientific understanding. Respondents are asked to consent to blood tests to check for anemia, tests that will use “new equipment provided by the United Nations” and are told that the results of these tests “will assist the Government of India to develop programmes to prevent and treat anemia” (Round 2, Woman's Questionnaire, Section 9). These kinds of statements signal the placement of this survey in the realm of science and the ways that it is scientific control of population and health matters that are at issue. Surveillance is more easily tolerated and may even be welcomed if it is conducted under the auspices of (a seemingly depoliticized, and gendered) science.

3.3 Discourses of the DHS

DHS/India may be “only” about collecting data, as U.S. researchers, DHS staffers, and Indian researchers may insist, but we argue that the DHS project is not a neutral, objective endeavor,

divorced from the political and historical landscape. Rather, the Demographic and Health Survey project in India reflects the history and politics of the field of demography and population and its epistemology and methodology and the ways discourses of governmentality, science, trust in numbers and statistics and neoliberalism were well embedded in the Indian landscape long before DHS arrived. This historical background is key to understanding the ways and reasons that the DHS was conducted in India and the discourses that make DHS/India possible. Here, we move beyond our examination of the DHS questionnaire itself, and discuss four broad issues that are reflected in the DHS project: developmentalism, the role of surveys in population governance, and the focus of most population surveys on individual women and their choices.

3.3.1 Controlling Population for Development

It is no coincidence that DHS surveys are funded through the development arm of the US government (USAID). Here, we see explicitly how development, population, and survey work are seen as necessarily operating together. Development and population control developed together as a way to address the issues of poorer countries. The “age of development” commenced and became normalized after World War II, during the Cold War, at a time when the U.S. was seeking to consolidate its dominance through a vision of capitalism that would counter and prevent socialist influence.

Countries recently or still colonized by European states were declared economically “backward,” part of a “Third World” (Shakow and Irwin 2000) characterized by lack, or in what has become a hegemonic descriptive indicator, “poverty.” Development programs that have been directed at these countries have often elided and covered up the violent history of colonial and neo-colonial exploitation and the production of underdevelopment as a part of capitalist expansion. Rather than a product of global structures of exploitation and inequality, the problem of back-

wardness and population growth is seen as a problem of the underdeveloped themselves.

India's emergence as an independent state ran head-on into this developmentalist ideology. Because of the perceived political and demographic threat that India presented to the United States, the U.S. spent considerable attention and funding on development and population issues in India, beginning in the 1960s. But even as western states were attempting to shape the global landscape of progress and development, India and most other newly independent states were working to develop their own national plans for the future, an "alternative modernity." India attempted to assert its independence from bilateral and unilateral development and population projects which would lock it into a relationship of dependency to a dominant Western power and instead attempted to seek "national" solutions. But as many have argued (Chatterjee 1993; Chatterjee and Riley 2001; Prakash 1999; Ram 2001), this attempted separation from the west did not mean that India's plan was vastly different from western notions of development. While an Indian modernity was not a simple copy of the British original, it can be seen as a translation of the western version, with all the complexities that translation implies. Science played a key role here. Science and technology were part of the British colonial enterprise and used to colonize and subjugate India and Indians but in order to become a modern nation, the newly independent Indian state resurrected science in a different image. Indian elites asserted India's own history of scientific knowledge, and constructed an indigenized scientific authority, seeking "to make their own what was associated with colonial rulers. Enchanted by science, they saw reason as a syntax of reform, a map for the rearrangement of culture, a vision for producing Indians as a people with scientific traditions of their own" (Prakash 1999: 6). Science, then, became part of the indigenized independent Indian state, a sign of its modernity and a way to plan its future and to assert its place in the world (Chatterjee and Riley 2001; Cohn 1987). Thus, the Indian government's response to USAID and DHS was in this vein: India could benefit from the scientific

approach to understanding population and could put its own stamp on the project as well.

Most leaders across the world—in western countries and in places like India—believed that population control was central to successful development. Especially after World War II, population growth began to be seen as a potential obstacle to development, interfering with the economic and development plans formatted and administered by industrial nations. Population growth in the non-western world was also viewed as threatening to the position of the industrialized countries and to international stability, particularly in the Cold War era.

India was one of thirteen countries named as most problematic in this regard (Kirk 1944; Robbins 2002). In the popular press and among scholars and policy makers, India has been represented as a society with a teeming population that threatens to collapse under its poverty and excess population growth. Oscar Harkevych, at one time in charge of the Ford Foundation's population program, declared India to be "utterly unable to cope with the growth of its population" (Harkevych 1995: 129).

The development establishment's population agenda in the post-colonial period rests on a set of assumptions legitimized by "scientific" theories—that population growth produces hunger, poverty, disease, environmental degradation and social unrest; that population growth in "underdeveloped" countries is a product of traditional and "backward" thinking and behavior; and that the only way to slow population growth is through the adoption of western ideas and techniques, in accordance with a western model of progress. Along with these goals, on the basis of a belief that progress required a neoliberal approach, the need to open markets has also been part of the business of development, and reflects that close link between any development project and the global capitalist agenda (see Murphy 2017). Thus, an organization like the Rockefeller Foundation in its funding of public health programs in poorer countries, stated its goal was "to raise the productivity of the workers in undeveloped countries' and to reduce the cultural resistance of backward and uncivilized peoples to the

domination...[of] industrial capitalism” (cited in Robinson 2001: 37).

Even before Independence, Indian leaders also saw population as central to a new India. They struggled to find their own approach to controlling population, one that was connected to but not dependent on western models. While there were disagreements of what a modern Indian state should look like, after independence, India embarked on a modernist program intended to move the country onto the world stage; in this process, planning—undergirded by science and technology—played a central role (Chatterjee and Riley 2001). Population control was key to this planning and was at the center of much of the state’s development apparatus. Resistance and accommodation to the hegemony of liberalist modernity continued through the decades after Independence, and we can see this ambiguity in the efforts to resist western control in population planning (Harkey 1995; Narayana and Kantner 1992), including early resistance to USAID and DHS.

3.3.2 Population Surveys: Making Up People and the Trust in Numbers

As we discussed above, surveys have long been a key piece of any development strategy, whether by global powers such as the US or by domestic Indian leaders. If population needed controlling, leaders of modern societies had to have a way to “know” the population, to measure and monitor it, and bring to governance new “techniques of power” (Foucault 1991: 100). In this way, population management became a necessary function of the modern nation state and included such activities as the creation of necessary statistics, new systems of categorizing the population, and programs to effectively manage the population¹³;

¹³See Horn (1994) for a fascinating analysis of a Fascist state’s use of social science in governing the Italian population in the 1920s and 1930s; Horn’s work demonstrates how “in the name of social defense and the promotion of the population, previously private behaviors were made targets of a permanent governmental management” (Horn 1994: 24).

this process has resulted in the “modern, social-scientific construction of social bodies as objects of knowledge and government” (Horn 1994:127).

Especially under British rule, numbers took on regulatory and disciplinary power (Appadurai 1996: 126). Through numbers, through the counting and categorization of people using carefully constructed categories, the Indian population was made known and was disciplined within the British imagination. As Hacking describes this categorizing, this process actually “makes people up” (Hacking 1986: 222) through the ways that statistical descriptions of a population become institutionalized.¹⁴ While any survey researcher can point to the difficulties of developing the right categories and placing people accurately within them, these categories nevertheless become powerful sites of social order and change (Kertzer and Arel 2002). Difference, both difference between British and Indian and difference within the Indian population, was an important aspect of the production of statistics.

Most importantly, in the process of the enumerating India, the British disciplined the Indian population and, especially, local Indian administrators, in this system of numbers. Thus, Indian leaders after Independence saw statistics and population surveys as vital to good governance and genuinely subscribed to the notion that a modern state needed such measurement. James Scott has demonstrated how this dependence on statistics and numbers reflects “high modern ideology” and the process of governmentality. A sign of a modern state was the ability to construct subjects of interest—whether they be forests of trees or human society—in ways that produce and maintain order and predictability. This allowed the state more effective means of control—of taxes, production, public health, and political issues. This vision, and the standardized, “simplified” (Scott 1998) measures that were necessary to achieve it, allowed state intervention and the development of programs to better society. Here, then, in a modern society, science and technology

¹⁴See Stoler 1995 (especially Preface) on this process in Indonesia and Greenhalgh 2004 for an account of this process in China and the unintended consequences of making up people.

could be used by the state to order and regulate society; “..scientifically designed schemes for production and social life would be superior to received tradition” (Scott 1998: 94). From this perspective, state officials were eager for the numbers that would allow them to plan and to govern the modern state (see Adams 2016b).

In a world that sees statistics as the ultimately objective and useful measure of a population and development, demographic data are the epitome of scientific rigor. Fatma Mrisho, Executive Chairman of Tanzania's AIDS Commission, said of DHS, “It's the most powerful development tool available for countries of the third world” (DHS website 20 July 2010). Standardized questionnaires and data collection used across a variety of societies reflect demographers' belief that if the right data are collected and analyzed, we can find a universal explanation for demographic change. The result is a heavy reliance on one methodology and a silencing of other forms of knowledge (Watkins 1993). The popularization of demographic statistics—reported in all manner of media—makes them widely accessible to the general public. Seemingly transparent but assumed to be collected and disseminated by experts, they take on a scientific authority, further inscribing their authenticity and making it difficult to question their origins and meanings (Adams 2016a). Statistics and numbers have garnered a unique place in the public world and we have come to believe “that official and government policies can only be built around hard data— an accumulation of neutral and objective facts and on statistical figures and flow charts” (Scheper-Hughes 1997: 219; Adams 2016b).

3.3.3 Women as Neoliberal Actors: Individuals, Women, and Choice

In the DHS and in most other demographic surveys and projects, there is a relentless focus on the individual; its methodology reflects the beliefs that the most effective means for change is through individual effort and that these individu-

als are capable of “rational” behavior. It follows, then that most demographic data is collected at the individual level, rather than employing a focus on larger social forces that influence individual lives and the society in general (Hodgson and Watkins 1997; Kertzer 1997; Riley and McCarthy 2003; see also Riley and DeGraff, this volume). In this dominant representation, the key to understanding fertility and effecting fertility change is to ask individual women about their beliefs and behavior, making it clear that reproduction and overpopulation (and the problems stemming from these, such as poverty and backwardness) are problems of individual women, not of something larger than individuals (e.g. poverty, resource distribution, or social inequality). The solutions, then, to the management of the population and the population problem are also individually based; explicit here is the conviction that the solutions of global and national ills are in the hands of individual actors.

This focus on the individual partly builds on the issue of choice, an assumption that women are and should be choosing contraception, pregnancy timing, or health care. The language of “choice” dominates current family planning approaches, as reflected in this 1994 UNFPA State of the World Population statement: “Individual choice in the size and spacing of the family is a human right: the extension of choice is the foundation of development at all levels of society. It is essential to achieving balance between populations and the resources to sustain them. If barriers to free choice are removed, the overall result is smaller families and slower population growth” (quoted in Bandarage 1997:32–33). Surveys such as the DHS construct a world where women make decisions, choose options, and plot their lives. Women should be “empowered” to effect change in their own lives and in the lives of their families. Women do, of course, do these things. But what is glaringly missing from this perspective is the way that those “choices” are constrained in large and small ways by the world around women: by their families, their communities, by the absence of a variety of services, and by ideologies of gender and class (Ram 2001; Brunson 2016). For example,

in Round 2, Q424 asks women “What is the main reason you did not take the help of a health professional [in childbirth]?” suggesting that women choose to take help or not. Even when the ostensible aim is to identify a public service gap, this leads to the conclusion that professionals know better, and that clinical and hospital births are preferable to natural or home deliveries. The answers, however, reveal how little “choice” women have in this; respondents choose among the following answers: “not necessary; not customary; cost too much; too far/no transport; professional not available; no confidence in available professional; no time to get help; family did not allow; or other.” As some demographers have argued, using the language of choice in places of extreme poverty and desperation is questionable; what kind of choice is it to contracept under such terrible conditions?¹⁵ Implied in these kinds of questions and answers is that women who make “good” choices will have better lives, and women who make “less good” choices will suffer. In addition, these questions assume that “individuals in the new India will come to choose freely for themselves goals that are synchronic with the development goals of the nation, because both are implied by the same rational subjectivity. In this sense, the rational subject is a kind of wish-fulfilling dream formation for the state, reconciling otherwise contradictory imperatives” (Ram 2001: 108; see also Wilson 2008).

Through the power of variable construction, class, caste, and gender are reconfigured as individual attributes rather than being represented as factors in a field of power; these survey questions, and the way they are constructed, deployed, poised, and analyzed and the way the resulting information is disseminated work to depoliticize these events and behaviors. “This analysis restricts the meaning of choice and human rights to the number and spacing of children. Choice is not extended to the right to the survival of children and the quality of their lives, let alone the survival of the environment, of families, communities and cultures. It does not

address...gender, race, and class politics...” (Bandarage 1997: 55; see also Lehr 1999; Solinger 2001). A focus on choice assumes that change, if it is to occur, must do so through individuals, not through resource distribution or social movement. In this focus on choice, on self-interest in economic terms, and on the rationality of maximization—both in the questionnaire and in the newly redesigned Indian family planning programs—we can see an acceptance of the ideology and power of the market (see Murphy 2017). In this questionnaire and the programs it will shape, the language of the market is everywhere apparent, as is the belief that market forces, working through the choices that individual women make, will produce demographic success. Once women are given choices—allowed to choose which contraceptives to use, for example—rational behavior will prevail, and they will have fewer children; in this way, “fertility, reproduction, [and] motherhood... [becomes] tightly associated... with the most essential consumerist concept of our time: choice” (Solinger 2001: 224). And the rhetoric of freedom and reproductive rights seeks to disarm critics with its unassailable humanity.

3.4 Viewing the World Through the Survey

Within the questionnaire we can see the assumptions of liberalist modernity, but we also need to step outside the questionnaire to see the further reach of these assumptions. DHS data is widely reported, giving the general public access to these statistics and further inscribing their authority. It is through these data that the general population is allowed to know the society. For this reason, it is important to consider the kind of information supplied (and not supplied) by DHS. There are, of course, many details of women’s lives—even these sampled women’s lives—that are missing from these data and the DHS reports; no survey could describe all possible details. Nor would any survey want to; survey data are collected for particular reasons by particular agencies. It is important, however, to remember which agencies and for which purposes such data exist; in the cat-

¹⁵Satish Agnihotri (UNICEF consultant), in a discussion at a Seminar at Centre for Studies in Social Sciences, Calcutta January 2001.

gories created, in the data collected and disseminated, the missing details or other ways to think about an issue become forgotten. This is especially true given the spotlight on this survey and the overwhelming importance given to survey data generally. It is survey statistics that get used, that are given to and reported by the press, that are heard by the general public. For example, the headline of one article published in *The Financial Times* (Tikoo 2000: 7), “Women want smaller families but lack choice,” speaks volumes about the issues of unmet need, the reasons that women do or do not contracept, and the continuing needs for family planning services. From the article, readers learn that “nearly 48 percent of women use contraception but if the unmet needs of women for family planning are fulfilled, their number would swell to 64 percent.” The article reports these and other statistics as unproblematic truths; unremarked on are the controversy about measurement of “unmet need” (DeGraff and de Silva 1996; Jain 1999) and other potential issues surrounding many of the reported statistics (including the complexities of “choice”).¹⁶ When people see these measures reported in the local newspaper, they may not explicitly think about DHS data, but publication of these numbers helps to institutionalize this knowledge; the public, schooled in this legitimizing process, comes to look on these numbers as authoritative. Statistics are thus part of the process of governmentality, helping to make people manageable. “They provide legitimacy for administrative actions, in large part because they provide the standards against which people judge themselves... Numbers create and can be compared with norms, which are among the gentlest and yet most pervasive forms of power in modern democracies” (Porter 1995: 45). The acceptance of these assumptions and this approach is so wide that other ways of understanding people, society, or social change become nearly impossible to imagine.

Thus, the data from survey projects like DHS are powerful because they come to shape the way we see the world. We illustrate the project's power and the ramifications of what is and is not made evident through the survey through three examples here.

Part of the women's questionnaire (Round 3) deals with nutrition and the food intake of children in the household. Nutrition, of course, is centrally important to a child's health and collecting information on children's diets could be useful in measuring the health of India's children. Thus, Q480 asks mothers about what the child ate the day before, and goes through a long list of foods that include meat, potatoes, starches (breads, rice), green leafy vegetables, and many more. Mothers are prompted to answer whether the child ate that particular food yesterday and are given a choice of answers of “yes”, “no”, or “don't know.” Here, we can see the kind of precise information that NFHS is interested in gathering. And indeed, the data were compiled to show that in some areas of India, children are malnourished. In Haryana, for example, only 44.8% of children 6–9 months old got solid or semi-solid food, an indication that this area of India has seen an increase in malnutrition. But the NFHS does not collect information that would allow policy makers to understand some of the reasons for these problems. Yes, they are a likely indicator of household poverty. But the larger context is just as important, if not more so. The cause of this increased level of malnutrition can be traced to how agricultural production in the area has shifted to commercialized crops (Rajalakshmi 2010). Consequently, “there has been a visible decline in the consumption of certain kinds of food that are rich sources of protein, iron, and essential nutrients.” (ibid). Many parents can no longer afford to give their children foods that will keep them healthy. Other changes have come with this crop shift. Poor Scheduled Classes who used to consume the byproducts of previously grown crops, like mustard, have lost this option because of new processes of commercialization and mechanization (Rajalakshmi 2010). And while the survey's attention to malnutrition is evidence that the Indian government is concerned

¹⁶See Johnson-Hanks (2007) on how the instability and difficult predictive ability of fertility intentions—which have been shown to be time and context dependent—mean that questions like those found on the DHS questionnaire lead to inaccurate and even misleading data.

about malnutrition, the interventions it takes are individual: rather than address the influence of agricultural patterns, it steps up pressure on local health officials to deal with the problems: “anganwadi centres are under tremendous pressure to declare the children listed under their centres as healthy and ‘normal.’ ... There are also incentives to reward village-level committees that show a decline in malnutrition levels.” (ibid) In this kind of environment, then, the NFHS is part of a process that continues a focus on the individual and is blind to the larger issues at the root of problems like childhood malnutrition. And such questions do more work here: following Hacking’s arguments about how data construct categories, women—as mothers here—get constructed as good or bad mothers based on how their children are faring; by missing the larger political and economic context of why a child did or did not eat a particular food, the survey places the reason squarely at the foot of women as mothers. The “burden of care” that mothers face as the protectors of their children (O’Brien, et al. 2014) is silent in the assumptions behind these questions.

A second example of the way that the DHS survey project reinforces a particular ideology is the data collected on sterilization. In NFHS-3’s sections on contraception, there are several questions about sterilization: about where the procedure took place, about some of the information given to the respondent about the procedure and its effects, and about the care given by medical staff. What is not asked about is coercion. There is a long history of coercion around sterilization in India; while the level of coercion today may not be what it was in decades past, nevertheless, reports persist about the ways that women are “encouraged” to undergo sterilization (Human Rights Watch 2009). But the closest that the DHS gets to addressing this problem is a question (340) that asks “Do you regret that you had the sterilization?” “Regretting” a sterilization suggests a wrong choice by the respondent rather than coercion; there is no way to use DHS survey data to show how sterilization

continues to be heavily pushed by health workers nor, certainly, to build a case against the government’s heavy focus on female sterilization nor to document coercion. Instead, the data suggest that women “choose” sterilization, and in many publications sterilization is described as “the most popular” contraception, as if all women have had the resources, space, and freedom to make such a “choice.”

A final example illustrates another potential power of surveys and the ways that they shape the interventions and policies undertaken in any community. Surveys like the DHS collect regular data on important issues across India and programs are developed based on those data. Activists and villagers alike have argued that for some poor villagers, contact with health care workers is limited to those campaigns pushed by the government and that have specific targets. Polio eradication and sterilization—DHS includes questions on both—are the two most common campaigns that touch the lives of villagers, often to the absence of any other health care availability. But the government’s focus is not always readily accepted by villagers. Thus, a villager expresses a widespread frustration about the polio campaigns to a health worker, “you haven’t medicine for anything else? Every time you come just for polio, polio, and polio, and I’m so tired of you all...But you don’t provide us medicine for anything else...Here our kids are dying from so many other diseases, here with dirt and unhygienic things. You don’t do anything about that. But just every time you’re coming only for polio!” (Thigpen 2004). At issue here is not the need for polio vaccine coverage, but the ways that that need, and the need for ways to control population, are often constructed through surveys, sometimes to the exclusion of other perspectives. If the data that are collected focus on child immunizations or family planning use, that is the picture that gets constructed and those are the issues that are attended to; missing can be other key aspects of that community, or the view of ordinary Indians about some of these issues. While polio eradication is no doubt important,

such campaigns are different from those whose goals are to promote general health, or to bring a range of health services to those who are without. Indeed, the extensive information collected about contraceptive use and child immunizations are sometimes seen as representative of the health care system across India. To measure contact with health workers over those issues the government is most focused on may well miss the kinds of health care access that is most desired (and perhaps needed) by many Indians. But DHS does not give us any information on those desires.

The information collected through these surveys provides important information to a range of constituencies. We are not arguing that this is some conspiracy by survey administrators or government leaders to convince people to think their way; we suspect that survey administrators, for example, are well aware of the existing social, economic and political structures that constrain women's decisions and choices. But these data, in their silence on these constraints, also help to create the illusion of individual choice and personal efficacy and to erase any focus on wider structures. These data are important well beyond the actual numbers produced. They help to set policy direction; they enable a particular policy pathway and make others difficult to formulate or even imagine. Much of the survey data may well provide ways to critique, perhaps even to improve, some health services. Thus, women are asked (Round 3, Questions 370–373) about their visits to a health facility and whether or not they received the service they went for, whether the providers were responsive to them, whether or not their privacy was respected, and whether the center was clean. All of these questions are clearly aimed to provide data for improvement in health services. But at the same time, in these questions (and the rest of the survey), there is no room, no place for a woman to complain that health campaigns seem solely focused on fertility control or polio, to express what is likely a widely held frustration. Within the survey and, given the data's wide dissemination, well outside it, those voices are silenced.

3.5 Conclusions: Lessons from the DHS

The DHS/India sits comfortably within the discourse of development and progress in a postcolonial state, enabling and enabled by it. Numbers are important, particularly in the way that they represent science. Liberalist approaches to development that entail planning and the management of the population and of women require the collection of information and data in scientifically developed and politically influenced categories. As we have seen, these data collection techniques developed alongside development planning in both pre- and post-independent India. Important instruments of governmentality, through them people are fitted to the developmentalist discourse of progress. As Escobar has argued, "Development fostered a way of conceiving of social life as a technical problem, as a matter of rational decision and management" (Escobar 1995: 52). In Independent India, statistical data provided the substance of knowledge of the population, a way of understanding the people so that interventions could be promoted to bring India into the modern world. Women, who are at the heart of much of this surveillance, categorizing, and planning, are especially measured and shaped by these data and surveys. In their very construction, these surveys argue that fertility change or improved child health hinges on women's behavior and actions.

One result is what is missed when we come to know a population through surveys. Statistics draw a particular picture of a population, one very different from other methods of study. "Number, by its nature, flattens idiosyncrasies and creates boundaries around these homogeneous bodies as it performatively limits their extent. In this latter regard, statistics are to bodies and social types what maps are to territories; they flatten and enclose" (Appadurai 1996: 133). Of course, surveys and other kinds of methods used to map a population are not necessarily meant to represent the complexities and details of social life. But in the process of collecting and disseminating such data, it is easy for the

complexities and the power structures underlying the categories that are used to get lost. In addition, statistics and methodologies have a power of their own in creating how people, the social world, and the future are envisioned. Even as statistics help to order knowledge of society, they also shape behavior within it, creating new identities, and shaping the way that officials think about behavior. With technically precise and orderly statistics, we can easily create the illusion that society—and the women within it—can follow an orderly progression toward a better future, a future of smaller families, longer life expectancies, and healthier babies. But while statistics can be orderly and neat, human lives are rarely so. And these data also influence how we see, interpret, and react to those disorderly lives—the women who have too many children, the families with serious problems of malnutrition, or the villages with public health problems. In the quest for a planned, orderly, progressive society, and in the assumptions of rational human behavior, it is easy to overlook the ways that the very business of the state and the ways it has gone about that business have also helped to create the way we look on those who don't fit the plans.

The influence of these surveys is thus extensive. Every time these surveys are fielded, every time these data are used, every time we analyze or use the numbers, we reinscribe a particular meaning of progress. We reinforce the power of this developmentalist discourse, a discourse that affects people both close to the survey—the respondents, interviewers, and survey officials—and those quite distant from it, from scholars of India to government officials making decisions about domestic or foreign spending. Policies are made based on these data and these ideologies which in turn obscure other realities. The legacy of colonial science-making and biopower is thus evident in this most modern, scientific survey, as is the continuing relationship between India and the west. The DHS serves as a tool for a continuing postcolonial relationship, one in which the U.S. and India participate in the continuing construction of a modernist state and neoliberalist development regime. “The forms of power that have appeared act not so much by repression but

by normalization; not by ignorance but by controlled knowledge; not by humanitarian concern but by the bureaucratization of social action” (Escobar 1995: 53). These processes act to crowd out radical alternatives, or even any alternatives. As Brennais (2010, cited in Adams 2016b: 46) cautions, we should consider the dangers of “database determinism,” which might compel use and adherence to a survey and its data and give more weight to its findings than it should; DHS, easily producing a significant amount of the demographic data used by researchers, is clearly a powerful source of information about many populations.

These constructions and discourses also shape any efforts toward social change. The rhetoric of choice, this focus on the individual, becomes the only route to change. Government officials, but also NGO workers, activists and others adopt the rhetoric and use it to try to effect change (Murphy 2017). It is not a simple coincidence that so much effort, money, and belief has moved to programs like “The Girl Effect” (sponsored by Nike) which are built on a belief that empowering girls to effect change is the way to a better future for the country (Hickel 2014). Using that language (of choice, freedom, or empowerment) and constructions around it may or may not be an effective means to achieve change. On the one hand, as James Ferguson (2009) has argued, it may be possible to effect social change—to move toward gender equality, to bring better health care to the poor—through the creative use of these kinds of data. But there is the other possibility, that what happens here is what feminist legal scholars have argued has happened in the law: “the social movement of the disadvantaged is organized ‘according to the law’s boundaries and, in turn, [is] bound by its conceptual limitations.’ As a result, the legitimacy of the current social order is never truly challenged because the oppressed choose to operate within their oppressor’s system of law” (Baumle 2009:133–134; see also Cornwall, et al. 2008). Recognizing the underlying discourses in such surveys as the Demographic and Health Survey may make for more careful attempts to move social agendas forward. We might be better equipped to question whether agendas so strongly

built on notions of choice and individualism—and, in the case of DHS/India, fertility control—should be the primary means to better lives for women, for nations, or for the world.

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Gender in the Investigation and Politics of ‘Low’ Fertility

Leslie King

Feminist scholars have bemoaned a persistent lack of serious engagement with the concept of gender in demographic research (Greenhalgh 1995; Riley 1999)¹ but in the past decade and a half, demographers increasingly examine the role of gender in shaping fertility. This shift has occurred at a time when concern with overpopulation and high fertility—considered *the* crucial economic development, environmental and geopolitical issue in the 1960s and 1970s—has waned. Today ‘low fertility’² in ‘developed’³

countries is framed as a threat to welfare state regimes, cultural cohesion, economic strength, and/or geopolitical power (see Demeny 2003; Goldstone 2010; Oláh 2011). An important strand of research now asks to what extent gender equity (or lack thereof) shapes fertility and, if a strong connection exists, how that knowledge should shape policy. Should, for example, states encourage gender equity in hopes of increasing birth rates? In this chapter, I review work on gender equity and fertility and ultimately contend that by repeatedly asking why fertility is so low and examining what prevents people from having children (or/and what makes larger families possible), demographic studies often reinforce the notion that low fertility is undesirable.

The concepts researchers use and the questions they ask matter because their studies contribute to the social construction of social problems (including the ‘problem’ of low fertility) and suggest their potential solutions (e.g. greater gender equality and/or more births). Demographic studies may thus form the basis of government policies designed to alter existing childbearing patterns, as have been instituted in various parts of the world. By providing basic research on determinants of fertility, population projections, or effectiveness of policies, demographers and other social scientists contribute to discourse that influences governments’ efforts to study and shape national populations (see Williams 2010;

¹Gender is typically defined as the socially constructed set of rules and norms attached to the biologically-based (though also socially constructed) categories of sex and as a social structure that dictates behavior and allows for an unequal distribution of power and resources.

²Throughout this paper I will use the term ‘low fertility’ while recognizing that the term is problematic in that ‘low’ is inherently comparative and might imply ‘too low.’ Researchers typically use ‘low fertility’ to mean total fertility rates that are well below the ‘replacement level’ of 2.1 children per woman.

³I prefer ‘more or less affluent’ to ‘more or less developed’, as ‘developed’ implies superiority. However, much of the literature continues to use ‘more or less developed’, so I reluctantly use those terms when discussing such work.

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Riley, Chap. 8, this volume).⁴ For social theorist Michel Foucault, “the concept of population itself constitutes a technology of liberal statecraft” (McCann 2009: 144–5). Population policies of all types (including fertility and immigration policies) can be understood as a technology of power in the Foucauldian sense, as states seek to shape the cultural, ethnic, or religious composition of the people under their jurisdictions. In addition, government policy to influence fertility may reinforce or re-shape gender structures as, for example, when states provide low-cost child care to facilitate combining parenthood with paid work or discursively emphasize women’s role as mothers, including ‘mothers of the nation’ (see Rivkin-Fish 2010; Kanaaneh 2002; see also Krause, Chap. 5 this volume).

The Population Reference Bureau’s (2014) *World Population Data Sheet* reveals that in more developed countries fertility fell from 2.3 children per woman in 1970 to 1.6 in 2013; and currently many parts of the world—from southern and eastern Europe to East Asia—are experiencing ‘lowest-low’ fertility, that is, total fertility rates of less than 1.3 children per woman (Kohler et al. 2006 Suzuki 2008). This shift from low to very low fertility (and to higher rates of divorce, cohabitation, and non-marital births) is often referred to as the “second demographic transition” (Lesthaeghe 2010). It has become the task of many demographers to explain this transition and assess the extent to which fertility policies designed to raise birth rates achieve their intended goals. In the following sections, I review studies that use gender theory to examine fertility and assess fertility policies. Though much demographic research continues to use ‘gender’ “in a way that most social science fields now use the word ‘sex’ to describe differentials between

males and females in such areas as education, work, and health” (Jill Williams 2010: 197), a small but growing body of work – the subject of this review – goes beyond an overly simple version of gender.⁵

Work at the intersection of gender and fertility can be divided into three main categories: (1) studies seeking to explain why fertility is low; (2) research on the efficacy of fertility-related policies; and (3) critical feminist studies that analyze discourses surrounding low fertility and fertility-related policy. I provide examples of each to illustrate how researchers interested in low fertility use the concept of gender and to what end.

4.1 Explaining Why Fertility Is Low

Gender equity has come to be employed in analyses of fertility determinants in part because other models—mainly economic-based theories (e.g. Becker’s rational choice models, 1960, 1981)—have been unable to completely account for very low fertility. Economic theories typically use a rational choice lens, arguing that people engage in cost-benefit analysis when deciding whether to have children (see Becker 1960, 1981). Under this calculus, women might choose to work for pay rather than forgo income to stay home to raise children. In the 1960s and 1970s, economic models showed that women’s labor force participation was negatively correlated with fertility. In the 1980s, however, demographers found that women’s labor force participation in relatively affluent countries was correlated with *higher* fertility, a reversal of previous trends (Morgan 2003; Rindfuss et al. 2003; Suzuki 2008).

⁴While any type of social science research may have policy implications, the connection between research and policy is particularly close in the field of demography. Many U.S. demographers in the post WWII era were caught up in the ‘overpopulation’ discourse, advocating family planning in ‘less developed’ countries (see Greenhalgh 1996); and French demographers and policy makers have historically been concerned with documenting and addressing low fertility (see Le Bras 1993).

⁵Note that almost all work on fertility implicitly addresses gender. To start with, fertility is measured in number of children *per woman*. Issues such as who takes care of children, whether women work in the paid labor force, women’s levels of education and many more gender-specific variables matter to fertility and have routinely been examined. However, though they used these variables, researchers typically did not address *gender systems* – in the sense of institutional and cultural structures or in terms of power – until recently (see Mason 1997).

As existing frameworks could only partially account for low-low fertility, feminist critiques and frameworks slowly found their way into demographic theory. Riley and McCarthy (2003: 106) argue that to incorporate the complexities of gender we need to integrate the notion of “gender as a social construction and a recognition of the role of power in issues of gender and gender inequalities.” The gender equity approach (McDonald 2000, 2013) has provided a framework for a structural analysis by pointing to the institutional contexts of gender equality. Following Mason’s (1997) discussion of institutionalized gender systems, McDonald (2000) proposes that if relative gender equity exists in individual-oriented institutions—such as education and employment—but not in families, very low fertility may result as women bear the burden of paid employment and also housework and care duties. As Torr and Short (2004) note, McDonald’s theory resembles Hochschild and Machung’s (1989) concept of a ‘stalled revolution.’ In the first stage of this stalled gender revolution, when education and labor force opportunities open up for them, women share tasks in the public sphere; but men tend *not* to share work in the private sphere, putting pressure on families to limit the number of children they have. In the second, largely unrealized stage, men would contribute equally to household and care work and fertility would theoretically rise as women experience less strain from combining paid work with household duties (see Goldscheider et al. 2010). Though any sort of evolutionary, staged model can be problematic if it assumes a similar phenomenon will occur everywhere, the gender equity theory has been applied to numerous countries with very low fertility, especially – though not exclusively – European countries. Though few of these studies take an explicit political stance, the stakes are high. If greater gender equity does indeed contribute to higher fertility, more policy makers might support efforts aimed at promoting greater gender equity, including parental leave, child care, and equitable workplace policies.

Gender equity theory has been used especially to explain very low fertility. In a study of very

low fertility in Korea, Suzuki (2008: 36) explains that “there is a cultural divide between moderately low fertility and lowest-low fertility. While all western and northern European countries and English-speaking countries have stayed at moderately low fertility, many countries in southern Europe, eastern Europe, the former Soviet Union, and eastern Asia experienced lowest-low fertility.” Researchers have suggested that lowest-low fertility can be explained by strong ‘traditional’ familialism, in which mothers continue to be the main child care providers (see Suzuki 2008).⁶

The theory that men’s lack of participation in child care results in lower fertility makes intuitive sense; but studies have not produced uniform results. For example, Puur et al. (2008) found that men with more egalitarian attitudes have higher fertility aspirations than men with traditional attitudes about gender while Westoff and Higgens (2009) found the opposite to be true.

A number of studies support the theory that gender equity is linked to fertility (see review in Aassve et al. 2015). In a comparison of Spain and Italy, two very low fertility countries, Arpino and Tavares (2013) found that when attitudes favor gender equity in the labor market but not in the home, fertility is lower than when attitudes favor gender equity in both realms. Miettinen et al. (2011) measured attitudes about gender equality in both domestic and public spheres in Finland with nine statements, such as “men are more committed to their work than women.” They found that for men, the relationship is U shaped; traditional but also egalitarian attitudes raise men’s fertility intentions. For women, impact of gender attitudes is smaller and more ambiguous.

In another study of attitudes, Goldscheider et al. (2013), using longitudinal data from Sweden, measured attitudes about sharing housework and child care before people became parents and the actual sharing that occurred after the transition to parenthood. They found that,

⁶Suzuki (2008) argues that most countries are more conservative than northern and western Europe and the English-speaking countries in terms of the role of women and the commitment to marriage. Thus, Suzuki foresees lowest-low fertility spreading to places like South America.

especially for women, an inconsistency between attitudes prior to having a child and actual sharing of household work that occurs once a child is present decreases the likelihood of having a second child. They explain that “it is inconsistency between ‘ideals’ and ‘reality’” that significantly delays continued childbearing (p. 1113).

Using data from five countries, Aassve et al. (2015) examined individuals’ attitudes about gender equality and the division of household labor to determine whether a mismatch between gender equity and gender ideology affects childbearing decisions. Aassve and colleagues found partial support for their hypothesis that consistency between gender attitudes and equality in sharing household tasks has a positive effect on fertility and assert that their study “brings further support to the argument that fertility increases when gender ideology is not traditional and the woman does not bear a disproportionate amount of the household work” (p. 854).

In a comparison of Italy and Spain, Cooke (2009) investigated whether differences in gender equity both inside and outside the family yield different fertility rates. Variables measuring gender equity outside the family included education; wife’s employment; wife’s earnings as a percentage of the total household income; and whether the wife is employed in the public sector. Measures for equity inside the family included the division of care between mothers and fathers; whether there’s a third adult in the household who might help with household or child care duties; and whether people pay for child care. Cooke found that the presence of a third person in the house increases chances of having a second child, as does paying for child care. Her results support the gender equity theory in that they “suggest that increases in women’s employment equity increase not only the degree of equity within the home, but also the beneficial effects of equity on fertility. These equity effects help to offset the negative relationship historically found between female employment and fertility” (p. 123).

Finally, Bernhard and Goldscheider (2006) studied factors affecting Swedish men’s and women’s views about the costs and benefits of

having children, with a specific focus on views of men’s participation in housework and care work and men’s and women’s attitudes about the costs and benefits of becoming parents. They concluded that “even in a country as far into the Second Demographic transition as Sweden, negotiating shared parenthood is still sufficiently difficult that it depresses fertility, but now because of its impact on men” (p. 19). Noting that some studies have shown that couples are more likely to have second and third births when fathers are involved with child care, Goldscheider et al. (2010) stress the need for more research on men’s attitudes and fertility.

Some studies, however, have found limited or no support for gender equity theory. Examining how an unequal division of household labor shapes fertility in Italy, which has low-low fertility, and the Netherlands, where fertility is comparatively higher, Melinda Mills et al. (2008) found no clear link between asymmetrical division of household labor and lower fertility intentions. And in a study of Italian women’s fertility intentions and actual behavior, Rinesi et al. (2011) found that sharing domestic work did not affect fertility plans.

In their investigation of numerous Eastern and Western European countries Neyer et al. (2013) examined three aspects of gender equality—employment (the capacity to form and maintain a household), financial resources (the capabilities for agency), and family work (the gender division of household and care work)—and fertility intentions. They found no uniform effect of gender equality on childbearing intentions and instead note the importance of examining women’s and men’s fertility intentions separately, because “parenthood has different consequences for women than for men” (p. 255). They explain: “Compared to the general assumption in demography that the gap between gender equality in the employment sphere and gender inequality in the family sphere keeps fertility at low levels, our results reveal that the relationship between gender equality, employment, family work and fertility is much more complex (p. 267).

Goldscheider et al. (2010: 193) emphasize the importance of context, which “requires that we

separate measures of male gender attitudes into those associated with the public sphere and those associated with the private sphere” and necessitates an historical orientation, including an understanding of the stages of the gender revolution. And as other feminist scholars (e.g. Riley and McCarthy 2003) have pointed out, it is important to understand how gender is constructed and understood in specific contexts. Rarely do quantitative data allow for nuanced investigations into such questions; but occasionally, researchers use a mix of qualitative and quantitative methods to study low fertility, which allows for a more complicated examination of gender systems.

Demographer Breinna Perelli-Harris (2005) examined fertility in Ukraine and found Ukraine’s experience to be somewhat different from most European countries in that, despite very low fertility (about 1.1 children per woman in 2001), childbearing is nearly universal and women still tend to have their first (and, typically, only) child at a fairly young age. Perelli-Harris used the Ukrainian Reproductive Health Survey (7129 women, aged 15–44) from 1999 and data collected from 22 focus groups in 2002 and 2003. While low fertility in Western Europe is often associated with value shifts away from extended families and toward careers, this has not been the case in Ukraine, where women tend to work but often do not opt for careers. In focus groups, “few women rated career or financial independence as more important than marriage and family. These comments” she explains, “reflect the paradox within Ukrainian society of, on the one hand, the drive for equality of the sexes within education and the workforce, and, on the other, a commitment to the preservation of traditional gender roles, based on a conviction that there are essential, psychological differences between men and women” (p. 64). Perelli-Harris concludes that the common explanations for low fertility in Western Europe, such as economic uncertainty and disjunction between higher level of gender equity in employment and education but lower levels within families, don’t fully explain how Ukraine has come to have low-low fertility.

Anthropologist Joana Mishtal (2009, 2012) investigated the case of Poland, which has one of

the lowest fertility levels in the EU (1.27 children per woman in 2007). Stressing the importance of context, Mishtal suggests that the Second Demographic Transition theory may partially but not completely hold for Poland, where abortion and access to birth control have been limited and the role of the church remains very important. Using data derived from 55 qualitative interviews and a quantitative survey of 418 women aged 18–40 to find out what factors influence women’s fertility decision making, Mishtal (2009) shows that women are regularly discriminated against in the workplace; for example, it can be difficult to take maternity leave and some employers require women to pledge that they won’t get pregnant. The women Mishtal interviewed tended to be aware of a ‘demographic crisis’ but felt no compunction to do anything about it; instead they felt the state should enact policies to make it easier to have children. Mishtal (2009: 621) argues that “while northern European nations such as Sweden are refining their work-family reconciliation policies to address declining fertility, in the case of Poland there is a need for policies protecting women’s job security designed to redress fundamental gendered discrimination in employment before effective work-family reconciliation laws can be initiated.”

To summarize, this brief (and necessarily incomplete) review shows that research seeking to explain low fertility includes increasingly nuanced discussions of institutionalized gender structures and, occasionally (especially where qualitative data are brought to bear), how gender is socially constructed. Many studies also contain introductions and literature reviews that offer nuanced and complex discussions of gender. What typically remains unanswered, however, is why researchers study what shapes fertility in the first place. One reason to examine potential connections between gender equity and fertility—implicit (and sometimes explicitly stated) in the studies discussed here—is that low fertility is often considered undesirable for nations and thus, in order that the state might at some point intervene, or intervene more effectively, policy makers want to know what shapes people’s reproductive decision making. A second reason to

study the intersection of gender and fertility might be so that states could institute policies not for nationalist goals but instead in order to help individuals achieve their own desired number of births (be that more or fewer births). By focusing on a possible gap between desired and achieved fertility, some researchers (e.g. Maher 2007) take this tack. It seems unlikely, though, that states would institute policies to help people achieve their desired fertility unless those individual desires meshed with state goals.

Because policy makers often consider low fertility to be undesirable, an increasing number of governments seek to raise or maintain fertility as birth rates drop to previously unrecorded levels. According to the United Nations Department of Economic and Social Affairs (2013: 6), the proportion of governments with policies to *lower* birth rates has hardly changed since 1996, while the proportion with policies to *raise* fertility increased from 14% to 27% between 1996 and 2013. In 2013, 54 countries had policies to raise fertility and 33 had policies to maintain current rates (compared to 27 and 19 respectively in 1996). As anthropologist Susan Greenhalgh (1996) has noted, demography has historically been dependent for funding on government entities and has always had a policy orientation. It is not surprising, then, that much emerging work on gender and fertility deals with the efficacy of policy.

In fact, a whole data gathering effort in Europe has been designed to contribute to knowledge about gender and fertility. In 2000 the United Nations Economic Commission for Europe (UNECE) launched the Generations and Gender Programme, the goal of which is to “provide data that can contribute to enhanced understanding of demographic and social developments and of the factors that influence these developments, with particular attention given to relationships between children and parents (generations) and those between partners (gender)” (UNECE 2015). In their explanation of the Generations and Gender Survey, which is a part of the larger Programme, Vikat et al. (2007: 391) explain: “By studying the relationships between parents and children and the relationships between partners, we can cap-

ture the determinants of demographic choices at the individual level, thereby achieving a better understanding of the causal mechanisms that underlie demographic change. This knowledge, in turn, can build the basis for devising policies that respond to the demographic changes and population development in Europe.”

4.2 Research on Pronatalist or/ and Fertility-Related Policies

According to Lynn Prince Cooke (2009: 124), evidence “suggests that the more policy encourages greater equity in the division of paid and unpaid labour, the more gender equity enhances fertility.” In this section I present selected research on gender equity in the context of efforts to raise fertility. First, I provide examples of work that seeks to evaluate the effectiveness of fertility-related policies. Then, I discuss debates over the use of gender-equity policies to raise birth rates and provide an example of one such effort, the current gender-equality policy in Japan.

4.2.1 Evaluative Studies

In their introduction to a collection of papers evaluating whether policies can enhance fertility in European countries, Gauthier and Philipov (2008) explain that many policies that affect fertility are not explicitly pronatalist; instead, they are aimed at increasing gender equality or encouraging women’s labor force participation but have implications for fertility. Research is inconclusive as to the effects on fertility of specific financial incentives, such as baby bonuses, tax allowances, and other parental allowances. However, there is evidence that overall support for families does matter; and, in addition, Gauthier and Philipov (2008: 9) suggest that “what may also strongly matter for families ... are the stability of this financial support and the status of the overall economy.” In reviewing work- and gender-related policies, Gauthier and Philipov note that though the European Union has set targets for child care provision and seeks

to remove disincentives to female labor force participation, there remain large cross-national differences. High levels of gender equality in Nordic countries (as illustrated, for example, by fathers' relatively high take-up rate of parental leave and fathers' participation in child care) are correlated with relatively high fertility. But, Gauthier and Philipov ask, is gender equality a prerequisite of higher fertility? They note that "the higher-than-average level of fertility observed in France also co-exists without significant achievements with respect to gender equality. ... Thus, while fertility, gender relations and policies may be related, their actual combination may reflect broader societal norms and institutions, thus preventing broader generalization across countries" (p. 13). As we have seen in the discussion of studies investigating the determinants of fertility, context matters. For example, low-low fertility occurred in some countries (including Germany, Italy, and many other European countries) in the context of postponement of childbearing and high levels of childlessness, while Ukraine achieved low-low fertility in the context of near universal childbearing at young ages.

Russia, with high mortality and low-low fertility rates, is staunchly pronatalist and numerous articles examine the efficacy of that country's policies. Vladimir Putin stated in 2006 that population policy is the most urgent item on the state's agenda (Avdeyeva 2011; Rivkin-Fish 2010). Among other things, in 2007, the state created a "maternity capital" entitlement in the form of a \$10,000 voucher (250,000 rubles indexed to inflation) to mothers when their second or third child turns three and raised monthly allowances for families caring for children (Rivkin-Fish 2010). Olga Avdeyeva (2011: 362) explains that Putin "recognized the dependency and discrimination within the family that women suffer when they choose to have a second child and have to withdraw from the labor force for a long time." However, reviewing and assessing Russia's current policies using McDonald's gender equity theory, Avdeyeva concludes that though Russia's aggressively pronatal policies do address some economic issues related to childbearing they fail to fundamentally challenge longstanding gender

hierarchies; they don't meaningfully incorporate employers or fathers or male partners. Thus, she speculates that fertility will continue to remain very low. She also warns that "an adoption of pronatalist programs can be potentially dangerous, because they remove concerns about gender equality off the state agenda and push women to the private child-caring sphere" (p. 381). Avdeyeva concludes with a note of caution on the "usage of cash-for-baby programs as ineffective tools for changing fertility rates, on the one hand, and contributing to further institutionalization of gender inequalities both in the family and in the labor markets, on the other hand" (p. 381–82).

In contrast to Russia, Sweden is known for having 'highest-low' fertility and is famous for its relatively generous welfare state benefits and family policies. Raising fertility was one impetus for the original enactment of certain family policies in the 1930s (see King 2001), but in recent decades their aim has been to support women's labor force participation and promote gender equality (Anderrson 2008). Sweden and the other Scandinavian countries are often cited as examples where levels of gender equity in families, as well as in education and workplaces, correlates with higher fertility. Anderrson (2008: 98) argues that in Sweden, relatively high fertility is related to the setup of the welfare state, specifically, a combination of "individual taxation, a flexible parental leave scheme based on income replacement and a system of high quality day care. Together they support the present dual breadwinner model of Sweden."

Duvander et al. (2010) investigate the extent to which fathers' and mothers' use of parental leave impacts childbearing in Norway and Sweden, where family policies aim to facilitate the combination of paid work and childrearing and where fertility, compared to most of the rest of Europe, is fairly high (just over 1.9 children per woman in 2008). Parents may receive paid parental leave for about 1 year, and part of that leave is reserved for the father (both countries apportion some part of the parental leave specifically to fathers—Sweden 2 months and Norway 10 weeks—in hopes of encouraging their greater participation in child care). The authors find a

positive association between fathers' use of parental leave and childbearing propensities in both countries; however, the impact of mothers' use of parental leave is a bit more complicated (mothers who stay home the longest after a second birth are the most likely to have a third child, and women who have more than two children tend to "lean towards concentrating on childrearing"(p. 55). While noting that their analysis cannot show causality, the authors conclude that, "the similarity of findings in Norway and Sweden makes the evidence stronger that increased paternal involvement in childrearing is positively related to continued family building" (p. 55).

Patricia Boling (2008) compares fertility in France and Japan, both of which have long histories of concern with low birth rates, influential national demographic research institutes, elite bureaucrats in policy making roles and pronatalist programs under both conservative and progressive governments. In the mid-2000s, France's total fertility rate (TFR) was 1.98, while Japan's was 1.29. What accounts for this difference? Boling argues that though French policies—including family allowances; maternity and parental leave; child care; early childhood education; and tax benefits—are more generous than Japanese programs, the differences in policy don't completely explain differences in fertility. A crucial factor is work culture. Boling states (p. 320), "workers in Japan spend many more hours a week on both paid and unpaid work than they do in France. Japan's culture of long work hours leaves ideal workers with little time to contribute to their families and households. Typically this means that women do all the household, childrearing, and care work with minimal involvement from their husbands. . . . Japan's dual labor market expectations about the commitment of fulltime workers and the tendency to confine women, especially mothers, to low-paid part-time jobs are crucial to understanding this predicament" (see also Dales' Chap. 19 on marriage in Japan, this volume).

Because gender equality—in the form of a more equal division of care work and household work and greater equality in paid employment

and in education—has been associated with relatively higher fertility, policy makers and researchers debate whether and to what extent policy should encourage gender equity in the interest of raising birth rates.

4.2.2 Policies and Policy Debates

In 2011, the Max Planck Institute for Demographic Research sponsored a debate in which researchers were asked to respond to the question, "should governments in Europe be more aggressive in pushing for gender equality to raise fertility?" The two 'yes' positions were written by Laurent Toulemon (researcher at France's Institute for Demographic Studies—INED) and Livia Oláh (a demographer at Stockholm University).

Citing studies that show how gender equity—in the form of use of paternity leaves, education, and equal division of household work—is positively correlated with fertility, Oláh (2011) argues in favor of governments promoting gender equity in order to raise fertility. People in European countries, she contends, tend to want two children on average, and governments could help them achieve their desired fertility.

Toulemon's (2011) 'yes' to governments pushing for gender equity in the name of fertility is much more tentative or qualified. Among other things, he claims, it is difficult to know whether fertility is really too low (and for whom? Individuals? Governments?) and whether low fertility merits government action. Toulemon does think that in some cases policies to raise fertility might be a good idea but questions whether demographers are the most qualified to answer this question. He argues that greater gender equality could raise fertility but that it is also "an objective *per se*" (p. 195).

On the 'no' side, Dimiter Philipov (a Bulgarian demographer who has worked at the Vienna Institute of Demography and the Max Planck Institute for Demographic Research in Germany) assumes that government policies would be focused on a 'dual-earner/dual-carer' model (2011: 201). Arguing that the idea that increases in gender equality lead to higher fertility is not

based on sound research, he raises five objections to dual-earner/dual-carer model: (1) it doesn't necessarily lead to fertility increase; (2) it will lead to imbalance of labor supply and demand; (3) policies will hit up against cultural norms pertaining to gender differences that they will not be able to overcome; (4) policies will hit up against innate gender differences they will not be able to overcome; and (5) there can't be a unified approach due to country idiosyncrasies. Philipov does not oppose government intervention; rather, he opposes intervention that focuses on gender equality in the name of fertility. He states that "an efficient increase in fertility can be achieved when family policies are gender-neutral, and when gender equality policies are fertility-neutral" (p. 213).

Finally, Gerda Neyer (2011), political scientist and demographer at Stockholm University, argues 'no' for completely different reasons. She posits a threefold 'no': no to trying to raise fertility at all; no to the method, which is to push for population policies more aggressively; and no to the means (to use gender policies to promote fertility). Neyer takes issue with claims that position low fertility as problematic, explaining that first, such claims are ageist (as they tend to voice concern with population aging) and second, that fears of low fertility and population decline are connected to Eurocentrism and a myth of ethnic homogeneity. In addition, she argues that claims that higher fertility will help the labor market are faulty: "future labor market and economic issues cannot be settled by raising fertility, since more (or fewer) children will not protect us from the need to restructure markets in the face of globalization, aging, technological advancement, or other economically relevant developments," (p. 232) and she stresses that there is no way to know what the connection between economic development and fertility will be in the future. In terms of the effects of fertility on welfare states, Neyer explains that social security systems are vulnerable because of institutional design and the design of social policies, not just demographic changes.

Importantly, Neyer points out possible detrimental consequences for gender equality if it is linked to fertility. For example, gender equality policies could become dependent on people's reproductive behavior. In addition, policies situated in a fertility framework "tend to essentialize heterosexuality and to regard women (and men) as a homogenous group" (p. 243). Also, using gender equality to raise fertility could narrow how gender equality is conceptualized (for example, what about issues that have nothing to do with fertility, such as inequalities in income, career opportunities, and political representation?).

While European demographers have debated whether and how governments should take action in terms of gender equity and fertility, in 1999, the Japanese government enacted the Basic Law for a Gender-Equal Society in hopes that greater gender equality would lead to higher birth rates. The preamble to the law reads "to respond to the rapid changes occurring in Japan's socio-economic situation, such as the trend toward fewer children, the aging of the population, and the maturation of domestic activities, it has become a matter of urgent importance to realize a gender-equal society" (quoted in Huen 2007: 369).

According to Huen (2007), Japan's Basic Law and other, subsequent policies have not been particularly effective in dismantling a gendered division of labor in which women are expected to do a lion's share of care work and are often discriminated against in the workplace. In addition, Huen (2007: 377) suggests that "[s]ince the pursuit of gender equality is a means to boost the birth rate, when there is a contradiction between these two goals, the former will be conceded."

In 2005, the Japanese government created a Cabinet Office to deal with low fertility, led by a new 'Minister of State for Declining Birthrate and Gender Equity.' Annette Schad-Seifert (2006: 5) writes that this "is an indication of the rising awareness that the drop in the birthrate is closely related to radical changes in the country's social fabric and the fact that equal opportunities for men and women to combine family care work

and employment are still in demand.” Schad-Seifert explains that the government is taking steps to address Japan’s ‘workaholic’, male-breadwinner culture. For example, one government program rewards companies where a certain number of fathers take child-care leave. And while extending the availability of child care and providing family allowances may not in fact raise fertility (Boling 2008), and Schad-Seifert (2006: 26) suggests that the work of the Specialist Committee on the Declining Birthrate and Gender Equality reflects “the fact that the falling birthrate is not for the most part induced by a change in the minds of women but is due to structural factors that are influencing individual decisions in both sexes.”

To summarize, research showing possible connections between greater gender equity and higher fertility has led to (1) studies intended to ascertain the extent to which policies promoting gender equity shape fertility; (2) debates over whether policy makers interested in raising fertility should do so via policies designed to increase gender-equity; and (3) investigations into how some countries have sought to use gender equity ideals in hopes of raising birth rates. I noted above that research examining whether greater gender equity is associated with higher fertility may be contributing to a discourse that positions low fertility as a problem and as an arena appropriate for government intervention. Similarly, those who study connections between fertility levels and government *policies* that promote gender equity may be sending a message that raising fertility is desirable and that increasing the national birth rate is thus a reason (or even *the* reason) to promote gender equity—a problematic stance (see Neyer 2011).

In the final section of this review, I provide examples of work that takes a more critical approach by investigating discourses surrounding fertility policies. This type of work is fairly uncommon but is important because it can reveal a complex and nuanced picture of the various ideological perspectives on fertility policies in specific locations and can thus provide insight into both how such policies come to be enacted as well as public responses.

4.3 Discourses Surrounding Gender and Low Fertility

Work, mostly by anthropologists, examining discourse uncovers meaning and motivations surrounding fertility-related policies that may not be explicitly stated by policy makers. Rivkin-Fish (2010) shows how discourses surrounding demographic policies in Russia reaffirm existing ideas and meanings about fertility and gender and also reformulate or add new meanings that may ultimately influence policy. She contends that Vladimir Putin has linked raising women’s status with fertility; in an attempt to both improve women’s status and increase fertility, he instituted payments (‘maternity capital’) to mothers who have two or three children. Concern with demographic trends, contends Rivkin-Fish, has re-legitimized claims for government assistance that neoliberal ideology had called into question. This might be considered to be a positive development; but, at the same time, the state has also (presumably with fertility trends in mind) placed new restrictions on second trimester abortions that limit access. She explains that, in this scenario, “reproductive politics becomes a means of demonstrating concern for national well-being while obscuring the instrumentalization of women’s bodies and lives” (2010: 724). The example of fertility politics in Putin’s Russia—where policy makers have simultaneously attempted to increase gender equity by providing financial assistance to mothers but restricted access to abortion—partially illustrates Neyer’s (2011) argument that gender equality, if invoked mainly as a way to raise fertility, may be very narrowly conceptualized.⁷

⁷Interestingly, Rivkin-Fish (2010) also finds that reactions to government policy included a set of critiques of pronatalist programs that saw the ‘problem’ of low fertility as one of masculinity. According to some commentators, men have been emasculated by the state and economic situation such that they are no longer able to provide for families. Rivkin-Fish notes that such ideas contrast sharply with research arguing that increased gender equity supports higher fertility levels. She explains (2010: 721) that Russian critiques, by contrast, envision empowering men with renewed authority.”

Krause and Marchesi (2007) investigate a paradox in Italian policy whereby, in the 2000s, a new, pronatalist baby bonus was introduced around the same time as an 'anti-natal' law restricting assisted reproduction. Explaining that 'modernity' is an ongoing project in Italy and that Italians don't always feel completely sure that their nation is modern enough, these authors suggest that fertility policies allow the state to "redefine its boundaries, situate itself in relation to modernity, and express its preferred moral orientations" (p. 351L). Low fertility used to be a sign of modernity but now, because it is linked with 'traditional' family forms, low-low fertility is 'unmodern.' Meanwhile, discourse against the assisted reproduction law, which barred single women and same-sex couples from access to infertility treatments, focused on the law as 'unmodern.'

Rivkin-Fish (2010) and Krause and Marchesi (2007) reveal a complicated and contradictory set of issues surrounding fertility policies. Such work can reveal how concern with low fertility can lead to seemingly progressive policies to extend state assistance to citizens but may be complemented by conservative efforts to restrict reproductive choices. They also show how demographic trends become a site for debates over the character of the nation.

4.4 Discussion and Conclusion

This review of the literature on gender equity and low fertility has focused mainly on work that investigates either why fertility is low or various aspects of fertility-related policy. I also provided examples of work that examines discourses surrounding the question of low fertility and fertility-related policies. The examples provide evidence that researchers are using fairly nuanced concepts of gender. Jill Williams (2010: 204), however, suggests that, "feminist-demographic research on gender must be emancipatory, must have a theoretical basis, must acknowledge its political underpinnings, and must incorporate reflexivity about the influence of social position on knowledge produced." Demographers and other social

scientists interested in explaining low fertility increasingly use a gender equity lens. They often construct nuanced discussions of gender that emphasize the importance of institutions and context. But the extent to which much of this research is 'feminist' as defined by Williams is debatable. Researchers who fail to critique the dominant frame that positions low fertility as a problem contribute to a set of discourses about state and nation that may be exclusionary. Low-low fertility calls into question the concept of an ethnically homogeneous nation state. In some countries (such as the United States), 'the nation' has been constructed primarily as a political entity; in others, ethnic or cultural heritage has served as the basis for the construction of the nation (see King 2002). Especially in countries where the national story speaks of an ethnic or cultural tradition, immigration threatens that national story and low-low fertility in the absence of immigration means a possible end to the story. The unraveling of that specific construction of nation has implications for gender as well, as in those national stories, women tend to be constructed as the mothers of the national family, whose primary task is reproducing the nation (Kanaaneh 2002).

Gender equity theory has transformed demographic research on fertility; research now increasingly investigates how gendered-social institutions impact childbearing patterns. By continuing to ask the same question—"What causes fertility rates to be low (or to be high)?"—demographers contribute to a discourse that positions fertility rates as problematic and therefore potentially something to be addressed by policy makers (see also Krause, Chap. 5 this volume). Feminist scholars might (and do) take varying positions on whether, and to what extent, gender equity and fertility should be linked in discourse and policy; what is important is that researchers make the policy implications and their own political positions explicit. While some researchers (e.g. Neyer 2011) critique discourses that frame low fertility as undesirable, many implicitly or explicitly contribute to a discourse that sees low fertility as something to alter or shape.

In the final analysis, demographic research is about populations, making it necessarily mostly macro-level and quantitative. Though qualitative studies can illuminate the social construction of gender and reveal contextual specificities, demographic work typically seeks to show large-scale trends and patterns and can't do what ethnographic work can do. However, demographic researchers can, and sometimes do, refer to qualitative studies to explain historical and cultural context (see for ex., Cooke 2009). Much of the research on gender and low fertility fails, however, to acknowledge potential political underpinnings. Why study the causes of low fertility if not to speak to possible government actions? This question seems to be elided in most studies. There are at least two very different positions one can take, for example, vis-à-vis the gender equity theory. One could argue, from a feminist perspective, for policies that promote gender equity and also, presumably, raise fertility (as in the 2011 Max Planck-sponsored debate discussed above) or, from a different feminist perspective, argue against such an approach (e.g. Neyer 2011). Though discussed in the Max Planck-sponsored debate, such positions are rarely made explicit in research articles. Because the question of what allows low fertility to occur or persist is so implicitly connected to a possible state agenda to shape populations, I suggest that researchers address *different* sociological questions about demographic changes.

4.4.1 Alternate Questions to Guide Research

Work that investigates other aspects of gender and fertility is less common and more of it is needed. For example, some research examines how gender and demography can help explain welfare state restructuring. Peng (2002) examines how gender relations and demographic trends have contributed to the shaping of family policy in Japan in the 1990s. She shows how, even in a neoliberal climate, the Japanese state expanded in areas such as public child care, parental and family leave, and other support ser-

VICES for workers with family responsibilities. Henniger et al. (2008) ask whether demographic trends contribute to gender equality in Germany, as new policies have sought to facilitate the combination of labor force participation and motherhood. Peng's and Henniger et al.'s studies concern themselves with demographic trends, but instead of asking what shapes fertility they ask how demographic trends shape policy. Such research adds to our understanding of how welfare states evolve and what types of issues prompt policy makers to create specific programs.

Another question a few researchers are beginning to tackle is whether and how demographic trends, especially fertility trends, affect gender structures. In her piece on gender and demographic change published in 1997, Karen Mason (1997: 174) suggested that "there is reason to think that the demographic transition may serve as a precondition for the 'gender transition' in many parts of the world." Members of the Fertility and Empowerment Network, part of the International Center for Research on Women, investigate how declines in birth rates impact gender structures in middle- and low-income countries. Two recent articles examine the effects of low fertility on gender structures. Keera Allendorf (2012), studies how fertility decline may alter the relative value of sons and daughters in families in an Indian village. Anju Malhotra (2012) asks more generally how fertility declines may shape gender relations. These examples show how researchers flip the main questions that demographic- and demographic-policy research typically pose. Rather than ask what causes low fertility or whether fertility-related policies have an effect on birth rates, they ask how changing fertility trends affect states, families, and/or gender structures. Such work illuminates gender and social change, and more research along these lines would add to scholars' understanding of how gender structures evolve and transform.

Finally, this review focused on 'low' fertility in 'developed' countries and thus leaves unanswered the question of how gender is conceptualized in research on fertility in less-affluent countries. Studies of fertility in 'developed' versus 'less developed' countries use different lenses

and ask different questions. Funding streams come from different governmental agencies and/or organizations and data availability varies significantly. Research specifically examining such differences would be instructive; it might illuminate whether and how context matters to how gender is framed. Is gender conceptualized in a more complex and multi-dimensional way in 'more developed' than in 'less developed' areas? Or have researchers examining fertility in the Global South, despite possible data limitations, managed to study gender in ways that go beyond 'women's status'?

Because gender structures shape fertility and because an increasing number of researchers are interested in exploring gender equality, it is likely that research linking gender and fertility will continue to evolve. Scholars will debate the extent to which greater gender equity leads to higher birth rates; and scholars and policy makers will likely continue to debate whether policies to promote gender equity ought to be instituted in the interest of raising fertility. Ideally, such researchers, possibly inspired by feminist authors, will think and write explicitly about the political implications of their research. Feminist activists, meanwhile, might draw on all types of emerging research linking gender structure and fertility to craft future political agendas.

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Part II

Fertility & Infertility



Reproduction in Retrospective, or What's All the Fuss Over Low Fertility?

Elizabeth L. Krause

Concerns about low fertility are confounding. Why on earth should anyone be worried that women in certain countries have so few children? Most people have grown up hearing about the threat of overpopulation. The commonsense assumption is that there are too many human beings in the world. The bottom line, this argument goes, is that there are too many children. Given concerns about population, shouldn't having few children be cast in a positive light?

Contrary to conventional wisdom, in many parts of the world, such as Western Europe and Russia, declining birth rates are of major concern. Should we agree with or challenge those concerns? As bells sound alarms of overpopulation and climate change, how do we understand all the fuss about lowest-low fertility?

A critical look at current and historic campaigns can go a long way toward exposing the specters of nationalism, sexism, racism, and even classism that haunt demographic discourse and policy. Nation-states' efforts to work their ideological way into bedrooms and intervene in couples' reproductive practices amount to political deployment of gender and sexual norms. Such deployments have long histories (Watkins 1992) and are hardly unique to Italy or other European

nation-states, e.g., (Kanaaneh 2002; Parker et al. 1992; Yuval-Davis and Anthias 1989). In the United States, a form of demographic nationalism has blended with alt-right politics. Demographic nationalism manifests different forms.

On September 22, 2016, the Italian Ministry of Health launched an advertising campaign to promote its first National Fertility Day. The campaign was so controversial it was immediately withdrawn. One commentator wrote in *The Guardian* that the ads were not only sexist but also echoes of fascist pronatalism (Coppolaro-Nowell 2016).¹

The reference was to 1927, when Benito Mussolini delivered his Ascension Day Speech that launched an infamous demographic campaign. He taxed bachelors up to age 65, awarded prolific women, rewarded prolific couples, outlawed contraceptives, narrowly defined women as reproducers for empire, and eventually made abortion a crime against the race.² His political

¹See also Matt Payton, 2 September 2016, *The Independent*, <http://www.independent.co.uk/news/world/europe/italys-baby-making-campaign-fertility-day-birth-rate-an-angry-response-fertility-a7221321.html>. Accessed November 17, 2017.

²Pronatalism under the fascist regime included coercive as well as incentive measures. The regime changed abortion from a crime against the person to a crime against the race and nation. Contraception and information about it were illegal. The regime's pronatalist drive was also expressed

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agenda was designed to get women and men to procreate for the sake of the nation. Indeed, the specter of Mussolini's demographic campaign has haunted the Italian imagination for nearly nine decades.

Initially, I became interested in reproduction as an intellectual puzzle when I learned, through the work of oral historian Luisa Passerini, of factory workers' resistance to Mussolini's demographic campaign. The men and women she interviewed in the northern Italian city of Turin had lucid memories about how they avoided compliance with the dictator's desire to get men and women to crank out babies to populate colonies and feed his war machine (Passerini 1987).

Comparatively, at least on first glance, the Italian National Fertility Day campaign seems fairly innocuous. Let's consider why the campaign was so fraught. One image featured an attractive woman of child-bearing age holding an hourglass with the slogan, "Beauty has no age limit. Fertility does." Another shifted the focus to males, featuring a man with a droopy, partially smoked cigarette: "Don't let your sperm go up in smoke." Another showed two pairs of feet layered in bed with a smiley face: "Young couples: The best way to be creative." Still another depicted an image of baby shoes wrapped in the tricolored ribbons of the Italian flag, "The constitution provides for conscientious and responsible procreation." However parsed, the message was clear: having sex should be about having babies, and young couples have a national duty to procreate!

5.1 Fertility Promotion as Demographic Nationalism

All told, campaigns such as that promoted on Italy's first National Fertility Day reflect a rising tide of demographic nationalism. This form of nation-building draws on knowledge about population structures within delimited political bound-

through propaganda about motherhood. See de Grazia 1992, Horn 1994, Ipsen 1996, Krause 1994, Passerini 1987, and Snowden 2006.

aries to fuel patriotic feelings and intensify sentiments toward xenophobic bursts and movements.

Demographers' alarms assist in constructing and normalizing Italians as homogenous, "white" and European. The alarms enable racism by promoting a politics of difference that heightens whiteness, not as an objective skin color but as a subjective ideology. This ideology functions as an instrument of power by guaranteeing and naturalizing privilege. Furthermore, alarmist discourses encourage a form of demographic nationalism in which the national population is depicted at risk from internal sources—such as low fertility and rapid ageing—as well as from external ones—namely, increasing immigration (Krause 2006). One famous team of demographers went so far as to author a book that depicted the birth trends as a pathology—a broad and dire social malaise (Golini et al. 2000).

The National Fertility Day ads sent a similar warning message that had urgent undertones. Besides the unmistakable heteronormative bias of the ads that aim to instill in young people a desire as well as duty to procreate, and the hourglass marking time running out, a racial/ethnic preference is also apparent. The young woman featured in the ad about youth and fertility had fair skin with chestnut hair and appeared to be what one might associate with Northern Italian features. The stacked four feet of the "couple" laying in the bed also clearly belonged to white people. The campaign conveyed an unspoken national preference for white Italian babies.

Such racial preferencing is particularly disturbing in a country that has become known as the "door of Europe." Thousands of migrants have drowned while crossing the Mediterranean from Africa to the Italian island of Lampedusa. Security measures have intensified along with detention centers. Forced deportations throw humanitarianism into question, to say the least (Carter and Merrill 2007). In addition to tragic deaths, many immigrant women from various points of origin give birth in Italy. In Prato, for example, the hospital in 2009 began to record more births to foreign-born immigrants, mostly Chinese, than to Italian citizens (Bracci 2013).

For the past 20 years, as I have worked on population politics related to reproduction, I have witnessed a sea change in the practices and attitudes toward childbearing. I first conducted ethnographic research during 1995–1997 in the province of Prato in the heart of the greater central Tuscany metropolitan area. (Prato split from the Province of Florence in 1992 in no small part due to its unique industrial history.) More recently, I have completed a 5-year collaborative ethnographic project focusing on how immigrant or citizen individuals and families cope with globalization (Krause 2018).

When I started my research trajectory, fertility trends had become a hot topic. In 1992, demographers Margarita Delgado Perez and Massimo Livi-Bacci published a landmark article in which they announced that fertility rates in Spain and Italy were the lowest in the world of any nation-state. Both nations were Catholic and both had witnessed dramatic changes in family structure (Perez and Livi-Bacci 1992). The women of these Mediterranean countries, once seen as bastions for large families, became famous for their reproductive practices. They gave birth to an average of 1.1–1.2 children—the lowest birthrate of any country in the world and “likely the lowest ever documented in the history of humanity for a large-scale population” (Golini et al. 1995).

I followed the after-effects of this 1992 study. I tracked the narratives with great interest. During my 22 months of dissertation research, I put field-based, ethnographic research to the test to see how this profound demographic transition affected people at the level of everyday life.

Around that time, the Italian government began to worry that its nation's birthrate was “too low.”³ Media outlets repeated these worries. One women's magazine wrote of “demographic

desertification”; a national daily newspaper described Italy as a nation that is “old and without babies,” while another juxtaposed “empty cradles” with a growing “immigrant supply.”⁴ A cartoon in a news magazine echoed the national mood, commenting that: “Italians don't want to have children anymore. They want to be free to screw around without too many explanations.”⁵ In November 2002, Pope John Paul II described the “crisis of births” as a grave *minaccia*, or serious threat that weighs on the future of Italy.⁶

Reproductive practices are typically denied history. They are more often than not put into the category of behaviors that are deemed as belonging to nature rather than culture. That's a bunch of hooey. Reproductive behaviors are every bit a part of history as are the stories of great men. It's just that those great men did not want to talk about reproduction. Some had slave women in their lives. Others abandoned their children. Too much detail about reproductive matters could be embarrassing for them given the moral emphasis on idealized kinds of families. Talk of sex was risky business as it could inevitably expose them for having all of those “illegitimate” children (Lepore 2009).

I came of age in an era when women were told that reproduction was an individual choice. I would never say that's entirely wrong. But it's not entirely right either.

Reproductive matters have long been a matter of nation states and the related ongoing moral revolution in which states engage. State practices are concerned with managing and administering populations. Reproductive matters have histories. They intersect with dominant ideologies of class, race, and gender in profound ways (Krause 2001).

³Population Reference Bureau, 2001 World Population Data Sheet. <http://www.prb.org>, accessed 15 June 2002. By 2005, Italy's Total Fertility Rate had risen slightly to 1.3 births per woman (PRB, 2005 World Population Data Sheet, accessed 1 June 2006). The newer data sheets do not include a column with the country's view about whether fertility rates are too low. <http://www.prb.org>, accessed 20 November 2017.

⁴“Italia? Vecchia e senza bambini,” *La Stampa*, 25 July 1997, p. 17. Thanks to Massimo Bressan for this reference; “Culle più vuote, l'Italia cresce solo per l'apporto degli immigrati,” *La Nazione*, 27 June 1997, p. 7.

⁵*L'Espresso*, 26 June 1997. Thanks to Luciana Fellin for this cartoon.

⁶Itti Drioli, “Le ‘tavole’ del Papa conquistano il Parlamento,” *La Nazione*, Quotidiano Nazionale, Prato, 15 November 2002, pp. 3–5.

If I were to tell the truth, I would say that I became interested in reproduction because of my own family. Back in the 1950s, it was not uncommon for young couples to get married so that they could have sex. Typical of many in their generation, my parents also married young. Their pattern of making a family, however, did not altogether fit the norm. The spacing of their four daughters was unusual. My mother was 19 when she got pregnant with my oldest sister and 43 when she had my youngest sister, meaning that 23 years separate the oldest from the youngest. I am separated by 9 and 10 years my older sisters and 13 years from my youngest sister. Three of us, including me, were not planned but rather “failed” contraceptive methods. Only the last child was planned!

My own two children were born 9 years apart. People often assume that their fathers were different or that we had infertility difficulties as a couple. Neither is the case. The birth spacing resulted from graduate school. It was not really planned. Life just happened.

Such patterns of unplanned births are not so unusual. Even in Italy, a surprisingly small number of children are planned. This does not mean that they are not unwanted. It just means that a lot of parents throw caution to the wind. Family planning literature is extremely slanted toward planned procreation. In reality, that’s just not how things happen. It’s a major inconvenience to admit, but even very modern people in the context of lowest-low fertility are not completely “rational.” They also feel things and act spontaneously. (Thank goodness. Otherwise we might as well all turn in our human souls for microchips.)

5.2 Ethnography as Counter to a Rationalist Paradigm

Italians have charted a unique path to their historic destination. National fertility surveys have revealed unconventional uses of birth control methods—more coitus interruptus and condoms than pill—than family planning experts would predict for a lowest-low fertility society

(Castiglioni et al. 2001). Numerous unplanned babies have also been reported, puzzling scholars and laypersons alike. Despite the trends, modernization paradigms persevere, and a rational-actor model continues to dominate descriptions of fertility-related behaviors (Krause 2012).

Consider some of the assumptions that appear in scientific literature related to family size and planning. One of these leading assumptions has been that women, or couples, engage in rational decision making moored in cost–benefit analysis. Furthermore, the presumption is that rational choice has manifested in a societal pattern of very small families. After all, reproductive behaviors are what determine demographic numbers, such as fertility rates. Interpretations of these numbers reveal another assumption: that this historical shift from so-called natural fertility to controlled fertility signifies that people exercise rational and controlled behavior related to planning a family. The additional assumption is that in a lowest-low fertility context people behave rationally, and more so than in a high fertility context.

The truth of the matter may be that this narrow conceptualization of human behavior—in leaving out emotions, desires, and ideologies—exposes the limits of a paradigm. Rather than explaining demographic trends, rationality instead has served as a potent norm in population science.

Ethnographic and historical research challenge this rationalist paradigm. We live in an epoch that has generated an ideology in which adults are expected to be rational about reproduction. People who do not follow norms of rationality—whether due to age (too young or too old) or class (too poor) or race (not the “right” race or ethnicity for the national ideal) or migration status (not the “right” citizenship)—risk stigma, bad treatment, or worse. In an epoch that necessitates the need to be rational about reproduction, my ethnographic research revealed a different story: Italians use the figure of the “unplanned” baby in playful ways that expose fissures in the rationalist paradigm.

To understand those fissures, consider that family planning is deeply rooted in modernization

theories, whose adherents embraced an evolutionary model of human social organization (Greenhalgh 1995; Wolf 1982). One end of the spectrum is assumed to be spontaneous whereas the other was assumed to be calculating. These ends of the spectrum were value laden. Those on the spontaneous end were dubbed laggards and thus irrational, backward, and associated with “primitive” peoples; by contrast, those on the calculating end were leaders and thus rational, forward, and associated with “modern” peoples. The binary itself breaks down in Max Weber’s complex views on rationality, particularly where he identifies “the greatest irrational force of life” as “sexual love” (Weber 1946, 343).

Societies across time and place have sought to regulate this “irrational” force of nature. Weber understood that there was nothing particularly natural about sexuality or eroticism long before Foucault (1978) penned his volumes on the *History of Sexuality*. Foucault’s concept of biopolitics underscores a form of power directed at managing and governing populations. The concept of “biopolitics of the population” (Foucault 1978, 139) demarcated a shift in the exercise of power in Western societies. This new form witnessed a diffuse form of power aimed at administering life. It departed from the old form, which privileged the sovereign ruler in his role to determine death.

Quality and quantity of inhabitants living in a given state territory became essential. As governments sought techniques of management, a variety of techniques and apparatuses were designed to “know” the aggregate. Turning the population into an “object of knowledge” ultimately allowed for justifications to enact “normalizing interventions,” as Susan Gal and Gail Kligman (2000, 19) have observed. Modern power has certain characteristics: it “exerts a positive influence on life that endeavors to administer, optimize, and multiply it, subjecting it to precise controls and comprehensive regulations” (Foucault 1978, 137). Foucault’s work has had a powerful influence on feminist anthropologists and others who have sought to connect large-scale global influences with local practices and experiences (Krause and De Zordo 2015).

One lesson is that biopolitics are never stagnant. They are the State in action. Here, the State is not merely a unitary, static thing but a set of practices involving all of its legislators, all of its inhabitants. Another insight is that biopower is typically diffuse. It has a penetrating effect on individuals and interpellates them as subjects. In a sense, it gets under their skin. Individuals become subjected to norms of behavior, and they typically internalize those norms. They come to know that having only two children, for example, is “normal.” Experts, such as those who generate statistics, provide the important discourses that set the terms at a large scale.

Weber traces how, in the Occident, eroticism gradually turned away from “the *naive* naturalism of sex,” associated with the “organic cycle of peasant life” (Weber 1946, 344). In its place, the Occident began to embrace a view of eroticism that emphasized the value of an “inner-worldly salvation from rationalization” (Weber 1946, 346), a shift he attributes to salon culture. As states employed techniques of “reproductive governance (Morgan and Roberts 2015), powerful conceits emerged with force.

Emily Martin notes the “profound implications” of relying on a “conceit of reason.”⁷ Such conceit seduces people into thinking that “any institution, nation or person could be built on a structure of the rational” (Martin 2009, 11). Martin set out to dismantle the rationality–irrationality binary. To that end, she critically discusses a futuristic world in which the brains of patients suffering “mental illness” are scanned and diagnosed as “bipolar brains, schizophrenic brains, or whatever,” without having to consider any subjective perspectives from the patients on their pain. She urges interpreters to rescue the “semiotic” and, related, to push an anthropological insight: “that relationships and practices imbued with meanings are a life lived, not merely a symptom of an underlying physical truth” (Martin 2009, 10). This rescue mission offers a core ingredient to a dismantling recipe. “We do not need to add emotions to rationality; we need

⁷Martin draws inspiration from examinations of tactics of colonial authority (Stoler 2004, 4).

to follow the consequences of realizing that rationality is a skeleton that has never actually lived on this earth: its ‘bones’ are made up of ‘blood,’ visceral material enlivened by ‘irrational’ emotions and sentiment” (Martin 2009, 11). Part of questioning the rationalist discourse underlying the fetish with lowest-low fertility also involves a lesson in throwing off cold skeletal hands and dismantling conceit.

5.3 Culture of Responsibility

A culture of responsibility dictates an intense set of expectations for Italian parents, particularly mothers, in terms of attaining and displaying middle-class respectability (after Schneider and Schneider 1996). Italian demographer Livi-Bacci (2001) suggests that Italy’s lowest-low fertility results from “too much family”: that is, Italians retain excessively strong family ties and care deeply about providing for their children. Young adults tend to wait to attain desirable personal, economic, and educational status before becoming parents themselves (Livi-Bacci 2001, 146). My ethnographic research confirmed the view of a society that continues to value strong families, while also emphasizing historical adjustments, at times traumatic, to the rigid pecking order of a patriarchal family (2005a, 184). The unraveling of a family hierarchy is deeply linked to economic shifts, and it necessitated a subsequent reworking of gendered subjects located in new socioeconomic consumption contexts, which weigh heavily on mothers (Krause 2005c).

Intense responsibility contrasted with the historic high rates of infant abandonment in the late nineteenth-century. High rates of married women were among those who left their infants at the “wheel” of Brunelleschi’s famous *Ospedale degli Innocenti* in Florence (Kertzer 1993). Trauma and loss were deeply associated with the change from families with numerous children to those with few. The demographic transition from high to low fertility rates was neither a single nor a universal story. There were many different nuanced stories: some rural areas transitioned

before urban areas, some areas with high infant mortality transitioned before those with low infant mortality, and so forth.⁸

In my field site, I documented through archives and memories the history of straw weavers networked across the Tuscan countryside in the late nineteenth and early twentieth centuries who worked long hours for low pay producing straw hats for a nascent global economy. Many of these weavers were certified as lacking milk. Those certifications appeared in state registries called “Baliatici,” or wet-nurse registries. Once certified, the women could apply to receive subsidies to pay wet nurses to care for their infants. I argued that this allowed the women to continue their weaving activity to contribute to household finances. Submersed beneath all of that “dry” mercantile activity of straw, I suggested, was a wet and hidden traffic in milk. Circulating infants meant that human substances lubricated the economy and kept it “flexible” (Krause 2009).

The protagonist of my book *Unraveled* was born in 1920 and was one of seven children. Emilia Raugei grew up during fascism. She married and had only one child. In the course of our interviews, memories related to fertility decline revealed a history of hidden traumas and dislocations that were all but forgotten. These traumas and dislocations involved birthing that was commodified in a triangular trade among an underclass of women and children. In the Province of Florence of the early twentieth century, these subjects of history were interconnected in their roles as wetnurses, weavers and foundlings.

⁸Anthropologists and demographers for decades grappled with satisfactory explanations for fertility decline, building on the Princeton European Fertility Project, which concluded that the timing of fertility decline did not correlate well with economic development or demographic variables, thereby disproving a hypothesis that fertility decline had universal explanations and showing that it did not always or predictably coincide with modernization measures (Coale and Watkins 1986). This failure led to an interest in cultural setting; however, vague and reified notions of “culture” plagued demographic research (Kertzer 1995, 31–32, 43–4); see (Schneider and Schneider 1996) for explanations of differential, historic fertility decline.

Birthing was more than simply about birthing. It was also about negotiations of labor, capital accumulation, as well as non-capitalist kin relations. Memories and archival data reveal a situation in which a burgeoning global economy in Tuscany depended on a hidden economy of weavers and wetnurses. The memories exposed silent trauma steeped in this traffic in human substances, which took its toll on human emotions and life course.

Despite the fascist leader's best efforts, fertility rates continued to decline among women in Emilia's generation. The trends have a history, and those histories have trajectories. The forces of decline had much more to do with the forces of demographic shift than any particular sentiments of resistance. Those women and men may well have been resisting more than fascism. They were in no small part resisting the trauma of having been peasant sharecroppers and having grown up poor. That eventually meant embracing the symbols and rhythms as well as practices and logics of modern life (Krause 2005b).

Italian parenting became anything but *disinvolto*, or laid back. When I was doing my ethnographic fieldwork, I noticed how parents, especially mothers, devoted substantial time, attention, and discipline to the cleanliness of the houses, the precision of well-laundered and ironed clothes, the selection and preparation of food, and the measured attention to children's health and educations—all reflections of a serious attitude toward parenting. Sweatermaker Carlotta, a native of Prato with a middle-school education, recounted to me during an interview her strategy of deflecting her daughter's pleas for her to have a second child:

"Look, Alice. I would like to make you a little brother or a little sister. But see you are, you're not a child," I go, "that listens to your mamma, you're not a well-behaved child, you always want to do everything, to . . ."—even if I know Alice, she's a good kid, she's not bad. So I told her, "Look, Alice," I go, "if you yourself were a more tranquil, calm child," and then I told her, "and if you would eat more," because y'know she makes me a wreck, it's all about eating. And "if you would eat more, then I could make you a little sister or a little brother." [audio interview, Province of Prato, July 15, 1997; author's translation]

Carlotta drew on dominant morals—in which precision, rationality, and order were deemed necessary—to suggest that her daughter's behavior prevented the "gift" of a sibling.

The commonly heard phrases "*Ci vuole tanto a vestire un figliolo ogni giorno*" (it takes a lot to dress a child everyday) and "*stare dietro ad un figliolo*" (to guide a child attentively) express the persistent "necessity" of the self-sacrificing mother (Krause 2005a, 145). Those who violated the small-family norm faced censure, particularly if they were of humble means. When Cinzia, a displaced sweatermaker-turned-housecleaner, was pregnant with her third son in 1996, family and friends chastised her. Of her mother, she recalled, "to us children she has always said, 'Hey! You're stupid if you have another one. . . . Two are enough for you.'" Although in theory Cinzia agreed, she nevertheless continued the pregnancy. The decision brought harsh criticism. "There was one [woman] carrying on, 'to have three kids here in town, we are half-witted,' understand?" (audiotape interview, Province of Prato, October 23, 1996; author's translation).

5.4 Baby Bonus and 'Sneaky' Pronatalism

Throughout the 1990s and 2000s, news reports picked up on the demographic trends. As it turns out, the demographers' reports were not as neutral as we might expect. They were simply couched in neutral terms. Close inspection revealed significant *pronatalism*—a position that favored births across the political spectrum. In other words, the work was politics thinly veiled as science. The media quickly picked up on this stance and, as one might expect, emphasized as well as exaggerated dire predictions. Alarm ringing began alarm ringing.

My ethnographic work exposed the strategies that demographers used to frame the birthrate in Italy as a "problem." First, I underscored how the exercise of scientific authority had powerful and hegemonic consequences. It produced expert knowledge that extended beyond the field of

demography. Second, I suggested that this knowledge was integral to a politics of cultural struggle that portrayed men and, in particular, women as irrational family-makers. Third, I argued that this instance of demographic science contributed to an alarmism that enabled an “elite” sort of racism toward immigrant others.

Despite all the media attention on the reproductive trends, throughout the 1990s, no broad-sweeping pronatalist policies were proposed or passed in Italy. That all began to change in the early 2000s.

In fall 2003, the Berlusconi government maneuvered to pass the first postwar “baby-bonus” law. The government offered 1000 euros to Italian or European citizens who gave birth to, or adopted, a second child between December 1, 2003, and December 31, 2004. The baby bonus marked the first nationwide pronatalist policy since Mussolini’s infamous demographic measures. What made that baby bonus possible was a set of discourses on “rational governance” (after Foucault 1991). The bad word of pronatalism once again become legitimate, acceptable, even “respectable.”

The law itself reflected the prevalent expert view that fertility rates were dangerously low and required intervention; however, it countered a widespread opinion among Italians that having few children itself had become moral and respectable. In no small way, limiting births to one or two children became the quintessential sign of being modern. This popular small-family view manifests itself in lowest-low fertility rates.

The tension between having few children and having a few more children was real, but it was the strong and authoritative voice of demographers that built a foundation for the baby-bonus campaign. The bonus was passed after much groundwork. The fact that it was limited to EU citizens attested to the logics of demographic nationalism. The “social Viagra” of the baby bonus was designed to stimulate the birth of only certain babies (Krause and Marchesi 2007; Krause 2001, 599, 2005a, 178–181).

5.5 Immigration and Circulation

As the hospital of Prato began to witness more births to foreign-born women than to Italian citizens, another paradox arose: many of these women were Chinese migrants and, after weaning, they sent their infants back to China to be cared for by grandparents or other relatives. My new book, *Tight Knit: Global Families and the Social Life of Fast Fashion*, details this paradox. Ultimately, kin-related values, norms, and practices became entangled in the hegemony of global supply chains.

Analysis focused on three major themes related to parents’ motivations for circulating their children back to China: alienating tempos of fast fashion; a sense of inevitability; and a concern for children’s well-being. This circulation of children has given rise to a host of new discourses and interventions on parenting, from various institutions and experts. The research suggested that global households underwrite capitalism through noncapitalist elements that are integral to the economic organization that fast fashion requires. Parents find value in circulating children in its power to activate systems of reciprocity across kin, to create networked bodies across territories, to secure affective bonds across generations, and to free up time so as to enhance their ability to work and make money.

It seemed almost uncanny to me when I learned that many Chinese immigrants living and working in Prato engaged in a circulation of children that, although more distant than that of the straw weavers and wet nurses, was nevertheless structurally similar. The world was transforming at a fast pace, but global histories repeated themselves and in no small part due to economies that are similar in structures though different in particulars.

5.6 The ‘Old World’ and Its Future

Referring to Europe as the Old World has never been more on point. Are there reasons to be concerned about an aging continent? Of course. Is

anyone who expresses these concerns a racist? No. Are concerns about aging, birthing, and immigration related? Yes. Should we be mindful of these connections? Yes. Do we need new tools and perspectives to address an aging society, on the one hand, and a changing one on the other? Definitely. Changes in population structures result in new disparities and needs for new ways to contend with the present and imagine the future.

Alarms continue to ring. Being within earshot means having the wherewithal of being deaf neither to their cacophony nor effects. The popular media, backed by scientific reports, continue to describe Europe as on the brink of “population disaster,” as *The Guardian* reported as recently as 2015.⁹ This is nothing short of alarmist. The article itself points to the fallacy of its own fearmongering: immigrants wanting to come into Europe as well as the need for better and more humane ways of dealing with global disparities.

Related, economic projectors commonly tie population shift to the viability of pensions, healthcare, and social services. One Spanish group, led by a business consultant, in 2013 started the non-profit group Demographic Renaissance, according to the *New York Times*, allegedly to raise awareness related to the population issue. The name took me by surprise. The indexing of European heritage appears to be “neutral,” not offensive, and thus innocent. Yet as Lilith Mahmud’s work has suggested, the sacredly held Enlightenment values of modern society—fraternity, equality, humanity—have limits in terms of what emancipatory promises liberal humanism actually grants to whom (Mahmud 2014). A demographic Renaissance implies rebirth. In the context of demographic nationalism, what kind of rebirth is imagined and for whom? What kind of myth of continuity is at work here between Renaissance Europe and

Europe today? Who is invited to sit at the table of a demographic Renaissance?

As long as there has been a discourse on sexuality, reproduction has hardly been limited to the metaphorical private domain of the bedroom. It has played and continues to play a central role in the public spheres of politics, the state, and civil society.

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⁹<https://www.theguardian.com/world/2015/aug/23/baby-crisis-europe-brink-depopulation-disaster>. Accessed 17 November 2017; <https://www.nytimes.com/2016/09/14/world/europe/italy-births-fertility-europe.html>. Accessed 20 November 2017.

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Assisted Reproductive Technologies and Making and Unmaking of Kin in Iran: Transformation or Variation on a Theme?

Soraya Tremayne

6.1 Introduction

Major changes which have taken place in Iran during the past few decades have had a profound, lasting and irreversible impact on some of the social institutions they have touched. But their impingement has been less transformative on others and has served the purpose of further strengthening the existing core cultural values. Global trends, among many other agents of change, have played a significant part in engendering some of these changes and, in spite of the conservative outlook of the Iranian state, both Iranians and their theocratic ruling clerics have been swift to embrace what globalisation, especially the global technologies, have to offer (Lotfalian 2004). However, while some of these technologies have been adopted without the necessity for an examination of their impact on moral and ethical grounds, the application of others has required official approval and legitimisation, due to their practice affecting core cultural norms and values and religious rules. Among these technologies, none has proved more challenging, complex, and controversial than the assisted reproductive technologies (ARTs) affecting procreation, which is perceived to be a divine right and beyond the powers of humans to con-

trol. Reproduction, in its foundational role for the perpetuation of family and kinship, is paramount and considered a duty rather than a choice in Iranian culture. Historically, voluntary childlessness has not been an option for individuals and failing to reproduce is deemed detrimental not only to family and kin group, but also a threat to the stability of society. It is therefore understandable that the introduction of modern technologies affecting procreation has been received with caution and has raised profound questions as to their legitimacy, engaging experts from various disciplines to explore their broader implications.

Concern about the legitimacy of ARTs is not limited to Iran and their endorsement has required the involvement of the legal, ethical and, in some cases, religious authorities of the countries where they are practiced, to explore their impact on society. However, among the social institutions, it is kinship that has been most affected by the impingement of these technologies. ARTs, through offering their users new choices, have become instrumental in broadening and/or redefining the boundaries of kinship and relatedness in many societies. In reaching specific localities, ARTs have generated a multitude of cultural, religious, and legal interpretations, by both the state and the users of these technologies. For example, ARTs are shown to be challenging the foundational assumptions about kinship in Euro-American models (Strathern 1992), mainly through the practice of third party gamete

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donation, which has transformed the structure of the family from its traditional form to an unpredictable variety of configurations. As Cahn (2014: 13) argues, by choosing to use third party donated sperm or egg, people in the West challenge the legal construction of the family and, in her words “the traditional model of the family, which has historically been based on the unity of biology, parenthood and marriage, has become increasingly irrelevant because of disappearance of marriage. Third party gametes undermine the very unity of biology, parenthood and marriage (even as they affirm the importance of biology)”. While such outcomes may be true of the way the Western models of family and kinship have developed, the situation is remarkably different in other cultures, where ARTs have been allowed precisely for the purpose of preserving, perpetuating, and protecting the sanctity of the family. For example, Kahn’s studies (2000) of Israel challenge these assumptions that ARTs necessarily displace a culture’s foundational assumptions about kinship, and shows how ARTs have been used to perpetuate the existing core values of reproduction. Inhorn’s pioneering studies on infertility in non-Western societies, with particular reference to the Muslim Middle East, also offer a different perspective on what Inhorn and Van Ballen refer to as “non-normative reproductive scenarios and experiences” (2002: 4). Clarke’s study of kinship and ARTs in the Muslim Middle East also throws light on what constitutes kinship in Islamic societies and points out the nuances involved in defining the “biological” and the “social” by arguing that “according to the vision of the Islamic establishments, relations of filiation (*nasab*) are not mutable or fluid, but are given, paradigmatically –but not exclusively – through procreation (2007a). Eich, (2012) in examining the construction of kinship in the medieval Sunni Islamic texts on fatherhood and lineage, also points out that notions of kinship and lineage are flexible and there is not one particular “Islamic way” of constructing kinship. He argues that these notions have evolved over the centuries and new meanings have been found, within the various concepts, to accommodate change for example, in the case of new reproduc-

tive technologies. Finally, this article also shows the flexibility of kinship in accommodating change to perpetuate the kinship ties.

From what precedes it is clear that cultural responses to ARTs are as varied as the cultures themselves and that in their encounter with the local core reproductive norms ARTs either transform them or are excluded, if they clash with and are considered a threat to the existing norms and values. However, the choice of Iran as an example of a country, which has successfully accommodated these global technologies to fit into its own conservative mould, could be used as a lens to examine the way cultures can accommodate and shape the global technologies to their advantage without losing their own core values. Such handling has placed the country in a unique position vis-à-vis most countries in the world. On the one hand, in legitimising ARTs, Iran has followed the Islamic law (*Sharia*) and restricted procreation to heterosexual married couples. In this sense, it differs from those countries where third party donation is not limited to married couples and unmarried as well as single parents and homosexuals can procreate with help from ARTs. On the other hand, Iran differs even more from all the other Muslim countries, where the majority of Muslims are Sunni, and except for the Shia in Lebanon, none of them allows third party donation in any form (Inhorn 2006a). The question arises as to how these apparent contradictions of preserving the strict cultural and religious principles of procreation, and, at the same time, breaking the very rules which uphold them, have affected family, lineage, and kinship in Iran.

6.2 Methodology

Data presented in this article are part of a larger study carried out in Yazd (central Iran) and Tehran, and among Iranian refugees in the UK, between 2004 and 2012. The sites of study were infertility clinics; I lived with host families and carried out interviews with medical practitioners, psychologists, religious leaders, and ethicists. A surprising number of cases studied were those of Iranian asylum seekers in the UK for whom I

acted as expert witness in British courts. These were mainly women, whose cases related to infertility of either their husbands or themselves and had fled the country to avoid violence or execution. The main methodology used was that of participant observation and in-depth interviews. In total a number of 150 cases of infertile men and women were studied over the duration of the study.

6.3 The Ebbs and Flows of the Population Policies and Voluntary Childlessness

The history of the introduction of ARTs to Iran, their legitimisation, their impact on family and kinship, and their current status can be better understood in light of the drastic demographic changes which have taken place over the past three decades in the country. These changes started in the mid 1980s, with the campaign referred to as the regulation of the family, which aimed at reducing the population growth. The programme proved so successful that within 10 years of its implementation reduced the rate of population growth from 3.9% per annum in 1986, to below 2% by 1996, and to 1.3 by 2012 (World Bank data), a figure which is below the replacement level. According to the findings of a study on the causes of the decline carried out by the Iranian Centre for Research on Asian and Oceanic Population:

Those couples who have just married and those who have been married for up to three years show no inclination to have any children at all, or perhaps just one. This tendency over the past decade illustrates that for women of urban and rural backgrounds, from different social classes, the poor and the rich, illiterate and literate, all have a similar attitude to giving birth these days, leading to the rapid downward trend in the Iranian TFR [total fertility rate]. (Tabnak 2013)

Concerns for the population decline were first expressed during the second term (2009–2013) of Mahmoud Ahmadinejad's presidency and resulted in a return to a pro-natalist policy of the early 1980s. The regime resorted to both 'incentives' and 'disincentives' to 'persuade' people to have

larger families, including, *inter alia*, dismantling the family planning programme and re-routing the funds previously allocated to the campaign to encourage people to have larger families. But these efforts received a cool response and did not yield any results. The Supreme Religious Leader, Ayatollah Ali Khamenei, publicly announced that it was 'wrong' to continue with the family planning programme and the two-decade-old policy of controlled growth must end. He admitted, "One of the mistakes we made in the 90s was population control. Government officials were wrong on this matter, and I, too, had a part. May God and history forgive us" (Khamenei 2012).

However, the efforts to encourage married couples to have larger families fell on deaf ears and even the authorities realised that the incentives were not working. Although the same authorities continue to blame the economic hardship as responsible for the reluctance of the unmarried people of reproductive age to marry and have children, it is by no means certain that with an improvement in economic conditions, the generation of reproductive age will actually revert to having larger families similar to their parents' generation. The policy makers' reductionist interpretation of reproduction as a monolithic variable is misleading and as Robertson (1991: 159) puts it "any attempt to reduce it [reproduction] into a static classification which would make the task of defining it easy and convenient, would tell us as much about reproduction as a sketch of a wing tells us about how a bird flies". Young Iranians' decisions to opt for one-child, or no child at all, or even to remain unmarried, have not occurred in a vacuum and stem from a complex combination of factors and may prove difficult to reverse fully. The findings of this study and research by social scientists show that an increasing number of young people now live with their partners with no immediate intention of getting married, let alone have children.¹ Whether

¹Interview with Masserat Amir Ebrahimi, a social scientist, Tehran in 2011, confirms the growing number of young people, especially young women, who live together or with their opposite sex partners and refuse to marry.

refusing to reproduce this generation is also rejecting all the values associated with family and kinship, is a topic for further research. But changes in reproductive behaviour indicate that while reproduction, in its traditional context, has been an all-encompassing concept, embodying a person's identity, it no longer acts as the only marker of personhood. The generation between 25 and 35 years old, especially women, is able to express its identity by means other than by proving themselves capable of conceiving and perpetuating their lineage and social group. Although this voluntary childlessness merits a fuller discussion, the focus of this article is on a different aspect of reproduction, namely that of involuntary childlessness.

6.4 Infertility Unveiled

The focus on reducing the population growth in the 1980s was so intense in Iran that the state paid little attention to the question of infertility even though the population programme of 1986 had made a mention of it as an area in need of action (Hoodfar cited in Tremayne 2004). It was with the decline in population growth, along with the research revealing the extent of infertility being made public that the state was spurred into action and saw an opportunity in promoting the ARTs for infertility treatment as part of its pro-natalist policies. Among the measures taken by the state were a considerable increase in the number of public infertility clinics and providing insurance coverage, making treatment available at low cost or free for the majority of the infertile couples, who could not afford the high cost of ARTs (Tremayne and Akhondi 2016). While infertility has been a major stigma in Iran, its extent had remained unknown and it was the introduction of IVF and ARTs, and the high demand for them that revealed its magnitude. For example, a nationwide survey of 17,000 married couples, carried out by Avicenna Research Centre in 2011, showed the rate of infertility among the married couples to be as high as 20% in the urban areas and up to 22% in rural ones; a figure which is far above that of the WHO's global estimate of

10–15%. The country, therefore, faced not only a decline in population growth, but also a significant and larger than average number of infertile people. Realising the vital importance of reproduction in Iranian culture, soon after the introduction of in vitro fertilization (IVF) in the West, Iranian medical practitioners started offering IVF treatment, but in doing so, they sought the opinion of the Islamic jurists, the majority of whom approved of IVF only for married heterosexual couples. Islam forbids conception outside marriage, which it views as equivalent to adultery and it views the resulting child as illegitimate (*valid-e-zena*). Homosexuality is forbidden and punishable by law (*Sharia*). At this juncture, the practice of IVF did not provoke controversial arguments among the jurists but as ARTs developed further in the West and conception through the third party gamete donation of sperm, egg, embryo, and surrogacy became possible, on their introduction to Iran, their legitimisation was deemed necessary. The use of third party gamete being considered equivalent to the intrusion of a third party into marriage, forbidden by Islamic law, the medical practitioners sought the opinion of the Shia jurists. Although Sunni religious leaders in most Muslim countries of the Middle East had allowed the practice of IVF between married couples, they had forbidden the donation of third party gamete (Inhorn 2006b). But, the Shia jurists in Iran found solutions within the Shia practices to legitimise the third party donation, without breaking any religious rules (Tremayne 2009; Inhorn and Tremayne 2012). Currently, ARTs are practised in Iran in all their forms, from IVF between married couples; to third party sperm, egg and embryo donation; to surrogacy; and Pre-implantation Genetic Diagnosis. The legitimisation of ARTs is the result of close collaboration between the Shia jurists and the medical practitioners, who went to great length and worked closely to find a solution for the practice of third party donation. To this end, the medical practitioners took the initiative of publicly engaging some of the leading religious authorities in the discourse. For example, a groundbreaking conference was organized by one of the pioneers in ARTs in Iran in 1996, which included experts

from various disciplines to explore the legitimacy and feasibility of gamete donation and its broader implications for family and lineage.² However, even after extensive deliberations, the senior Shia jurists, who are the sources of emulation (*mojtahids*)³ for their adherents, failed to reach unanimity and to date their opinions remain divided on the legitimacy of third party donation. Since the approval or disapproval of different *mojtahids* bear equal weight among the Shia, the medical practitioners were swift to take their cue from the favourable religious edicts (*fatwa*) and started the practice of the third party donation. Temporary marriage (*sigheh*), which is unique to the Shia, was used to legitimise donation between the spouse of the infertile party and the donor. The marriage was for the duration of the successful fertilization of the egg and no sexual contact took place between the two parties (Tremayne 2009). However, temporary marriage was mainly used in cases of egg donation and far fewer cases resorted to it for sperm donation.⁴ But, a few years into the practice of third party donation, in late 1990s, the Supreme Religious Leader, Ayatollah Ali Khamenei, endorsed the donation of both sperm and egg, without any reference to temporary marriage, and emphasized that “as long as no touch or gaze takes place, donation is allowed” (Khamenei 1999).

While the endorsement of egg donation did not meet with any objection, the approval of sperm donation caused uproar in a predominantly patriarchal culture (Tremayne 2009). To date, its practice is more limited and is carried out discreetly by some private clinics.⁵ While some of

the religious infertile couples abided by their source of emulation, who disagreed with third party donation, and gave up the idea of treatment, some others changed their *mojtahids* and sought the advice of other *mojtahids*, whom they knew would be more favourable, the change of source of emulation being allowed in Shia practices (Inhorn and Tremayne 2012; Tappan 2012). However, not all infertile couples sought religious permission and many were not even aware of the necessity of such legitimisation. They assumed that if the clinic is performing these treatments, it must be allowed. These considerations notwithstanding, in cases of third party donation, both the rulings of the legislators and the choices made by infertile couples on who the donor of the gamete should be, have shown that conception must ensure the continuity of biological relatedness. The examples below are the tip of the iceberg, showing the importance of the biological relatedness among then users of ARTs. In one study, several infertile women interviewed in clinics were adamant that, for them, the only option is to have their own biological child (Abbasi-Shavazi 2006). One woman mentioned “I do not want anybody to know that I have resorted to a donor’s egg, because people will think that my child is not my biological child and therefore he is illegitimate.” Another woman said “using another women’s egg is forbidden (*haram*) and I feel guilty for resorting to it. But, by breastfeeding the child, I become the milk mother and therefore our relationship will become legitimate.” Finally, a woman who needed to resort to using a surrogate mother, mentioned that if she decided to use a surrogate mother, she will not let anybody know and will pretend to be pregnant herself for the duration “because when I tried to use the ZIFT (Zygote Intrafallopian Transfer) method, all my relatives said that this was a stranger’s seed and not my own, and this time I am not going to let anybody find out that I have used a surrogate mother.” As one woman interviewed put it, “if people find out that this is a donor child, they will consider him as a

²The proceedings of this conference was published in the following volume: Akhondi, M. A. (ed.) 2001. *Modern Human Reproductive Techniques from the View of Jurisprudence and Law 2001* (in Persian).

³The sources of emulation (*mojtahids*) are senior Islamic scholars, learned in religion and *sharia*, who are in a position to use independent reasoning and interpret the Quran and issue fatwas.

⁴For an explanation of the reasons for the rarity of the use of temporary marriage for the purpose of receiving sperm, see Tremayne, S. 2009.

⁵While in Shia Islam a child can take his lineage (*nasab*) from both his parents, he belongs to the father and his lineage, which explains the gravity of using another man’s

sperm instead of his own. See also Ebadi 2003 and Mir-Hosseini, Z. 1993.

bastard.”(Abbasi-Shavazi et al. 2008a). Several other women in the same study were also emphatic that, “it is a sin to conceive from an outsider’s gamete outside marriage and the child will not be our biological child.” Conversely, in cases of surrogacy whereby relatives had acted as surrogate mothers, no such comments were raised as the resulting child shared the same blood with the kin group (Garmaroudi 2012). It is clear that, regardless of how these infertile women conceive, their shared understanding remains that the child must be biologically related to them, a major consideration by the Shia in Iran, which is also shown by Inhorn to be the case among the Sunni Muslims. (Inhorn 2006a). For Iranian users of gamete, even if the child is not biologically related to them, he must appear to be so.

Likewise, the religious rulings too, were clear the donor child (child born from third party gamete) belongs to his/her biological parent (the donor of gamete), and that the infertile party remains the social parent. The child is also supposed to inherit from his/her biological parent and not the social parent, but takes his name from the social parent, the father in this case, regardless of whether he or his wife are the infertile party. In Islam, the child belongs to his father. The importance of biological relatedness is particularly articulated in the preference the infertile parties show in receiving gamete from their close relatives to maintain the biological continuity and the bloodline. Another clear indication of the paramount importance of reproducing for the social group is the excessive interest and involvement of the infertile couple’s relatives throughout the process of fertility treatment. Close members of the kin group see it as their duty to step in and help their infertile relatives conceive in every possible way they can. This help ranges from donating gamete (sperm or egg, embryo, or surrogacy), to financial help including selling their house, car, or other belongings, or even borrowing money to pay for the treatment. This support is not entirely altruistic, as the fertility/infertility of the couple is understood to be a matter of concern for the entire kin group. As mentioned earlier, essentially, kinship in Iranian culture means biologi-

cal relatedness, and although cases in this study come from a variety of cultural, socio-economic, and educational backgrounds, they all share the belief that reproduction is about having one’s own biological child (see also Inhorn 2006b). According to the findings of this study, when one of the spouses is infertile and the couple needs to receive either sperm or egg from a donor, or to use a surrogate mother, the first port of call is to ask a sibling for help (Garmaroudi 2012). Failing this, other close members of the kin group may be called upon too, but the choice remains a calculated one based on the degree of closeness of relatives and how the donation can be justified in biological terms (Tremayne 2015).

6.5 Consanguinity and Sibling Gamete Donation

Third party gamete donation, especially from siblings, has led to the emergence of a complex web of relations within the kin group. For example, in case of a woman donating an egg to her infertile sister, which is fertilised with the infertile sister’s husband’s sperm, the resulting child will have two mothers and his cousins are his half siblings too. Furthermore, according to the Islamic structure of kinship the fertilisation of the sister’s egg with that of her brother-in-law, would, in principle, be considered adultery, even though this is at a symbolic level. A brief explanation of the kinship structure in Muslim societies is as follows. Under the *Sharia*, the nature and extent of the interaction between various members of the kin group are determined by a division of men and women into two social categories i.e. *mahram* and *na-mahram*. *Mahram* are those members of the family, who are related by blood, marriage, or through breastfeeding, and who are not considered potential marriage partners and are, therefore, free in their social, but not sexual, interactions with each other. The *mahram* group for women consists of their father, grandfather, brother, uncle, husband, son, father-in-law, grandsons, and nephews and their children. For men, *mahram* are the mother, grandmother, sister, aunt, wife, daughter, mother-in-law, granddaugh-

ters, and nieces and their children. Everybody else outside these groups of relatives is a potential marriage partner and considered a *na-mahram* and forbidden to enter into any physical contact of any kind with the opposite sex. Sexual contact between *mahram*, for example an aunt and her nephew, is incest and between *na-mahram* adultery. It follows that a child born out of wedlock or from incest or adultery is considered a bastard (*valid e zena or haram zadeh*) and has no status in society. However, within these prohibitions, mechanisms exist through which *na-mahram* can become *mahram*. One such mechanism is milk kinship (*rezayi*), allowing the milk mother (*madare rezayi*) to become equal to the biological mother of the child she has breastfed. The same rules of *mahram* and *na-mahram* then extend to include, not only the milk mother and the child, but also the relatives of both parties. Khatib-Chahidi's (1992) comprehensive study of milk kinship among Shia Iranians elaborates on the fact that the milk mother's milk belongs to her husband, and highlights the social significance of the prohibition of marriage between the milk mother and the family of the child she breastfeeds. In his study of *Islam and new kinship*, Clarke (2007b: 287) has explored the potential of milk kinship for third party gamete donation as follows:

for Muslim religious specialists, milk kinship provides a way of thinking through and resolving the ethical dilemmas of the use of donor eggs and surrogacy arrangements. Rather than disappearing under modernity, then, milk kinship endures as a resource for the mediation of social relations and intellectual challenges.

Indeed, milk kinship is a convenient vehicle for the justification of the legitimacy of third party donation, especially in cases of egg donation, whereby the infertile mother becomes the gestational one and also breastfeeds the donor child and establishes the necessary biological connectedness with the child. As discussed earlier, many infertile cases in this and other studies had already reached such a conclusion themselves and justified their use of a stranger's gamete through the biological relatedness created through milk kinship.

In the early days of the practice of gamete donation, in parallel with the ongoing debates among various experts, infertile men and women swiftly found their own solutions in finding a suitable donor and resorted to their siblings or the next closest blood relative to provide them with gamete. Although these preferences have shifted during the past two decades and many private clinics no longer allow the users to choose or select the gamete donor themselves, the actual driving force behind the choice of relatives, namely the importance of biological relatedness, has remained consistent without exception. In reality, the solutions such as temporary marriage were devised to allow gamete donation by strangers and was practiced in parallel with sibling donation, which at no stage had required legitimization and remained unopposed by all concerned. In fact, in cases of sibling donation, temporary marriage would not have been possible, as getting married, even temporarily, to one's sister's husband or to one's brother's wife, to donate gamete, would have been considered incest or adultery. The endorsement of many leading clerics of gamete donation, who allowed it on the condition that no 'touch' and 'gaze' would take place, not only effectively removed any prohibition in third party gamete donation between any two parties; it also proved instrumental in defining the parameters of donation, by giving the individuals the freedom of choosing the donor of their future child. However, since ARTs first started, donation by the kin group has diminished at the private clinics, but continues in public hospitals.

Likewise, a few years into the gamete donation, the opposite sex sibling donation came to the fore and an increasing number of embryos were formed through the fertilization of a brother and sister's gametes. The information on these practices is either communicated by the medical practitioners during personal interviews, in talking with the infertile couples themselves, or appear sporadically and casually in daily papers and does not generate any interest among their readers. It is therefore not possible to know the extent of the practice in all the 70 clinics in Iran. What is clear is that, faced with such requests

from opposite siblings to make embryos with their gametes, the physicians often try and reason with them on the negative outcomes, but when the users insist and as there are no rules prohibiting the request, the doctors oblige. Furthermore, the medical practitioners confide that as there are no detailed ethical codes of practice in this area, they are not sure what is ethically right or wrong and often have to use their own judgment. However, opposite sex donation has met with disapproval by most people, even by the medical practitioners, who found it repulsive. Such practices are considered to be incest, symbolically, even though no physical sexual contact takes place between the siblings. These kinds of lateral gamete donations are becoming normal practice among the donors and recipient siblings, which, in the absence of explicit laws or *fatwas* forbidding them, go unopposed. There are also more recent cases of intergenerational donation, whereby fathers have volunteered to give sperm to their sons. The fact that their daughter-in-law conceives with their sperm is in no way linked to sexual transgression deviating from the norms or breaking any sexual taboos.

Finally, a brief picture of the extent of “consanguineous connectivity” a term coined by Inhorn (2012), among the Middle Eastern families, can help a better understanding of the motivation behind gamete donation between siblings and other biological members of the kin group. As Inhorn explains, the support of the kin group for infertile couples is “an additional reason for this high level of family involvement is consanguineous connectivity, or tendency to marry “blood” relatives as a signifier of family closeness” (Inhorn 2012: 135). Inhorn’s study of 220 Muslim Middle Eastern men shows “consanguineous unions vary between 16 to 78 percent of all Middle Eastern marriages” and “between 8 to 30 percent of these are first-cousin marriages”. Studies of cousin marriages in Iran also confirm similar patterns. According to a study carried out among 12 different ethnic groups across Iran, 38% of marriages were consanguineous, with 28% with parallel patrilineal cousins as the most common form (Saadat et al. 2004).

A further study also has shown that, overall, the level of marriage to biological relatives ranged from 23% in Gilan [northern Iran] to 78% in Sistan and Baluchistan [southwestern Iran]. The findings of the study show that the practice of marriage to biological relatives has remained surprisingly resilient in the face of modernizing influences and that ethnicity, province, and area of residence remain important determinants. (Abbasi-Shavazi et al. 2008b).

6.6 ARTs and the ‘Kining’ and ‘De-kinning’

Viewed from an anthropological perspective, the infertility clinics have become a platform where the making and unmaking, or to use terms coined by Howell cited by Edwards (2014) “the ‘kinning’ and ‘de-kinning’ of relatives unfolds and the members of the kin group assess, strengthen, articulate, contest, deny, renegotiate, and do and undo their kinship ties.

In cases of children being conceived through gamete donation by relatives, the “kinning” is nurtured through a strong relationship and connectedness with the kin group. In this ‘interfamilial’ model of conception the possibility of the child being rejected is almost impossible, as the child will always be included and taken care of by one or the other member of the kin group. Interviews with medical practitioners confirm that as and when disputes arise between relatives, where one party is the donor of gamete and the other the recipient, these are often about the ownership of the child and who can claim the child as his/her own. This is in contrast with the cases whereby stranger’s gamete has been used and the dispute between the donor and the recipient of gamete is about the financial compensation.⁶

In cases of more modern nuclear families, who are increasingly able to seek treatment without their relative’s knowledge, the couple chooses

⁶These observations were made in the earlier days of gamete donation and as third party gamete donation has been in a state of flux, the relationship between family members may have also evolved accordingly.

the stranger's gamete so as to be able to keep their infertility a secret. In such cases, gender plays a significant role in the making of kin with the child. In general, in the case of women in this study, who had conceived through a stranger's egg, the child was treated with affection and the 'making' of kin with him/her worked well. In such cases, the father being the biological father, no disharmony took place. Of the infertile men among the cases studied, many, but not all, who had used donor sperms, showed different reactions, which ranged from passive protest, by withdrawing and ignoring the child, to his/her rejection, and to violence against his wife and the child (Inhorn and Tremayne 2012).

However, in cases of a stranger's gamete, the total rejection of the resulting child can and does happen too. In one case, a woman brought back the child she had conceived through egg donation, and told the staff at the clinic "I am no longer married to this child's father and do not want him any more. You can have him back." It is clear that the child had been conceived to guarantee the stability of the marriage and had lost its function once the marriage had fallen apart. Once more, the extent of such rejections is not known but it is likely that these examples are only the tip of the iceberg.

Finally, as time goes by, the horizon for the reasons for resorting to treatment also broadens. The changes observed in the practice of ARTs over time, not only mirror the dynamics involved in reproductive practices, but also reflect the wider social and cultural changes Iranian society is undergoing. For example, among the cases studied, some young women between 20 and 35 years old seeking infertility treatment, confided in me that they had gone through a phase of having several sexual partners, had become pregnant and had resorted to illegal abortions. Once this phase of sexual freedom had ceased to be exciting and, after getting older, they had moved on to get married and settle down. To do so, they had resorted to hymenoplasty to restore their virginity for the wedding night. Once married, they had found themselves unable to conceive, and had ended up at the infertility clinic appealing to the medical practitioners by saying "I must have

one child so that my marriage does not break up, and so that I can also tick the box and prove that I am fertile. Please help me'.⁷ It seems that, for these cases, after a period of rebellion, the process had come full circle and they had voluntarily returned to wishing to find their rightful place in society.

6.7 Conclusion

This article has focused on showing that, in spite of the major demographic transformations of the past three decades in Iran, the core values attached to reproduction and kinship have remained of essence even if they have changed their form. To do so, I have used the lens of infertility to demonstrate that although the ground supporting the values attached to family, marriage and reproduction may be shifting, these values continue to persist among a significantly large number of people, if not among all. Seeking treatment for infertility, which remains one of the most intimate and stigmatised aspects of one's identity, has resulted in a careful [re] assessment of what relatedness means to infertile individuals and their network of kin.

The findings of this study show that, without exception, the only acceptable form of relatedness in Iranian culture is a biological one. While the state-of-the-art ARTs have led to the emergence of new forms of relatedness in many cultures and have altered the traditional structure of the family, tested in the Iranian context, they have highlighted the persistence rather than the disappearance of the traditional kinship values. Regardless of the methods chosen to conceive through ARTs, their users have found ways of justifying it to themselves and proving to others that the donor child is biologically related to them. However, in the process, the infertile individuals have also implicitly revealed that it is proving the ability to reproduce that is paramount, even at the cost of compromising the

⁷Personal communications and interviews with infertile women and female students, Tehran 2012 and Oxford 2013.

actual blood ties. In this vein, the infertility clinics become the stage for the display of their commitment to retain blood ties by barren individuals. Interestingly, the clinic seems to have become the focal point for an emergent form of ‘de-kinning’, performed publicly in the aftermath of third party gamete donation, in cases of the separation of the parents of the child conceived through IVF.

The analysis of the data also clearly reveals that through the preference for gamete donation by family members a new form of ‘consanguinity’ is emerging, which, potentially, could profoundly affect the relationship between the members of the kin group. In such cases, the donor child becomes a circuit for recycling the ‘old blood’ and for maintaining the lineage, but it also remains at the intersection of a newly created web of consanguineous connections, for which no cultural, legal or religious provision exist. The fact of having multiple parents, half-siblings, who are also cousins, and double-relatedness to other members of the kin group, which all affect the legitimacy of the interaction between the *mahram* and *na-mahram* categories, raises a host of increasingly complicated legal and social issues, which may necessitate the interference of those legislators, who in the first place allowed the practice of gamete donation in the way they did. Furthermore, the decline in population growth has promoted the state’s new interest in promoting ARTs to help the considerable number of infertile couples (around 20% of married couples) conceive; even if a portion of these couples continue to receive gamete from their close kin, further research will be needed to establish whether and to what extent family and the structure of kinship will be undergoing transformed through such practices, the biomedical implications notwithstanding.

As for the generation of reproductive age, who has opted for voluntary childlessness, and whose number is on the increase, the questions remain: to what extent values attached to reproduction, kinship and relatedness have vanished for this group; whether these values persist but are dormant and blurred by other competing values; and finally, whether such behaviour is an informed decision and there to stay or a transient phase and

a variation on a theme, which will pass once the young have passed their rebellious stage.

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Unconceived Territory: Involuntary Childlessness and Infertility Among Women in the United States

7

Kristin J. Wilson

“I was too busy having fun,” a co-worker in her mid-60s explained her childlessness to me though I had not asked. When I began researching childlessness, it became commonplace for women who were not mothers to justify their status to me. The co-worker went on to tell me that she never made a decision not to procreate. Instead, she enjoyed surfing with her partner and riding equestrian dressage and it did not occur to her until she entered menopause that she had not expended any energy weighing whether or not to have children. The prevailing pronatalist culture of the United States contributes to the social stigma of childlessness and, for many (but not all), to the emotional pain of infertility. This widespread expectation that women have children accounts for why I receive so many unsolicited explanations from women who do not have any and virtually none from women who do. Yet, to understand infertility and childlessness, it is important to recognize the diversity in these experiences.

Many women forgo motherhood but they still make children central in their lives, rendering problematic the common terms “childless” and “childfree.” Some women remain ambivalent about childlessness, whether or not they have

chosen to be childless (Wilson 2014). Indeed, voluntariness is not always clear. And infertility is a surprisingly relative concept that can become meaningless in some circumstances and all consuming and life changing in others. The overlapping distinctions between fertility and infertility and voluntary childlessness and involuntary childlessness tend to belie and complicate research results. In this chapter, I outline and problematize these concepts, then argue for the crucial role of qualitative research and some benefits of ontological analysis in exploring how childlessness and infertility operate in women’s lives.

7.1 Infertile Conceptions

Am I infertile or not? Like many women, birth control helped me avoid pregnancy when I was younger, though not always as effectively as I would have liked. Then in my 30s my then-husband and I decided we wanted to have a baby only to discover his sterility. Artificial insemination (lots of it), along with an egg-boosting Clomid prescription, led to a few short-lived pregnancies. I declined further interventions like in vitro fertilization (IVF) and we pursued adoption. Post-divorce I was back to using birth control and now I am nearly 44 and perimenopausal. Infertility is a moving target, not a definitive diagnosis, not a static identity (Greil et al. 2011a).

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The Centers for Disease Control and Prevention (CDC 2017) defines infertility specifically as the inability to conceive after a year of unprotected sex. The CDC goes on to expand the definition of infertility to include women over age 35, or women with irregular menstrual cycles, who have not conceived within 6 months of trying. The National Survey of Family Growth (2014) identifies “impaired fecundity” in about 12% of U.S. women. This concept includes unmarried women as well as women who have “secondary infertility,” or difficulty conceiving again after already having a child. These measures are necessarily imperfect due to the vagaries of human behavior and the differences in individual physiology. For example, the CDC rule-of-thumb cannot effectively figure in the frequency or timing of vaginal intercourse or whether the pregnancies result in a live birth. What is more, an individual person’s fertility fluctuates, often for unknown reasons.

It can be difficult to identify the medical etiology of reproductive health problems but some of the most commonly identified reasons for infertility in women are polycystic ovarian syndrome (PCOS) and blocked fallopian tubes. Male partner infertility is another important factor; about 12% of men reported infertility in a national survey (Chandra et al. 2013). However, much of apparent infertility goes unexplained and is probably the result of a combination of factors.

A number of studies indicate nine to 12% of women worldwide encounter reproductive difficulties (see Mascarenhas et al. 2012 for a summary). A meta-analysis of disparate international survey data notes that the rates of infertility are remarkably similar among women in developed countries and in less industrialized nations (Boivin et al. 2007). The rates of reported infertility are also stable over time, as seen in comparisons across the decades from the 1980s to the early 2000s in the United States (Stephen and Chandra 2006). Although these results seem to suggest a steady rate of reproductive failure across populations, which one might be tempted to attribute to similar medical difficulties rooted in biology, a closer look reveals a wide variety in the mechanisms contributing to infertility.

As with most health conditions (see the National Healthcare Quality and Disparities Report 2015), infertility risk in the United States varies by class and race (Chandra et al. 2013; Green et al. 2001; Greil et al. 2011b; Nsiah-Jefferson and Hall 1989; Stephen and Chandra 2000). A 2013 analysis of NSFG responses found that 11.5% of married African American women experienced infertility as compared to only 7% whites and 7.7% of Hispanics (Chandra et al. 2013). Environmental racism that results in greater exposure to fertility-damaging toxins may contribute to these differences as may poorer quality medical care. Some data suggest that African American women as a group may experience under-diagnosis of endometriosis and erroneous over-diagnosis of sexually transmitted infection, thereby missing an opportunity to prevent a major cause of infertility (Nsiah-Jefferson and Hall 1989). Infertility rates seem to spike in some areas of the world. Parts of sub-Saharan Africa, for example, see 32% infertility probably due to untreated infection and male infertility is particularly high in places like Egypt, possibly due to schistosomiasis infection, water pipe smoking, and contaminants in work environments (Inhorn 2003: 6). Poor medical treatment techniques may also heighten infertility rates by damaging treatment-seekers, a particular problem for the less well-off in places where women feel compelled to get medical intervention but not be able to access quality care (Inhorn 2003).

The term “stratified reproduction” describes the relative value given to women’s procreation depending on her social status (Ginsburg and Rapp 1995). Whereas middle class white women in the U.S. must contend with the “motherhood mandate” (Russo 1976)—the assumption that all women will take on the motherhood role as expected—(also see Veevers 1973), other groups experience intense negative scrutiny for their motherhood. Myths about poor women such as the one about overly fecund “welfare queens,”—who supposedly use public assistance to finance lavish lifestyles—remain entrenched in the culture (Zucchino 1997). Though single women and lesbians and queer-identified individuals are more likely to have children than ever before

(Agigian 2004; Hertz 2006; Mamo 2007), their parenthood is still under public contention by political and religious conservatives. Their families and communities may withhold support. Women who are family-building without male partners may not be medically infertile per se but, because they utilize a range of fertility treatments to achieve pregnancy, their experiences are an important part of the American story of infertility. The experiences of those who are medically infertile but who are not trying to become pregnant—described as having “hidden infertility” (Greil and McQuillan 2010)—are also telling.

Not only do different groups of women encounter infertility at disparate rates—and for different reasons—among those who do become identified as infertile, there are distinct differences in help-seeking (Chandra et al. 2014). The NSFG statistics indicate that during the period of 2006–2010, about 13% of American women sought medical help for infertility; most of this was limited to medical advice, treatment to prevent miscarriage, and/or ovulation drugs. Only 0.7% of women in the population used any of the more involved techniques known as assisted reproductive technology (ART) such as IVF (Chandra et al. 2014).

ARTs are notoriously expensive and lack guarantees. However, success rates continue to improve (www.cdc.gov) and these treatment strategies now represent a more routinized—if still relatively unusual—path toward pregnancy and parenthood. It seems that the percentage of U.S. women on this trajectory is shrinking slightly, however (Stephen et al. 2014). Analysts have been unable to adequately explain this decrease, suggesting that perhaps women are misunderstanding the “need” for infertility treatment, optimistically assuming that they can delay childbearing to accommodate careers and the like without encountering problems (Stephen et al. 2014). These demographers go on to guess that fewer instances of treatment seeking “may also reflect other responses to childlessness other than medical help” but they point out that the data collected by the NSFG fail to account for the dip; not enough women are adopting or claiming that they chose to be childfree (Stephen et al. 2014:

10). A survey of 580 Midwestern women showed that those with infertility diagnoses rate the importance of motherhood along a continuum (Greil and McQuillan 2010). Perhaps diminished help-seeking for childlessness is less the result of a perceived clear choice between motherhood and nonmotherhood and more related to ambivalence. Whatever the reasons, the continuum also has depths and heights; age, culture, religiosity, sexual and gender identity, class, profession, region, medicalization, partner status, and family origin are but a few of the dimensionalizing factors that account for attitudes toward motherhood (Greil et al. 2011c).

Even with this modest cooling on the domestic front, the global market for infertility treatment continues to grow (Twine 2015). The interest in so-called “reproductive tourism”—perhaps less flippantly described as “reproductive exile” or “cross-border reproductive care” (Inhorn and Pasquale 2009; Matoras 2005)—in which citizens in one country will seek out treatments elsewhere because the medical techniques and family-building opportunities are either unavailable, unapproved, or prohibitively expensive in their home country seems to be building. Although detailed numbers are hard to come by, health policy analysts estimate that somewhere between 50,000 and 121,000 Americans traveled abroad seeking medical treatment in 2007 (Noree et al. 2015); those seeking reproductive care specifically would represent a subset of this group.

Though an imperfect proxy for class, statistics on educational attainment provide some insight: of those who identified as infertile, only 10% of women with less than a high school diploma sought treatment whereas 23% of infertile women with a master’s degree or higher did so (Chandra et al. 2014). Casual observers commonly assume that affordability is the primary barrier to treatment. A national population study that controlled for cost-based access still indicates unexplained variance in infertility help-seeking (White et al. 2006). In fact, one study that included only infertile women with the same military insurance coverage (and, also, similar employment circumstances) found that African American patients were still less likely than whites to take

advantage of the treatments even when they were available at no additional cost to them (Feinberg et al. 2006). Infertile Latinas and African American women in Massachusetts, a state that mandates insurance coverage for infertility treatment, were much less likely to seek treatment than white women (Jain 2006). A number of social barriers such as difficulty in getting time off work for appointments and differences in conversations with doctors about diagnosis partly account for their avoidance in getting involved with lengthy, complicated treatment regimens (Bell 2010, 2014). There may be yet another reason: some women from marginalized populations in the U.S. are less apt to identify motherhood as an achieved status that one pursues in obeisance to the motherhood mandate (Wilson 2014). Rather, motherhood is ascribed and happens or not depending on unforeseeable twists and turns along one's life course. It follows that the concept of "infertility," as a pathology or medicalized condition that requires attention, falls outside this come-what-may (or, for some, "God's plan") framework.

Biomedical and cultural understandings of infertility get tangled together, frustrating researchers' attempts to operationalize "infertility" adequately. Infertility is widely understood to be not only a failure to conceive but also the inability to give birth to a viable baby as desired. Women can experience infertility differently depending on their cultural and social expectations (Inhorn 2002). For example, women in Vietnam or China who do not give birth to a son can be disowned as barren (Handwerker 1995; Pashigian 2002). The lack of healthy children can also be felt and understood as infertility (Greil 1991). My own ethnographic interview study outlined in the book *Not Trying: Infertility, Childlessness, and Ambivalence* (2014), which included women medically diagnosed as infertile in the United States, found that some wholly rejected the label "infertile" because it connoted a permanent state or a master status. This connotation notwithstanding, infertility is quite often temporary. The condition may be alleviated with treatment (but not necessarily "cured"), or, in the case of "courtesy infertility," in which a couple is

labeled infertile, it may resolve itself by changing partners.

Sociologist Eviatar Zerubavel (1999) makes the case that individuals may belong to opposing "thought communities" at the same time. Those who do not consider infertility a viable descriptor for themselves recognize it as a legitimate condition for others—even when medical diagnoses are similar. Some people imagine infertility patients to be "yuppies"—those who seek medical interventions tend to be white middle class married women—who participate in the more competitive, "rat race" milieu in which motherhood is yet another marker of life success (Becker 2000). Discourses of ARTs (and international adoption) are fraught with class distinctions and debates about consumer culture (e.g., Franklin 1997; Jacobsen 2011). Further, women whose doctors might describe them as infertile disagree with the label simply because they are not trying to become pregnant. Indeed, infertility is more than a diagnosis for many; it suggests an identity and/or a social role, one that some women do not wish to take on.

7.2 Challenging Childlessness

Childlessness, or being "childfree," can be even more difficult to parse. Adrienne Rich argued in her influential treatise *Of Woman Born* (1976), published at the zenith of the Women's Movement, that "childless" makes it sound like a woman is less without a child (she half-jokingly proposed the less-loaded term "unchilded" which did not catch on). Many American women understand "childfree" to suggest the status was a deliberate choice and a rejection of compulsory motherhood. "Childless," by contrast, can signify that a woman's non-motherhood was involuntary. Both notions leave out the reality of many non-mothers who care for children in other capacities: as aunts, teachers, godmothers, neonatal nurses, and so on. My friend Brittany's situation illustrates the problem with categorization. She is 44 and has never given birth or adopted a child. She married a man 17 years older than herself and he already had a grown daughter. Brittany became a

very involved stepgrandmother of twins through no planning on her part. She is neither childless nor childfree in any literal sense. What is more, her fertility is irrelevant to her status as someone who does the work of parenting.

It is difficult to say for sure how many American women remain childless because the status is often in flux. Some estimates suggest that about 20% or so of American women never have children (Biddlecom and Martin 2006). Women who do not give birth during the expected childbearing window of 15–44 years may still become mothers; they may well become stepmothers later in life or they may end up adopting past the conventional fertile age.

To be sure, increasing numbers of women reject motherhood outright (Agrillo and Nelini 2008; Shapiro 2014) and others seek motherhood single-mindedly at all costs (Franklin 1997). The stereotype that women who purport to be childfree-by-choice are immature or selfish careerists persists (Carey et al. 2009), but the expansion of options for women outside of motherhood and shifts in social mores mean that fewer and fewer young women in industrialized nations expect to have children someday (Merz and Liebroer 2012). The pattern seems to be consistent across ethnic groups. For example, the birthrate among Latinas in the U.S. dropped precipitously—by approximately 30%—in the period of 2007–2013, especially among younger women (Astone et al. 2015). Though having fewer children, or having them later in life, is not the same as not becoming mothers at all, this change, attributed to trends in marrying later and the economic recession, speaks to a loosening of pronatalist attitudes. It remains to be seen if the childlessness rates, which are increasing incrementally in the U.S., will begin to parallel those seen in other industrialized countries (Basten 2009). In Germany, for example, 30% of women remain childless, with an even higher percentage among university graduates (Harding 2006).

On the opposite end of the spectrum, *involuntary* childlessness connotes a woman who wants motherhood but cannot get there for some reason. This broader term stands in for “infertility” in much of social research because it is less patholo-

gizing and less confined to a medicalized context (see van Balen and Inhorn 2002). It also includes single women and lesbians, whose fertility may be untested by the CDC standards.

There are a number of non-choices involved on the route to childlessness (see Greil et al. 2010). A summary of the literature on childlessness in the Western world (Basten 2009) reports that, more young European women express the intention that they will one day have children than actually do (Rowland 2007). Results from the NSFG surveys conducted from 2006 to 2010 suggest a similar pattern among U.S. women (Craig et al. 2014). Some women may choose to wait to get pregnant and have a baby until the time is right—when they have the right partner and have reached financial stability, for instance—eventually discovering that they postponed past their fertile years. This waiting should not be seen as entirely accidental or noncommittal, with women remaining hapless victims of their circumstances, nor as gimlet-eyed, orderly, and wholly rational (see Krause 2012). For example, in the face of society and family pressure to produce a son, some Nepalese mothers who have only daughters, use contraceptives as an indefinite stalling technique to permanently delay having more children (Brunson 2016). It is important to once again underscore, however, that the US data do not support delayed attention to childbearing as the definitive reason for a decline in fertility treatment and childlessness in the U.S. (Stephen and Chandra 2006). There must also be other explanations. Some women report being fulfilled even absent the motherhood that they once desired and still others vacillate between satisfaction with their childlessness and longing for motherhood (Koropecj-Cox 2002; Koropecj-Cox and Pendell 2007).

Mary’s story highlights the complex and sometimes transient nature of the experience. A childless, postmenopausal African American woman, Mary told me that she loves children. They are her whole life, in fact. She has cooked for decades at children’s summer camps—she even met her husband there (he is similarly dedicated to children)—while also working full-time at a daycare during the school year. In her spare time she

enjoys making baby clothes for friends. She became pregnant a couple of times but miscarried and never gave birth, never seriously considering seeking medical advice. Only after a spate of invitations to baby showers in celebration of her friends' coming grandchildren did she feel like she was missing out. Mary cried off-and-on for 6 months with regret over the missed opportunity to become a *grandmother*—not a mother—she emphasizes. Then, Mary explains, she snapped out of it, realizing she is utterly happy with how her life turned out. She contrasts her freedom and happiness with her friends' ongoing stress and worry over their children's lives.

Whether or not childlessness is voluntary may not even matter to the experience of it, as some researchers recognize (e.g., McQuillan et al. 2012). In fact, most childlessness among American women, if investigated closely, turns out to be the result of several factors, some of which can be considered matters of choice and some not (Chancey and Dumais 2009). Life circumstances may compel women to put off motherhood (Graham et al. 2013), resulting in a status that was neither expressly chosen, nor entirely unwelcome. Acceptance of childlessness may sometimes be a coping strategy (Becker 2000), but there are women, like Mary in the vignette above, for whom childlessness is an outcome that is just fine. A study of 25–45 year old American women who did not get pregnant after a year of unprotected intercourse found inconsistencies in answers about whether or not they wanted to get pregnant; as it turned out, many of the women were “okay either way” (McQuillan et al. 2011). Moreover, there are different types of ambivalence along a spectrum of “wavering noes,” women who seem to be voluntarily childless but who reserve the right to change their minds about having children (Morrell 2000) and “perpetual postponers” who say they want children but who end up not becoming mothers partly through inaction (Berrington 2004). Because intentionality—reflected in the frequent narrative that a woman “always wanted” children—does not consistently reflect women's lived experience, the categories of voluntary and involuntary func-

tion as a false dichotomy that obscures the intricacies of childlessness.

7.3 Other Territories

Zara, a childless woman I interviewed, rejected the label of “infertility” outright. This vehemence might be puzzling to researchers given the fact that she had undergone a hysterectomy. It would be easy to dismiss her perspective as out of touch or a sad instance of being unable to move on from her pain. But she imagines future medical marvels in which her eggs might be harvested and rejuvenated years into menopause. She's a physicist who is by no means ignorant of modern science and she's an East African immigrant to the United States who sends money to Ethiopia to fund the schooling of children she claims as hers though they have never met. She expresses all of these ideas at once: she is not infertile but she might be and she is a mother but she is also not a mother. Foregrounding her worlds instead of the measurable realities that are the stuff of CDC surveys holds some potential for speculating different futures. Troubling the seemingly discrete categories of infertility and childlessness or fertility and motherhood may prompt researchers (and practitioners) to confront their assumptions. A simple reminder might be that counting the number of infertile women effectively discounts those who actively reject the diagnosis and completely misses those Teflon women to whom the descriptor will never stick.

Ethnographic research paired with an ontological view—in the anthropological sense—helps us access different experiences of infertility and childlessness. For example, the understanding that some women do not engage in the often-medicalized discourses surrounding infertility illustrates the primacy of subjectivity. We can choose to make fewer assumptions that there is an objective reality—always available for scientific testing—and instead leave open the possibility of encountering new “worlds” or territories that scholars have not imagined (Asberg et al. 2015; Holbraad et al. 2014).

Infertility and involuntary childlessness, socially constructed and intertwined, remain intensely meaningful and are worthy of thorough study by medical and social researchers alike. However, the two concepts do not merely represent an objective reality to which participants have varying responses depending on their social, cultural, and individual circumstances. It is useful to take the tack that what women say and do about infertility and childlessness may be accepted at face value. If motherhood is ascribed and not achieved, for instance, then an infertility diagnosis may be irrelevant and infertility treatment may not come up for consideration. Public health oriented research that aims to identify reproductive disparities and redress them could be misguided in such a terrain. To be clear, this is not to say that the work is at all unwarranted; it is merely to suggest that researchers take some time to consider how we come to discover what we know about infertility and childlessness.

Medical and public health studies, as well as work in psychology, make up the vast majority of research into infertility and involuntary childlessness. The work being done in these disciplines frequently presupposes that infertility and childlessness are negative statuses and unwanted experiences. Certainly medical intervention, prevention, and diagnosis are essential for women's health and reproductive freedom. And it is also important to address the disparities seen across lines of race, class, gender, sexual identity, able-bodiedness, and so on. Quantitative data analyses such as those stemming from the National Survey for Family Growth provide invaluable insights into reproductive trends.

Yet, teasing apart the "whys" of apparent statistical associations can be confounding. Why after economic recovery, are young Latinas still postponing motherhood? Qualitative research delves into the human stories behind these kinds of trends. And an ontological approach—whatever the theoretical perspective—respects the possibility that there are completely different realities of motherhood and otherhood—of childlessness and infertility. Asberg, Thiele, and van der Tuin (2015: 150, after Kirby 2011) suggest that we might attend to more than just "different

expressions of the same phenomenon" but realities in which the phenomenon itself is different.

Infertility itself is ephemeral; it can disappear, only to appear again, sometimes in ways medicine cannot explain. Childlessness, too, can suddenly change. If we insist on seeing infertility and childlessness as things in and of themselves, we can argue that women engage with these things differently depending on their power position and on their culture. But these moving concepts are not just variable expressions of infertility or variable expressions of childlessness.

Also, importantly, it is dismissive to suggest that these concepts are merely misunderstood by those who would be identified with them. They simply may not always exist in ways that researchers assume or can readily access. And there is a growing recognition that native views may matter more than scientific ones (Holbraad et al. 2014).

An ontological approach is about being open to not knowing how those we study experience their worlds and about trying not to force our scientific or social scientific ways of knowing on to others. It is not our task to reinterpret others' realities based how we already understand the world. Some experiences are out of reach for researchers (Haraway 1988). When I first set out to interview "infertile" women who were not seeking treatment (representing a majority of women diagnosed but a minority of those participating in studies), I inadvertently offended some by asking them to participate on the basis of someone else having identified them as infertile. Several declined to be interviewed (saying they were not infertile) and others who did speak with me at length, confessed that they were not "really" infertile despite the accuracy of the designation per the CDC definition. Duly chastened, I decided to suspend judgement and hear them out rather than seek respondents who fit my predetermined categories. Messy results notwithstanding, I think I glimpsed something new (to researchers); I briefly stepped into other territory. Yet another researcher spent her time in still other territory in which infertility diagnoses were a welcome relief to the women she interviewed (Bell 2014). Both possibilities exist—women

who cannot abide the stigmatizing concept of infertility and those who are happy to be able to move forward with a medical diagnosis they can then attempt to treat. The latter may benefit from public health oriented work—like lobbying to mandate insurance coverage for infertility treatment—meant to alleviate disparities in access to treatment. The others may be unreachable by such a campaign. Worse, the routinization of treatment and further medicalization of women’s reproductive lives, where doctors offer prescriptions and referrals at the first sign of impending childlessness, may feel like unwanted pressure to some.

Feminist sociologist Barbara Katz Rothman (2000) makes the point that women should have the freedom to seek all manner of fertility help but that they should also have the freedom to decline infertility treatment. They should also be free to change their minds about reproductive choices, to waver, be ambivalent, or do nothing about it. Childlessness should not be seen as deviant and in need of remedy, as many researchers warn (Park 2005; Snitow 1992; Graham et al. 2013; Gillespie 2003). Empirical researchers—whether working with quantitative data or engaging in ethnography—need only be cognizant that a range of unconceived possibilities exist in the social and biological worlds of infertility and childlessness, and proceed accordingly. Only then, can divides (such as motherhood/non-motherhood or fertile/infertile), with all their connotations and consequences and angst, flatten into the mundane (to liberally paraphrase Donna Haraway 2008). Were ambivalence toward motherhood as well as toward childlessness to become the recognized norm, the poles of “voluntary” and “involuntary” would collapse and effectively lose all meaning. This sort of feminist speculative imagining (see Asberg et al. 2015) might just portend a hopeful future. A few scholars are already speculating. Stuart Basten (2009) locates online communities as sites for childless people to construct empowering virtual worlds where they understand others and are themselves better understood. And, on Mother’s Day 2015, Donna Haraway gently offered her social media followers the motto “Make kin, not babies,” which she

later expounded on in a scholarly article (2015). It means no disrespect to mothers. Rather, it means to suggest a new cosmology—aware of overpopulation and aware of the overwhelming demands on contemporary mothers—in which a baby is more rare, more precious, and nurtured by a slew of caring adults, only one of whom gave birth.

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Surrogacy and Gendered Contexts of Infertility Management in India

8

Holly Donahue Singh

8.1 Introduction

Surrogacy practice in India, particularly in its transnational form, has made infertility and the biomedical possibilities for infertility treatment visible in India. But whether surrogacy should be seen as a source of national pride about India's prominent place in biomedical modernity, or as a source of national embarrassment for allowing Indian women's bodies to be put to the service of producing children for foreigners has been, and continues to be, a source of debate. While infertility in general remains an understudied aspect of reproduction in India, the use of ARTs to facilitate surrogate pregnancy has become a topic of great interest among feminist scholars and social scientists over the last decade. This scholarship has joined Western feminist literature on assisted reproductive technologies (earlier referred to as "new reproductive technologies," or NRTs) and surrogacy (see: Riley, Chap. 9 this volume; Wilson, Chap. 7 this volume; Twine 2011). Among the practices that have resulted from the use of ARTs, surrogate pregnancy has persisted as a topic of interest among feminist scholars for more than 30 years. Here, I focus on social science literature about surrogacy that pertains in particular to a thread of recent work on the intro-

duction and development of surrogacy practice in India, beginning in the early 2000s. In the form of transnational gestational surrogacy, the practice has been a headline-grabbing topic and the subject of numerous scholarly and popular media reports in India and abroad. Transnational surrogacy is an aspect of cross-border reproductive care (CBRC) (Franklin 2011; Gürtin and Inhorn 2011; Whittaker and Speier 2010; Whittaker 2011) that proliferated in India over the last 15 years. The birth of children to leading Bollywood actors Shah Rukh Khan and Amir Khan through surrogacy has brought ARTs in general, and surrogacy in particular, to wider attention among Indians (Caroli 2013; Singh 2014; Sukumaran 2013).

In gestational surrogacy, the surrogate has no genetic relationship to the fetus. As the transnational practice took shape in India, it involved commissioning parents from abroad, citizens of countries such as the United States, the United Kingdom, Germany, Israel, and Japan, some of them of Indian descent, traveling to India to hire a woman to gestate a fetus created with their own gametes or with gametes donated or sold by others. Although media attention so far exceeds the number of cases to which it pertains, it provides a window into examining this practice as a clear instance of stratified reproduction (Colen 1986, 1995). The topic has provided comparative perspectives on the relationships between fertility and infertility, and of the implications of global inequalities for achiev-

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ing fertility through what has been portrayed by many scholars as a particularly intimate and especially exploitative form of outsourced labor (Pande 2014; Roy 2011; Vora 2015).

In late 2015, in the absence of legislation to formally regulate surrogacy practice, the Government of India took action to stop the practice of transnational surrogacy (Rabinowiz 2016; Sinha 2016). This action involved, for example, eliminating a visa category created specifically to facilitate transnational surrogacy.¹ In the initial period, it necessitated managing surrogate pregnancies in progress and necessitated communicating the new policies to medical organizations and governments around the world. It also involved defining exactly which categories of people could be considered for surrogacy on the basis of ties to India, and which would be excluded, with consideration of the somewhat ambiguous categories of people of Indian heritage who claim official status as Overseas Citizens of India (Venkatesan 2016). Demographic techniques and perspectives on fertility-related topics, such as women's autonomy, reproductive desires, family formation, migration, and inequality could further enrich scholarly understandings of the local contours of ART use and of the gendered implications of these technologies for local and global reproductive health, rights, and justice.

In commercial surrogacy as it has been practiced in India, women who have proven their fertility through the successful birth of one or more children redirect their reproductive potential away from producing additional children for their own households. Instead, they gestate pregnancies for commissioning parents² who provide embryos, meaning that they will have no genetic connection to the resulting child or children. Transnational surrogacy procedures have taken

place in clinics that might also and otherwise be used to assist Indian women with fertility problems. Resources of physician expertise, equipment and other infrastructure, and costly drugs were engaged to resolve intractable infertility of people with the significant wealth necessary to pursue surrogacy, whether they had any other connections to India or not. Although cost estimates range, even under ideal circumstances, a completed surrogate pregnancy in India could easily involve a price tag of \$35,000 or more (Pande 2014; Rudrappa 2015). Finances put surrogacy far out of reach for most Indians suffering from infertility, but make it an attractive business proposition for other women searching for ways to supplement their own earning potential. Ethical regulations set out by the Indian Council of Medical Research (2005) put forth ideals for contracts and for financial compensation to surrogates, but they are not yet legally binding.

8.2 ART Awareness in India

“Can we see the baby bump, please?” It was a simple question posed in a video chat, a moment captured in a documentary on surrogacy practice in India by the same name (Sharma 2013). Two non-governmental organizations screened the film in Lucknow, Uttar Pradesh, north India, in 2014. The Sama Resource Group for Women's Health, a New Delhi-based non-governmental organization, was a host of the event, in collaboration with the Lucknow-based group Sanatkada. Sama was also a producer of the film, which received financial support from the United Nations Population Fund (UNFPA). In the heat of that early evening in mid-August, a crowd of over eighty people, mostly women, craned their necks and listened intently to take in the film before them. The film presented the experiences of Indian women who had signed up to act as surrogates. Like many other accounts of surrogacy in India, it emphasized clinical, ethical, and social dynamics of transnational surrogacy. While the question of the baby bump echoes the tracking of celebrity pregnancies in the United States, it was posed by a foreign commissioning parent asking

¹Embassy of the United States, New Delhi <http://newdelhi.usembassy.gov/service/reporting-births-and-citizenship-questions/surrogacy-a.r.t.-and-dna-testing> accessed 16 June 2016. Government of India, Ministry of Home Affairs <http://mha1.nic.in/pdfs/CS-GrntVISA-291112.pdf> accessed 16 June 2016.

²Also referred to in the literature as intending or intended parents.

to see evidence of a growing fetus in an online chat with a gestational surrogate in India.

The reactions of audience members to the film suggested that few of them had heard details of these practices before. Because of my work on reproductive health issues and particularly on the social and cultural dynamics of infertility in India, I knew about journalistic reports and scholarship on the expansion of commercial surrogacy in Indian and international media (Bhatia 2012; Gentleman 2008; Haworth 2007; Lee 2013; Ling 2007; Schiavocampo 2008). The film moved seamlessly between Hindi and English in ways that would be comfortable for millions of Indians educated in English-medium schools who switch and blend languages easily. Conscious that many audience members likely did not belong to that class of people, one of the organizers stood ready to overcome the barriers of language and biomedical jargon by translating the English sections of the film when necessary.

The Sama representative explained the many technical aspects of assisted reproductive technologies (ARTs) featured in the film and distributed a Sama pamphlet in Hindi describing basic ART procedures. Despite the difficulties, the film resonated with the audience. Laughter echoed in the hall of the Uttar Pradesh Press Club when one of the surrogates complained that women spending their pregnancies in surrogacy hostels couldn't sleep because there's no work to do. That statement highlighted the contrasts between the life inside and outside of surrogate pregnancy for women who, mostly coming from lower socio-economic status backgrounds, were familiar with labor in their homes and paid work that made them physically tired at the end of the day. With children of their own at home, they knew lives in which they worked hard for little.

The event, one of many such film screenings, brought together representatives of Sama, a cosmopolitan group based in the national capital city, with associates of Sanatkada, a handicraft shop with a social work section based in Lucknow, the capital city of India's most populous state. It was my good fortune that my stay in Lucknow, my primary long-term base for research, coincided with this event. Locally well-known public

intellectuals, social activists, and journalists in attendance dominated the question-and-answer period after the screening, although the audience also included many others, with palpable class divides. I was left wondering whether other women, many of them visibly Muslim by their veiled attire, who had attended were drawn to the screening by the organization that hosted it, by their interest in the topics of surrogacy or infertility treatment, or by a desire to learn more about the prospects to either become a commercial surrogate or to commission a surrogate pregnancy. The organizers from Sama had come prepared to educate their audience not only about the particular ethical issues raised by transnational surrogacy, but also about the basics of reproductive biology and ART procedures that make surrogacy possible. They responded briefly to my query on dealing with inequalities in domestic surrogacy practice, while saying that their main focus was on the transnational.

In contemporary India, the practice of commercial surrogacy has generated scholarly and popular attention to the gendered impacts of the intimate bodily labor of surrogate pregnancy, as well as to the ethical dimensions of this practice under conditions of global inequality, a clear example, some argue, of exploitation and stratified reproduction (Colen 1986, 1995). Activist responses to surrogacy have included advocacy for legal regulation of the practice, such as stipulations about payment and long-term care for Indian women who participate in surrogacy, as well as medical regulation of the use of ARTs.

Surrogacy has also triggered wider public discussion of fundamental questions that matter for the study of gender and demography, and perhaps even for a feminist demography (Riley and McCarthy 2003: 5, 124–127). How should babies be made, and who has the right or obligation to claim, or “count,” them, as relatives? How should the vast inequalities in reproductive health care and outcomes, made so stark by transnational surrogacy, be recognized, documented, and addressed? These questions existed before transnational surrogacy, and persist beyond its practice, to be debated in specific contexts around the world as people create families.

8.3 Reproductive Technologies and Population Dynamics in Independent India

Debates about reproductive technologies in India grow out of discussions about population size since at least the nineteenth century, when people associated with the British colonial enterprise commented extensively about the masses of people in India. According to the 1901 Census, midway through British colonial rule, India's population stood at about 238 million people.³ Prominent figures such as the Indian leader Mohandas (Mahatma) Gandhi and the American birth control advocate Margaret Sanger weighed in on fertility issues and offered disparate strategies for reducing the number of births (Ahluwalia 2008). By the 1951 census, the first conducted after independence in 1947, the total Indian population had reached 361 million people (Census of India 2011: 41). As demographic scholarship has documented in many contexts around the world, decreases in mortality preceded drops in the birth rate. Even in the context of colonial oppression, violence associated with colonial rule and post-colonial transitions associated with the Partition of India, India's population increased rapidly. Within its first decade, the independent government of India made national programs of population control a major priority closely tied to modernization and economic development. Government programs and programs run by a variety of international agencies have invested heavily in research about not only birth control technologies, but also the social and cultural contexts of fertility.

Research activities, implementation strategies, and public media campaigns focused for decades on reducing the size of families. Birth control devices have been offered for free or at heavily subsidized rates. These activities have often resulted in controversy, and sometimes, in

harm, particularly in the form of sterilization. During the suspension of regular democratic governance in the late 1970s, forced sterilizations of men through government programs (Tarlo 2003; Williams 2014) have not only effectively ended the practice of male sterilization in India in the decades since, but have also served as a reminder of the potential dangers of government interventions in the reproductive potential of citizens. Although the shape of government programs has changed since that time, with an official shift in emphasis to reproductive health and choice in decisions about fertility and contraception, charges of coercion and harm still occur.

Another shift, also rooted in the forced sterilizations of the 1970s, has entailed a much greater emphasis on women's bodies as the site of fertility intervention, especially in the form of long-acting, irreversible measures such as sterilization, or measures that require the intervention of a medical professional, such as intrauterine devices (IUDs, known in South Asia as Copper-T or the Loop). In 2014, 13 women died in eastern India after being sterilized in a temporary camp set up for the operations (Das 2014: 349). Such camps, organized by both government and non-governmental organizations, are still a routine method of providing reproductive and other health care services (Singh 2011). Investigations into the 2014 deaths suggested that, among other problems, an overzealous doctor carried out many more operations than regulations deemed safe (Das 2014).

The development and distribution of reproductive technologies in India since the mid-twentieth century have first and foremost focused on encouraging fertility control with the goal of curbing population growth as part of aspirations toward development and modernity, as defined through international organizations that have provided financial and other support (Chatterjee and Riley 2001; Ram 2001). Still, India's population has grown from 361 million in 1951 to over 1.2 billion in 2011 (Chandramouli 2014 (Census of India 2011), ch. 3: 44). Researchers in India initially relied, in part, on population control as part of the rationale to develop technologies to alleviate infertility. For example, they argued that

³Census of India 2011 (Chandramouli 2014), chapter 3, "Size, Growth Rate and Distribution of Population." See also Figure 3, India, population (in millions): 1901–2011 (p. 44) http://censusindia.gov.in/2011-prov-results/data_files/india/Final_PPT_2011_chapter3.pdf

understanding the factors underlying infertility could help in the development of mechanisms to induce infertility (Bharadwaj 2002: 317–18). State-sponsored resources for infertility are available even now only at a select few public hospitals and have been offered at no cost only in dire circumstances, such as in the aftermath of the devastating tsunami that struck the region around coastal southern India in 2004 (Cohen 2005).

As demographers have documented and explored for decades, rapid changes in population structure and demographic characteristics have been characteristic of human life in the twentieth and into the twenty-first century not only in India, but around the globe. Along with common experiences, such as overall reductions in the total fertility rate (TFR), the average number of births per woman, particular unique experiences have emerged in different places. In India and China, for example, populations have tended toward becoming proportionally more male. The reasons for skewed sex ratios include complex, interwoven economic and cultural factors, as well as reproductive desires and compulsions for smaller families (Clark 2000; Das Gupta 2005; Eklund 2011; Greenhalgh 2010, 2008; John et al. 2009; Vlassoff 2013). The rapid development and introduction of reproductive technologies, such as ultrasound and other diagnostic means for prenatal sex detection, have contributed to exacerbating the deficit of females to males. Despite over 20 years of legislation banning pre-natal sex-determination, sex detection resulting in selective abortion of female fetuses is a well-known long-standing and continuing issue in India (John et al. 2008; Patel 2007a, b). It has far-reaching implications for gender relations across the life course and has begun to influence, for example, long-distance migration for marriage in some regions (Kaur and Palriwala 2014; Larsen and Kaur 2013). Recent work shows that across India, there are 909 females at birth for every 1000 males, with significant variation among states (Sample Registration System 2013). Demographers and other scholars working on gender in South Asia have been at the forefront of documenting the phenomenon of “missing women” (Sen 1990, reviewed and reconsidered

by Klasen and Wink 2003) and working to identify and challenge its roots, with some success.

8.4 Fertility, Infertility, and Visibility

Scholars and practitioners have often noted the crucial importance of fertility to women’s lives in particular, and have drawn attention to issues such as women’s status and autonomy as key to understanding and influencing their reproductive intentions and behaviors. Still, they have only rarely focused on infertility as an important aspect of family demography or as a significant factor in the life course of women who are unable, for whatever reason, to produce children. The meanings of infertility are difficult to quantify, and often the relatively small numbers of people affected means that infertility shows up very little or not at all in demographic work, even though analysis of infertility can enrich demographic understandings of local theories of reproduction (Riley and McCarthy 2003: 127). Many people experience infertility as a liminal state (Turner 1964; see also Wilson, Chap. 7 this volume), exemplified by ambiguity, neither here nor there. In this sense, infertility escapes the categorical boundaries of birth and death processes that have been subjected to extensive demographic analysis and all too often remains outside of the lens of demographic scholarship (Riley and McCarthy 2003: 96). People working to overcome infertility yearn for fertility and mourn for children who have not been born. Their reproductive desires and the implications of their fertility status across the life course can help illuminate broader fertility preferences and the changing “value of children” in particular cultural contexts (Arnold et al. 1975; Das Gupta 1995; Mishra et al. 2005; Sen and Drèze 1999: 172–5; Vlassoff 1990).

While there is still a relative paucity of information available about the prevalence of infertility in India (Jejeebhoy 1998) and the availability of infertility treatment (Sama 2010, 2012), recent demographic research argues that infertility affects at least 18 million couples (Ganguly and Unisa 2010). Qualitative, ethnographic research

has demonstrated the significant and gendered social consequences of infertility in the specific, messy, and situated lived experiences of people in India that underline its significance beyond the number of people affected (Bharadwaj 2003, 2016; Patel 1994; Riessman 2002; Singh 2011, 2017; Widge 2001, 2005). Like ethnographic work on surrogacy, this body of work not only provides a window into the richness of individual experiences, but it also points to how ideologies and practices relating to kinship, sexuality, and morality, as well as structural factors relating to access, encourage people in India to pursue some paths to resolve infertility over others. Stigma and legal barriers around family formation strategies such as child adoption (Bharadwaj 2003), especially adoption of strangers rather than less formal movement of children within extended families (Bharat 1993; Bhargava 2005), also influence the fertility journeys of Indians seeking children. Indeed, further research is warranted about the extent to which fears of infertility, and related, yet distinct, fears of sonlessness, influence decisions about the timing of marriage and fertility, use of and method of birth control, and other factors that affect women most strongly, even though they are decisions about which women often have limited autonomy.

Since the 1970s, the creation and use of in vitro fertilization (IVF) and other assisted reproductive technologies (ARTs) have offered novel ways to overcome infertility, with the potential to create families that meet expectations of patriarchal families (Qadeer and John 2009) or to disrupt those expectations. Although some of the earliest research on IVF took place in India (Bharadwaj 2002), with scientists justifying the work in part as a way to help convince people in India to undergo sterilization, the proliferation of ARTs into gynecological practice in India did not happen in tandem with the development of those technologies. It has happened slowly and unevenly, and the availability of specific ARTs is still difficult to track. These technologies are still most readily available in private clinics in India's major cities, with some services offered at a few very large government hospitals. The most advanced ARTs, such as IVF (in vitro fertiliza-

tion) and ICSI (intracytoplasmic sperm injection), which require extremely specialized training, equipment, and facilities, are available at only a small number of the clinics that advertise ARTs. Distance and financial burdens ensure that relatively few of these people will be able to access biomedical infertility treatment, even if they know about it. These technologies exist as one potential strategy among many—such as medical, spiritual, and kinship-based—for addressing infertility.

Most people in India have been, until recently, unaware of the existence of ARTs or of the particular procedures available. Among potential users, some specific procedures, such as (intrauterine insemination with donor sperm (IUI-D), may be deemed inappropriate based on cultural norms of kinship and sexual propriety, even when insemination takes place via a syringe in the clinic. However, as my work on infertility in India demonstrates (Singh 2011, 2017), ARTs in general offer the potential for married couples, and potentially others whose perspectives are so far not included in ART literature on India, the opportunity to fulfill cultural ideals of biological reproduction, which give particular importance to male biological contributions. In addition, ART use holds the attraction of resolving infertility while maintaining secrecy about infertility issues and without drawing the attention of family members or neighbors to a couple's fertility status. Other options for family formation, such as child adoption, cannot fulfill any of these desires, which have commonly been expressed by people seeking infertility treatment in India (Bharadwaj 2003; Singh 2011).

8.5 Inequality, Agency, and Family Formation in Surrogacy Practice in India

In depictions of commercial surrogacy in India, pregnancy has been fully monetized, with surrogates fantasizing about bonuses to be had by producing twins, or producing babies above a certain birth weight. Films such as *Google Baby* (Frank et al. 2009), *Made in India: A Film about*

Surrogacy (Haimowitz and Sinha 2010), and *Can We See the Baby Bump Please?* (Sharma 2013) feature women who offer their “wombs on rent” and assert that they do it for money to secure the futures of their own children, by buying a home, or by putting money in the bank. In *Google Baby*, the transnational context shows how inequalities and the offer of cash make women around the globe bioavailable (Cohen 2005) not only to in-laws, but also to national and international elites. A young mother in Tennessee, in the United States, “donates”—sells—her ova to pay for home repairs and guns. At the same time, women in India put their bodies’ nutritional resources, bodily integrity, and ultimately, their lives at risk for the potential to secure what they hope will be enough cash to change the prospects of their families, and especially, the children they *can* claim as their own, a point emphasized in many accounts of surrogacy (Pande 2011, 2014; Deomampo 2013; Lee 2013). A counselor interviewed in *Can We See the Baby Bump Please?* clearly draws the connection between intended parents and surrogates:

Surrogacy is about the children. The intended parents want to have a child, and the surrogate wants to give her children a better life. Their aims are very clear. It’s all about the child. One who doesn’t have it and one who has it. So, they’re going to do everything that’s required to put this process into the best mode. (Sharma 2013)

Each of the films explores the family context within which women’s decisions about the use of their reproductive potential take place. Women commonly cite spousal separation, precarity of spousal employment, and the desire for home ownership as reasons for undertaking commercial surrogacy (Haimowitz and Sinha 2010; Pande 2014; Rudrappa 2015). Finances may be a primary motivator of commercial surrogacy in India for many of the players involved, but finances alone do not fully explain the meanings generated through the practice. To work out the issues of power, agency, and ethical action, as well as the specific contours of meaning generated through the practice requires a closer look at reproductive desires and local understandings of substance in generating (or not generating) kinship bonds, areas ripe for anthropological per-

spectives (Fricke 2003: 471–472). Such dynamics are particularly amenable to analysis through qualitative research and can shed light on broader issues around fertility.

Women in several accounts of surrogacy from India address the difficulties of parsing agency in surrogacy arrangements, and of assigning surrogates to the position of victims of the systems that structure surrogacy in contemporary India. Daisy Deomampo argues that, despite popular representations to the contrary, surrogates asserted their own agency in choosing surrogacy, convincing their husbands of the benefits to be reaped (2013: 177). The primary surrogate followed in *Made in India* (Haimowitz and Sinha 2010), identified as Asiya Khan, also laughed in describing how she convinced her husband to sign his permission for her to undertake surrogacy, first with the assurance that she wouldn’t get pregnant anyway, and then, when she did, with the admonition that ending the pregnancy would be wrong. Pande identifies three ways that potential surrogates arrived at the clinic: some women chose for themselves, while brokers recruited others, and families convinced the rest to pursue surrogacy (2014: 39).

Surrogacy disrupts some Indian notions of procreation and the creation of kinship ties, while conforming to others. Describing, analyzing, and theorizing the full range of diverse culturally specific systems of reckoning kinship and descent found across India has occupied several generations of colonial agents and social scientists. Still, based upon the regions in which most surrogacy research has been done, in western and northern India, and using clues from media and academic reports, it is possible to sketch some of the ways that Indian people involved in surrogacy think about kinship ties and their potential basis for family formation. Here, I focus not on intended parents who commission surrogate pregnancies, but on potential surrogates, as well as physicians and counselors who advise them about the process of surrogate pregnancy. Physicians and counselors describe the process in ways that minimize any possible claim a surrogate could make to motherhood (Haimowitz and Sinha 2010; Majumdar 2014; Pande 2009, 2014).

The surrogacy process itself opens up many questions about potential claims to motherhood, whether based on legal intent, connection through substances such as genes, “blood,” breast milk, or labor associated with gestation and birth (Pande 2009, 2010, 2014; Vora 2009, 2011, 2012). Some observers from India have questioned whether surrogacy and other reproductive technologies pose a fundamental threat to Indian constructions of motherhood, which have held up motherhood as an ideal, even while devaluing the work of mothering (DasGupta and Das Dasgupta 2010). Within Indian ways of reckoning kinship, genetic links are one way among many of defining family ties. Other possibilities include, for example, “blood” (*khun* in Hindi and Urdu languages), gestating and giving birth to a child, doing the work of raising a child (*parvarish karna* or *palna-posna*), and breastfeeding a child. These situated, embodied, and intimate perspectives on kinship may be facilitated or discouraged depending upon the situation, as many surrogacy accounts show. Local ideals about family-making, and the priority given to some ties over others, are crucial to understanding the actions of Indians attempting to overcome their own struggles with infertility. In transnational surrogacy, certain claims gain or lose validity as government officials of the individual countries in which intended parents hold citizenship define and/or interpret the criteria by which children born through surrogacy will or will not be granted citizenship, visas, and other benefits (see also Smerdon 2013). In these cases, bureaucrats stand in the role of creators and destroyers of claims to parenthood and to rights in a child.

Surrogacy as a new form of reproductive labor has spurred headlines about “wombs for rent,” as well as arguments for legislation and “fair trade surrogacy” (Pande 2013). Women and their wombs that are seen as dangerous when used for their own family’s expansion become a source of value when engaged for surrogate pregnancy (Pande 2014: 126). Rather than weapons or threats, these wombs become an offer of salvation through biological reproduction for desperate intended parents. Although intended parents often express concern for surrogates, the women

who engage in contract pregnancy all too often fall out of the picture. Whether because of confidentiality concerns, photographic license, a media gaze that replicates cultural focus on the fetus while attempting to disregard the full scope of the pregnant body and the rights of pregnant women, or intended parents who might prefer to forget, surrogates are liable to erasure after the contract ends with a successful live birth. And yet, these births very often happen by caesarean section, making the scars a lifelong marker of commercial surrogacy (Deomampo 2016).

8.6 Conclusion

Demography and demographers can enrich the study of reproductive desires and ARTs and their impacts on family demography through their own methods, drawing together perspectives from kindred disciplines and scholars. In many parts of the world, basic mapping of services, costs, and legalities remains to be done. In the United States, recent work by Arthur Greil and colleagues argues that there is significant unmet need for infertility services in the United States, where there are many more options per capita than in India (Greil et al. 2016). With reference to large, low-income countries, including India, Inhorn (2009: 173) argues that infertility services available provide for less than 1% of projected need for in vitro fertilization. There is not yet enough information available about fertility intent among potentially infertile people and demand for infertility services in India to precisely assess the extent to which demand outstrips availability, especially taking into consideration the cultural ideals and multiple strategies people employ while seeking children. Much large-scale work remains to be done to assess the prevalence of infertility, reproductive desires of potentially infertile people, and the opportunities and barriers people navigate in India to attempt to fulfill their reproductive desires.

At stake in debates over surrogacy provision and the provision of other ART services in India are fundamental ideas about family, fertility desires, and the shape of India’s future popula-

tion. For now, transnational gestational surrogacy is on hold in India, a circumstance that may create space for intellectual engagements with the dynamics of stratified reproduction in domestic surrogacy arrangements and the stakes of reproduction within India. Whether transnational surrogacy provision and the attention it has received will produce larger shifts in the provision of reproductive health care for people living with infertility in India, including assisted reproductive technologies and other means of addressing infertility, remains to be seen. It is too soon to say whether surrogacy may have any long-term effect on the ways that people in India think about fertility, reproductive desires, family formation, and motherhood. But now, decades after ARTs first began to be used in India, they have become recognized by and known to millions of people beyond the medical specialists and wealthy urban users of infertility services who quietly supported ART provision for so long.

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Stratified Reproduction

9

Nancy E. Riley

9.1 Introduction

Reproduction is at the heart of any society or community. It is what allows a society to continue thriving into the future and avoid extinction. The study of reproduction also has an important place in various fields of social science, from anthropology to sociology to psychology. Of course, in demography too; fertility (though sometimes more narrowly defined than in neighboring fields) is central to demographers' interests. In this chapter, I focus on how reproduction is stratified across communities and boundaries. Stratified reproduction can be defined as “the hierarchical organization of reproductive health, fecundity, birth experiences, and child rearing that supports and rewards the maternity of some women, while despising or outlawing the mother-work of others” (Rapp 2001: 469). When we focus on reproduction as a process beyond that which resides in a single woman's body, we are able to look at how that process is stratified; reproduction—from conception to birth to raising children—is distributed in a way that follows lines of social inequality. Thus, the

“stratified” of stratified reproduction brings focus to inequalities based on class, race/ethnicity, nationality, religion, or other social inequalities; in that way, reproduction parallels such social institutions and resources such as education. Research on stratified reproduction includes a broad array of issues: how different (and different kinds of) bodies are involved in the process of reproduction; how reproduction is structured across social and cultural boundaries; questions about “who defines the body of the nation into which the next generation is recruited?” (Ginsberg and Rapp 1995: 3); and discourses about who should or should not bear children and who is recruited, charged with, or restricted from raising kids.

Why should demographers pay attention to stratified reproduction? If we focus strictly on numbers, some might argue that many of these practices affect a relatively small portion of any population; it is estimated that some 8 to 12% of reproductive-aged couples experience infertility (Inhorn and Patrizio 2015; Wilson, Chap. 7 this volume). An even smaller number participate in such practices as adoption or the use of surrogacy. But we also know that the burden of infertility can be great and often touches more than those dealing directly with infertility. Because identity as mothers plays such a large role in women's lives, in many communities, it is women who are most affected by being unable to get pregnant or bear a child (Cui 2010).

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Another important consideration is the increase in potential use of technological and other interventions (such as adoption) for providing solutions to infertility. Numbers on the use of assisted reproductive technologies (ARTs) are not reliable, as much use is not reported. But we know that at least two forms, ARTs and surrogacy, have become more common, and for a number of reasons. First is sheer availability, with advances in technology allowing interventions that permit new forms of conception, pregnancy and birth; as those technologies become more commonplace, they also become more accessible to more people because of availability and lower price. The use of ARTs across borders is also made possible because of the increasingly easy communication and contact between societies. The vastly different regulations around ARTS that exist from one country to another is also important, and makes it easier for those in wealthier parts of the world to employ poorer women to act as surrogates or otherwise assist them in their efforts to become parents. Thus, the extent and increasing use of these processes make it imperative that we understand who is using them and to what outcomes for both those who use them and others in the community.

Finally, if we expand our definition of reproduction even further, beyond simply pregnancy and birth, and include what is often called “reproductive labor,” everyone is involved in issues of reproduction (Briggs 2017). Reproductive labor includes all processes and work involved in reproducing families and the economy: child care, housework, education, and other such processes that care for and socialize children as well as work—paid and unpaid—that supports the workers in the labor force.

I argue, however, that as important as numbers might be, the most important reason for demographers to study stratified reproduction is beyond those numbers. Scholarship on stratified reproduction gives us new insight into issues that are at the core of both demography and social science in general—questions about fertility, certainly, but also the ways that fertility/reproduction is embedded in the social, economic, and political fabric of any society, including

social inequalities. To engage with this body of research will encourage attention to areas of scholarship that are not well studied within demography; while recognized within demography, inequalities—especially inequalities beyond the individual level—often go unremarked on or are understudied in the field. At the same time, with its perspectives on patterns of births, deaths, migration and other demographic events, demography is also poised to make contributions to the conversations around stratified reproduction.

In this chapter, I examine key practices of stratified reproduction. My intention is not to provide comprehensive coverage of this work (for good overviews, see Ginsberg and Rapp 1995; Almeling 2015; Whittaker 2015; Ginsburg and Rapp 1991; Hudson et al. 2011; Nahman 2016); instead, I examine a few such practices as examples of how they are situated in ideologies of reproduction, race and gender. I have chosen the examples here in order to make an argument about the importance of stratified reproduction to our understanding of reproduction generally and to demography in particular. Stratified reproduction is good to think with: it gives us insight into some of the assumptions we make in our scholarship and allows us to see more clearly some of the politics behind many aspects of the social world (Briggs 2017; Rapp 2001). Particularly important, I will argue, has been the turn to neoliberalism across the world, and how that has shaped inequalities and reproductive practices and ideologies everywhere. After introducing stratified reproduction in the next section, and then discussing some key practices related to that reproduction (adoption, ARTs and surrogacy), I take up broader issues at the end of the chapter, where I ask: how might attention to stratified reproduction influence how demography does its work or the conclusions it comes to?

9.2 Defining Reproduction

Reproduction obviously involves biological processes. But for most social scientists, it is the social aspects of reproduction that draw their

attention: how the social shapes, is shaped by, and makes meaning of biological processes.¹

In considering the definition of reproduction, I want to include for consideration a variety of reproductive events; these include some obvious and common processes such as pregnancy, birth, abortion, contraception, infertility, and assisted reproduction. Thus, reproduction includes both having children and not having children. It also includes the work and processes of raising children and includes men as well as women. Especially key to my definition of reproduction in this chapter is to think of reproduction as “an issue that can be studied on multiple levels, from individual embodiment to state policy” (Almeling 2015: 424). As Michelle Murphy argues, “Reproduction [is]... not a biological thing with clear bounds, but a multifaceted and distributed effect in time and space, a problem both material and political to which questions of state, race, freedom, individuality, and economic prosperity [are]...bound in ways that connect.. the micro-logical with the transnational via embodiment” (Murphy 2012: 6, quoted in Almeling 2015: 430). This broader definition of reproduction requires that we include attention to how the state and society—that is, levels of social processes well beyond the individual—view, shape, and interact with reproduction.

If we understand that the “experiences of reproduction are shaped by a variety of cultural ideas and practices that are hierarchically organized” (Ginsberg and Rapp 1995: 77), we must then also attend to how power and the differential

distribution of power at all levels play a role in patterns of reproduction. At the mostly individual level, we can understand how fertility or infertility rates differ among different groups of women or men, depending on their individual or community experiences, such as education or access to health insurance. Or we can observe how different parts of the reproductive process can be located not in one body but can be scattered across up to five different bodies and that this “scattering” is done in a way that follows lines of inequality. But we must also recognize that it is at the societal level, often influenced by state regulations or lack of regulations or services, that reproduction as a process largely gets shaped. Thus the stratification of reproduction, like the stratification of other resources or institutions—education, labor force involvement and others—comes about because of ideology² and the ways that ideology shapes the uneven distribution of resources, access, and practices within and across societies.

9.3 New and Old Practices

When we recognize that reproduction encompasses more than simply pregnancy and birth (or their prevention), we understand that stratified reproduction has been around for centuries, in most places in the world. Responsibilities for and rewards from reproduction often were spread well outside a single or two parents. Social and economic inequality has often resulted in differentials in these practices, with class and racial differences in access to resources around reproduction, such as the means to raise children in a healthy environment, being able to purchase adequate support for pregnancy and childbirth, or access to the means to prevent pregnancy.

In the interest of providing adult help for their children, biological parents have regularly turned to others. In many cases, these other care givers

¹Many use the terms reproduction and fertility interchangeably, and certainly, they can cover the same territory. But fertility, at least in demography, is sometimes defined fairly narrowly. For example, the Population Reference Bureau provides this definition of fertility: “the actual reproductive performance of an individual, a couple, a group, or a population. See general fertility rate” (PRB n.d.). And the PRB glossary does not even define reproduction, suggesting how it is not often used in demography. It is partly to signal my intention to include elements outside the usual range of demographic research that I primarily use “reproduction” in this chapter, although my decision also comes because of the large literature (outside demography) that uses the term “reproduction” rather than “fertility.”

²Drawing from Althusser and Gramsci, Inhorn defines ideologies in a useful way for this discussion, as “articulating principles that organize beliefs, behaviors and social relationships and influence the lived experiences and meaning making of thinking subjects” (Inhorn 1996: 19).

were other family members: grandmothers, older sisters, uncles. In some societies, these practices—what is sometimes termed child circulation—are part and parcel of all family life, no matter the socio-economic status; reproduction, particularly the care and raising of children, is shared across compounds, generations, or other family divisions (Riley and Van Vleet 2012: 15ff). For example, in West Africa, families practice child fosterage, where children are expected to move from their birth families to other families in order to learn how to be good members of the community, and often, to learn useful skills; in these families, both birth and fostering families have rights over children (Riley and Van Vleet 2012: 16ff). In the Andes, child circulation is also widely practiced, with children and parents developing “relatedness” through shared activities such as eating or living together (Van Vleet 2008; Riley and Van Vleet 2012: 21ff; Fonseca 2003). In some circumstances, these contributions from others were necessary when parents struggled to provide for their children. Many scholars (Stack 1972, 1975; Collins 1987) have argued that “othermothers” have been a common practice in African American communities and have been central to the institution of family across the U.S.; in the uncertainty of poverty, early childbearing, and racist social policies, othermothers could provide security for a child and his/her biological mother as well (Collins 1987; Taylor et al. 2003). These child circulation and other arrangements for caring for children were often fluid, and changed over time, both over the course of family growth and change, and over other, societal-level changes.

In other circumstances, parents paid others for child care or other services. There is a large literature on the relationships between childminders and the children and parents for whom they work for and with. White adults in the U.S. recall their childhoods spent being cared for by black nannies (Mann 2015; Furman 2017), about women who became nearly-mothers to them, who ran the household, and who seemed a part but not a part of the family. Women whose “love was the real stuff that held [the] family together” (Mann: 46). But whatever place they had or did

not have in the families they worked in, these nannies and child-minders were there to provide reproductive services to those of higher status than they: examples of stratified reproduction.

Today, many of these practices continue, but there are marked changes as well. Parents continue to rely on outsiders to provide reproductive care, and that is more likely to happen in those families who have the financial means to buy child care services. But increasingly, paid child care services are used by groups who are not wealthy, but middle class. This trend has been prompted by a number of changes and is perhaps most pronounced in wealthier western societies. There, more women are now full time laborers outside the household; there is greater distance from kin who might have provided this care in the past; and there has been an increase in consumer services generally, where all kinds of intimate services are bought and sold on the market (Hochschild 2012; Epp and Velagaleti 2014). Related to all these changes is the global “care chain,” a chain that connects and sells the labor of women from poorer countries to households in wealthier countries. In this process, such child care labor allows women in the west to continue to work outside the home, often permitting their families a higher socio-economic status (Colen 1995; Ehrenreich and Hochschild 2002). Women at the other end of the chain, from poor countries, use the care chain as well. Through work in other countries, they seek financial advancement (most often for their children) or even survival. In the process, they often sacrifice care of their own children (who most often remain behind, cared for by still-poorer family members, neighbors and community members)—sometimes not seeing them for years—in order to provide financial security for their families (Parreñas 2005; Gamburd 2000; Constable 1997). Thus, in Hong Kong, migrant workers from Indonesia and the Philippines provide domestic and child care labor to Hong Kong households, often while their own children grow up without the presence of their mothers for years at a time (Constable 1997, 2014). This global chain of care, which runs nearly exclusively through women, makes evident how—at all points on the chain—the lack

of state support combines with gendered expectations about women's roles in child care to undergird a system of inequality in access, choice, and achievement.

Even in places where sharing child care responsibilities have occurred for generations, we can see the shadows of stratification—both within the community but across the globe as well— influencing that care. For example, in the Andes, inequality is part of child circulation; it is often poverty and violence that leads to parents allowing their child to be taken in by another family (Leinaweaver 2007). In China, young mothers have long relied on their mothers-in-law and other older women in the family for help in childcare; mothers-in-law can offer experience, time, and interest that is valued but sometimes also resented by new mothers (Wolf 1972). In contemporary China, as poor rural families strive to maximize their resources, parents often migrate to the cities and leave their children behind to be cared for by grandparents. Here, reproduction—the raising of children—is spread across generations. Elderly Chinese—who make up an increasing proportion of rural residents—serve an important role in providing care of children, without which adults would not be able to migrate for work (Silverstein and Cong 2013). Thus, while there is a long history of shared childcare in China, in today's patterns we can see how class and inequality—particularly between rural and urban residents—and the lack of government support for the most marginalized—rural residents—have shaped contemporary patterns of social reproduction (Shang 2008).

Many processes of child circulation and caring of children by adults other than parents continue today. But to the pressures and needs of parents and families that have long structured and shaped reproduction have been added several elements that have further shaped reproduction: technology; the commercialization of nearly everything, including the most intimate details of people's lives (Spar 2006); and an increasingly globalized world, with more and faster connections across boundaries. There have always been differences and inequalities in reproduction related to nationality, race, or class. But these

new elements have affected reproduction in both qualitative and quantitative ways.

Thus, while today's stratified reproduction continues patterns from the past, it has also taken on new forms and processes. In this chapter, I focus on some key practices, namely adoption, assisted reproductive technology (ART), and surrogacy. Stratification in child care is still important, but I generally leave those practices aside here to focus on those most closely related to conception and birth. I go into more detail on these below, but here, it is worth pointing out how these practices depend on social, economic and other inequalities for their success. All of these practices take place along fault lines of inequality—class, gender, nationality, race, ethnicity or something else. Even as new technologies and processes have allowed more families to have children, they have also been built on, and often reinscribe inequalities. This stratified reproduction is intertwined with other social institutions; the state, family, the economy, schooling and other social institutions help to shape reproductive practices across the world, and help define who has the children they want, how easy it is to raise them, and how and to whom reproductive labor is bought and sold.

9.4 Who Is Involved?

One relatively straight-forward way to trace stratification is to examine who is participating in what parts of the process. What can we learn when we look closely at the participants involved in adoption, ARTS and surrogacy? These techniques and processes are considered valuable solutions to problems of infertility and used by many individuals, couples, and families who cannot or do not want to have a biological child. Recent decades have seen these services extend to new populations across the globe, from older women to gay men, lesbian couples and others. But their use shows clear patterns of inequality.

The prohibitive costs of formal adoption, surrogacy, and most ARTs put these alternative means of reproduction out of reach for many. In addition to such differential access to these pro-

cesses, there are significant social and economic differences between those who purchase these services and those who “donate” (and, to be clear, these are rarely donations, but rather sales). The sellers are nearly always of lower status than the buyers in terms of nationality, class, and/or race/ethnicity. Those who place their children for adoption (or who lose their children to the state) and those who sell (or rent) their eggs, sperm, or wombs often do so because of economic hardship. Some research has indicated that some who provide eggs, sperm, or babies are happy to be doing so, either because of intrinsic satisfaction that they get from helping those who cannot produce a child (Berend 2012; Singh, Chap. 8 this volume) or because the money they receive for their services compensates them well for the inconvenience and dangers they face in the process (Pande 2010). Nevertheless, the risks and inconveniences in these processes are unevenly shared. It is, indeed, a *stratified* process. Not only are richer people more likely to be on one end of this process and poorer people on the other, but the money that changes hands in this industry underscores the way market forces—and people’s different relationship to the market—is part of such reproduction.

Another factor in the use of these techniques of reproductive options is the relative ease of travel between countries, and the advantages of that travel. Across the world, there are huge differences in how countries regulate adoption and ARTs and those differences in regulations are behind much of the traffic across international boundaries, what some have termed “reproductive tourism.”³ Those with money, connections, and strong interest, can leave their own country and travel to another to use services unavailable at home.

When we consider who is involved in these reproductive processes, we should also consider how they are also productive. As I will discuss in

more detail below, the uneven distribution of use of these technologies combines with already prevalent attitudes about “good” and “bad” mothers—and who should and should not be having children—to actually strengthen divisions in society, and to stratify reproduction even further.

9.5 Stratified Reproduction in Practice

9.5.1 Adoption

Adoption is often thought of as “just” the transfer of children from mothers who cannot care for their children to families who can and want to (Gailey 2010; Riley 1997). But the role of inequality is particularly noticeable in adoption. When children move from birth to adoptive family, they are nearly always moving up the social ladder; adopting parents tend to be more educated, wealthier, and are more likely to be white and reside in wealthy countries than the birth parents who place children for adoption (or have their children removed from their homes). This pattern of child movement reflects the lack of resources to which poorer families have access, and/or the greater likelihood that poorer families will face state interference in their families (Roberts 2012, 2002). While interrelated (see Ortiz and Briggs 2003; Gailey 2010; Dorow 2006), domestic and transnational adoption tell us different things. In this section, I first examine domestic adoption within the U.S. and then look at inter-country adoption, with particular attention to intercountry adoption by Americans.

In the United States, the first formal adoption laws were written in the mid-nineteenth century (Riley and Van Vleet 2012). These processes slowly became formalized across the globe; for example, such laws were not enacted until the 1920s in England. In 1983, the Hague Convention, a multilateral treaty to regularize adoption and child transfer was enacted and by 2017, 98 countries had signed the treaty. Since the years when adoption formalization first began, adoption practices have taken many turns, including the role of race-matching in adoption and the later

³Because of the uncertainties, obstacles, and costs, Inhorn and Patrizio have argued against the phrase “fertility/reproductive tourism;” they argue such a term suggests an ease and casualness to a process and effort that is often intense and difficult (Inhorn and Patrizio 2009).

dismantling of this practice, and a move toward open adoption and a continuing relationship between birth parents and child. In recent decades, the U.S. has seen a decrease in domestic adoptions (Crary 2017b; Jones and Placek 2017: 1ff). The reasons for that decline are many, including the influence of more effective and more accessible contraception, which has made it easier to plan (and prevent) pregnancies and births. Legalization of abortion has also contributed to women's options around reproduction. But some (Briggs 2012; Riley and Van Vleet 2012) argue that the greatest influence on domestic adoption may be that increasingly, women now feel they are able to raise children no matter what their marital circumstance; where once single parenthood was widely and deeply stigmatized, it is now generally acceptable for single women to raise children as sole parents. That means that women today do not feel the pressures that women did in the past to relinquish children to others (Solinger 1992).

In addition to a decline in numbers, there are other aspects about U.S. adoption that bear some scrutiny. One of the most significant is the disproportionate number of black children who are removed from their families by the state, placed in foster care, and often later made available for adoption. In 2005, black children represented 47% of the numbers of children in foster care, although they made up only 19% of children in the U.S. (Wulczyn and Lery 2007). In 2015, the extent of disproportion had declined, but was still evident: black children made up 24% of the children in foster care, nearly double their representation in the overall U.S. population (13%); white children comprised 43% of children in foster care but 61% of children in the country as a whole (U.S. Census 2017; Children's Bureau 2015). Behind this phenomenon are several events and trends. First is the growing number of children in poverty across the country, the disproportionate number of black children in poverty, and a decrease in government support for poor families (Roberts 1998; Ross and Solinger 2017; Briggs 2012), making raising children in a healthy environment particularly challenging. Notably, while the higher level of poverty among blacks in the

U.S. contributes to the disproportion rate of fosterage among black children, it does not completely explain the racial differences (Wulczyn et al. 2013).

Along with changes in poverty rates and government support of poor families have been changes in fostering and adoption laws. Adoption became increasingly regulated throughout the twentieth century (Riley and Van Vleet 2012), often both reflecting and promoting changes in public sentiment about who are the best mothers for a child or what families should look like: should poor children remain with their mothers? should the state contribute to families to allow them to raise their children? should potential adoptees be racially matched with adopting parents? More recently, in the 1997, the U.S. passed The Adoption and Safe Families Act which encourages states to move children from foster care to adoptive homes more quickly by severing biological parental rights. While some argue that faster adoption placement is in the best interest of the child who will this way have a stable life more quickly, others have noted that the incentives being offered to states under this system also mean that certain biological families—specifically poor and black families—are more likely to see their families shatter. The federal government offers states financial incentives (\$4000 to \$6000 to adopting families) to increase adoptions and lower the number of children in foster care. The irony of those subsidies is best understood when we realize that it was around the initial time of this program that “welfare reform” took hold at the federal level through the passage of the Personal Responsibility and Work Opportunity Reconciliation Act in 1996; as a consequence of these reforms, states cut financial support (through welfare and food stamps) to poor families, making it more likely that they would struggle with poverty. Indeed, poverty-related neglect is one of the main reasons that children are removed from their families by the state (Roberts 2002, 2014). And when one follows the money and state subsidies around the movement of children in these processes, it is clear that the further from birth parents, the more money is involved; foster and adopting parents are often provided

subsidies that if given to birth families might have enabled them to address the challenges of poverty better (Solinger 2001: 185). In New York City, foster parents are paid over \$1200 a month to take care of a child, many of whom have been removed from their birth families; in many cases, those payments to foster parents continue until the child is 21. Mercedes, a mother who lost her kids through state intervention, argued about the fairness of those payments and how that money might have been differently distributed; pointing to how a foster mother was given help to raise Mercedes' kids, she commented bitterly, "But you can't help the biological mother who's showing you that she wants her kids? If they would have done that for me in the first place, I wouldn't be in the situation that I'm in now, and I'd have my kids" (MacFaquhar 2017: 42).

Another way to understand how large a role economic inequality plays in domestic adoption is to look at Norway. In that country, removal of a child from his or her birth family is very unusual; government subsidies to all families (along with free contraception and abortion on demand) make it unlikely that families face the kind of challenges that poor families face in the U.S., and make it possible for nearly all children to be raised by their birth parents (Riley and Van Vleet 2012: 92, 105).

Not only does inequality play a large role in domestic adoption in the U.S., but the practice of forcibly removing children from birth families, and particularly black families, leads to destruction of communities which causes further problems and further disadvantages for the families left behind. Dorothy Roberts has documented how race, poverty, and state intervention come together to shatter communities through removal of children. Using what she calls a "racial geography" perspective, she points to how the state removal of children from black families is concentrated in poor black neighborhoods, and works to further undermine the cohesiveness and health of these communities, contributing to distrust among community members and even within families and pits families and communities against state agencies, making positive intervention (to help poor families and parents) even less likely (Roberts 2002, 2008).

9.5.2 Transnational Adoption

Inequality is likewise at the root of most transnational adoption: nearly all formal adoption across international borders involves the movement of children from poorer countries to richer countries and mirrors the transfer of many goods, people, and capital across the world today. In the movement of children from sending to receiving countries through adoption, we can trace the influence of historical relationships, wars, colonialism, and economic relationships, reminding us that it is not only contemporary inequalities that are involved but the ways past histories have had a lasting impact on current practices (Klein 2003). The United States receives the largest number of children through transnational adoption, but other countries—Norway and Spain, for example—have the highest rates of per capita transnational adoption.

Adoption of children across national borders began in the early twentieth century, as countries like the U.S. took in displaced citizens of countries involved in WWI. These "humanitarian" adoptions continued through WWII but increased and became more formalized in the 1950s. In the U.S., transnational adoption entered a new phase after the Korean War and efforts to address the plight of "war orphans" or children living in Korea who had been fathered by U.S. military and faced racial discrimination in their country (Riley and Van Vleet 2012: 102ff). From the 1950s, transnational adoption grew steadily, in the United States and other western countries, as did the number of sending countries (Selman 2009: 35). The numbers peaked around 2004 and have since declined; by 2014, the top receiving countries all reported "a 70 per cent drop in the number of adoptees over a 10-year period" (Romei 2016; see also Crary 2017a; Voight and Brown 2013).

The reasons behind both the rise in transnational adoptions and their recent decline are complex and multiple. These adoptions had their beginnings in wars' aftermaths, and while war is not always behind all transnational adoptions today, it is also true that adoptions from sending countries often increase after trauma—either col-

lective trauma such as the turmoil, violence and ultimate collapse of Romania under Nicolae Ceaușescu or personal trauma caused by the Birth Planning policies in China (aka “the One Child Policy”) that forced families to abandon their girl babies. While the specific events that might trigger abandoned or orphaned children are not always immediately about the inequalities between the rich and poor areas of the world, the underlying forces definitely reflect such inequalities, and the subsequent instability and/or poverty in these countries often mean that they do not have the resilience and resources to recover from natural, economic, or political disasters.⁴

Why parents in wealthier countries turn to other countries to adopt also involves complex reasons. A decline in the number of healthy white babies available for adoption is one reason that adopting parents began to look elsewhere, and some have argued that most such trans-country adoptions are also potentially “cleaner” with less chance of birth parents seeking to have a continuing relationship with the child (Riley and Van Vleet 2012). But these adoptions also seem to retain a rhetoric of “rescue” (Briggs 2003; Anagnost 2000). Ortiz and Briggs (2003) argue that, indeed, babies in foreign countries are seen as “rescuable” and rehabilitable, especially compared to poor children in the United States, who are often viewed as members of a “biological underclass” (Ortiz and Briggs 2003: 53).

It is not only the actual movement of children that reflects global inequalities. Along with the transfer of children from poor to rich countries has been the development of adoption regulations that tend to reflect western philosophy and family practices rather than those of poorer countries, with one scholar arguing “The United States has used its large-scale role in the intercountry adoption system to shape the system according to its own needs and ideals” (Smolin 2013: 82). While the Hague Convention on the Protection of

Children and Cooperation in Respect of Intercountry Adoption of 1993 (“the Hague Convention”) was meant to safeguard the safety, rights and cultural identity of children (and their biological parents) across the world (The Economist 2016), in practice, this law conforms most closely to the needs and interests of adopting parents in the West, and particularly in the United States. Scholars have argued that the development of and reliance on the Hague Convention masks the ways that the market—with its ways of creating and reinforcing inequalities—is involved in adoption. “Imagining placement to be a consequence of voluntarism by a birth mother or a ‘choice’ by prospective adoptive parents obscure[s] the dependencies and inequalities that compel some of us to give birth to and give up our children, while constituting others as ‘free’ to adopt them” (Yngvesson 2002: 230). In addition, the Hague Convention is built on an American ideology that does not hold economic or subsistence support for families as a right, as do many other societies. In this case, then, that a family gives a child up for adoption because of severe poverty is not a violation of the rights of the parents, but rather is seen as parents “making a rational and positive voluntary decision [exercising “choice”], rather than as being coerced in the context of a severe deprivation of fundamental rights” (Smolin 2013: 104).

In addition to the ways that international adoption laws structure the transfer of children from poor to rich countries, these same laws have influenced within-country child circulation and made it more difficult for the most vulnerable to find ways to raise their children. Claudia Fonseca (2002, 2003) writes about child circulation and adoption in Brazil and argues that international models of adoption—particularly the assumption that children placed for adoption should make a “clean break” with their birth parents—have made it more difficult for mothers to use practices of child-circulation that have long existed among the Brazilian poor. When circumstances warranted it (particularly in times of severe poverty), mothers regularly placed their children with family members or neighbors, or even in state-run “orphanages.” But

⁴Declines in transnational adoptions are not always about fewer children who might be adopted but are often a result of a country’s determination to stop foreign adoptions and care for abandoned or orphaned children in their own country.

they did so nearly always with the assumption by all parties that the placement was temporary and that the mother would claim her child when things got better. This pattern of child circulation meant that parents were able to find ways to hang on to their children, even as they had to rely on others for temporary help. But increasingly, the Brazilian government is using the international standards of child “abandonment” and “clean break” adoption, and placing these children for adoption more quickly than in the past. Even when mothers give consent, Fonseca argues they do not necessarily understand that the rules of adoption have changed, that the old practices are no longer supported by the state and that their consent means that now, they will lose their children forever (Fonseca 2002). “From their point of view, they had left their children in the care of the institution in the same spirit they would have they had left their children with a grandmother... In the birth mother’s confrontation with state authorities, the clash of different rationalities was glaringly evident” (Fonseca 2002: 403). It was actually pressure from the international sector—the increasing number of foreigners trying to adopt Brazilian children and the pressures that arose to adhere to international standards of child adoption that undermined poor Brazilian mothers’ practices of child circulation, making it more difficult for them to find temporary relief from the financial pressures of raising their children and often forcing them to relinquish their children permanently, through state channels.

Thus, in the realm of adoption, inequality and the stratification of reproduction come in in several ways and forms. For domestic adoption within the U.S., we see how the child foster system reflects the deep and long-lasting ways that race, family, gender and state come together to cause disruptions in black families. Across the world, the transfer of children has also followed patterns of inequality, both in the patterns of child movement from poor to rich countries and in how international standards reflect the ideologies of wealthier countries, particularly the U.S., to the disadvantage of families within poorer countries.

9.5.3 Assisted Reproductive Technologies (ARTs)

There are many forms of ARTs, and more are being developed all the time. Availability and access to ARTs have made it possible for some who have struggled with infertility to bear children, and often biologically-related children. Such an outcome is celebrated by most. Research in the Middle East (Inhorn 2011, 2015; Inhorn and Patrizio 2015; Inhorn and Tremayne 2016), for example, documents the benefits of ARTs in Muslim communities. There, where marriage and children are considered necessary elements for any individual’s place in society and infertility has been heavily stigmatized, the availability of ARTs has taken the heavy burden of childlessness off of families (particularly women), has reduced family pressure and shame, and been influential in opening up both new pathways to achieving family-building goals and soliciting help in doing so. In many of these communities, it is particularly the availability of ICSI⁵ to address male infertility issues that has helped to change the conversations around pregnancy, infertility, and even masculinity (Inhorn 2015). The difference that ARTs have made in that region of the world makes it clear the potential positive outcomes of ARTs. At the same time, ARTs are an important element of stratified reproduction; the uneven distribution of ARTs across societies and the world underscores how along with acknowledging the positive outcomes, we must recognize how they are also heavily connected to social inequalities.

Stratification is bound up with assisted reproductive technologies in a variety of ways; the patterns of the use of any ART—even if not from a third party—indicates how unequally these processes are spread across any population. The role of access and cost is key. Some who struggle with infertility have much less access to ARTs, usually because of money, but sometimes because

⁵In intracytoplasmic sperm injection, a single sperm is injected into an egg and then the fertilized egg is implanted into the uterus.

of geographic location. Sub-Saharan Africa, for example, a region with some of the highest rates of infertility in the world, is also one of the regions with the lowest access to ARTs (Inhorn and Patrizio 2015). ART services are more available in the wealthier global north, but there, their high costs prevent many from accessing them. Indeed, one of the most important aspects of any ART is the expense it entails. A single cycle of IVF⁶—including all the associated costs—costs around \$20,000 in the United States (Uffalussy 2014), making this process unavailable to many; especially troubling is that the success rate of a single cycle is low, and most women undergo multiple cycles in their attempt to get pregnant. Policies on ARTs vary from country to country across the world and from state to state in the U.S. (Spar 2006: 36ff). In the U.S., access to ARTs is limited to those whose health insurance covers these procedures, or who have the personal financial resources to employ them. Only eight U.S. states mandate insurance coverage of ARTs (CDC n.d.); not surprisingly, the extent of such coverage has been found to have an influence on who actually uses these technologies (CDC n.d.). Some groups—particularly the poor and women (and men) of color—have less access to ARTs to address issues of infertility (Greil et al. 2011). In addition to differences in access among different communities, information is also unevenly distributed: little is known about how infertility is dealt with among poorer populations; infertility, particularly in western industrialized countries, is mostly constructed as a middle class white disease, even though poor women and women of color have higher rates of infertility (Bell 2012: 2).

In the next sections, I focus on two of the most common forms of ARTs—sperm and egg “donation”—to frame how they help us understand the place of ARTs in the stratification of reproduction. I focus on the use of third party gametes (sperm or eggs), rather than simply the technology that can also use sperm and eggs of parents themselves. The use of third party suppliers takes us to the ways that ARTs have been heavily commodified, especially in the United States, where

these technologies and their use are generally unregulated. Along with unequal access to ARTs, there is additional inequality here; the patterns in these practices show that it is likely that those providing (through selling) the means (eggs, sperm) are poorer and less educated than those who are able to purchase such services and products.

9.5.3.1 Sperm

When we examine some of the details of the process of sperm donation, purchase and business, the ways that ARTs meet the social world become obvious. While often described as donated, sperm is part of the ART market, sold and bought, and bringing significant profits to businesses involved. Appropriately named to handle such a commodified product, “sperm banks” began appearing in the early 1970s (Spar 2006: 35) and while some began as non-profits, once sperm began to be delivered and sought beyond family members, these sperm banks soon took on the shape that remains today. “Donors” of sperm are usually young, healthy men; some businesses seek out men with “special” characteristics such as Nobel prize recipients, or athletes. A customer—a single woman or a couple—chooses a particular donor, often from a catalog of possibilities. How much the customer knows about the donor differs from place to place; in some countries and in some businesses, few details of the donor are revealed. But in others, customers can learn a lot about the donor, and some even offer to provide the donor’s contact information after the child becomes an adult (Spar 2006: 37). The process of collecting and using sperm to produce a pregnancy is relatively simple compared to other reproductive interventions, although proper storage requires special equipment, and steps to guarantee later usefulness can be complicated. Sperm donors are carefully screened for genetic and medical issues, but are also recruited based on their education level, height and weight, and other such characteristics. Indeed, customers of some sperm banks are invited to choose donors based on everything from race or skin color to what the donor majored in in college (California Cryobank online). The commodification of sperm donation and purchase has resulted in considerable profit, with donors

⁶In vitro fertilization, a commonly used form of ART.

paid between \$50 and \$100 per specimen (Almeling 2007), and customers of sperm banks paying fees that start around \$700 and can reach \$3000 if searching for particular types of donors; the markup of such product is obviously considerable: Spar (2006: 39), estimates the markup at 2000%.

But stratification comes in beyond whether individuals (or certain groups of individuals) have access to sperm banks, as is clear when we look at the recruitment of donors and the demands for some donor sperm over other. Analyzing the sought-after characteristics of egg and sperm donors, Daniels and Heidt-Forsyth (2012: 720) have argued, “the unregulated free market in ARTs has produced a form of gendered eugenics that compromises choice for donors and exacerbates hierarchies of human value based on stratified norms of race, ethnicity, economic class, and gender.” In their survey of sperm donors in U.S. sperm banks, they found white donors over-represented and black and Latino donors vastly under-represented. In many ways, they suggest, this difference reflects the racial and ethnic differences in customers of these sperm banks; the connection between race and socio-economic status in the U.S. and the lack of health insurance coverage mean that blacks and Latinos are less likely to have the financial ability to access sperm banks. At the same time, black and Latino men are more likely to have infertility issues given that their fertility is more likely to be impaired because of lack of health access, exposure to toxic substances at work, and poverty (Daniels and Heidt-Forsyth 2012: 724). But the characteristics that are sold through sperm bank deposits have further influence even beyond this level. The sought-after characteristics “clearly reflect a preference for those men who most closely match idealized traits of race, class, and masculinity: men who are above average in educational attainment, have leaner BMIs, are exceedingly above average in height, and are disproportionately selected from white and Asian populations” (726). By selling characteristics as part of the gamete purchase, these sperm banks reinforce an ideology that such characteristics—and other social traits that are regularly advertised, such as

athletic ability, or outgoingness—are both genetically based and more often found in white men. Such rhetoric reinforces already-existing racial and ethnic divisions and inequalities in the U.S. and elsewhere and supports a biological version of race and inequality.

9.5.3.2 Eggs

Eggs are bought and sold in ways similar to sperm, but there are some significant differences between the market in eggs and that of sperm. The most important one is the relative difficulty in obtaining third-party eggs. For a woman to “donate” her eggs, she must go through a process of taking hormones to stimulate egg production, and then undergo minor surgery during which they are removed from her ovaries, a process for which she is paid an average of \$4200 in the U.S. (Almeling 2007). All parts of the egg donation process present physical and emotional risks to the woman, risks that have not been completely assessed by the medical establishment. Perhaps because of the steps involved, egg donors and receivers are more likely to know (of) each other than is true in the process of sperm donations. And, because of the lack of regulation of these processes in the U.S., individuals wishing to be parents have sometimes taken out ads in university newspapers, offering high prices (upwards of \$50,000) for an “elite” donor—often white, well educated, with high SAT scores, athletic, good-looking, and healthy (Spar 2006: 45). If we follow the market in eggs, we see that here too, some women are considered “better” donors than others. Part of the hierarchy is health-related: wealthier egg donors are more likely to be healthier than poorer women, and therefore more likely to produce a pregnancy and allow it to be successfully carried to term. But by looking at many of the traits that customers look for—height, education level, hobbies, athletic ability—we can see that customers are making assumptions about how genetic and social traits are distributed in the population. Because of the greater risk and involvement of donors, the business of selling and buying eggs has been more controversial than that of sperm selling and buying. Nevertheless, while some countries have

stepped in to regulate or actually prohibit the use of third-party egg donation, these procedures remain largely unregulated in the United States, and therefore some groups remain more vulnerable in the desperate attempts that some couples go to to achieve a pregnancy.

9.5.4 Surrogacy

It may be in the context of surrogacy where it is most easily seen how social stratification is part of these new forms of reproduction, partly because in surrogacy it is more than cells or gametes that are exchanged and because social and economic differences between surrogates and those that hire them are even more obvious. In her chapter on surrogacy (Chap. 8, this volume), Holly Singh covers many key issues of surrogacy. As we consider how ARTs might allow us to think more and differently about fertility, we have to consider how surrogacy extends questions about the definition of motherhood, about a woman's desire for children, and other questions that necessarily take us beyond any assumption that fertility and its understandings involve only one woman. While other ARTs have allowed a separation of sex from conception, commercial surrogacy became more widespread once technology allowed a different role for the genetic mother (who provided the egg) and the surrogate mother (who carried the resulting conception and pregnancy to birth). Many argue that commercial surrogacy opens the possibility of even further exploitation of women; indeed, many countries ban surrogacy outright for that reason. But in the U.S., it remains not only unregulated, but the laws allow for potential foreign customers to come to the U.S. to hire a surrogate. It is not surprising that India saw the market for surrogacy grow quickly, as those from richer countries began to outsource pregnancy in ways similar to the labor outsourcing that has occurred in many industries, with those in poorer countries providing the needed labor, at a lower cost. Now that India has shut down the transnational surrogacy market, customers have begun to seek out other possible places where women might be hired to

act as surrogates; some states in Mexico, for example, still permit foreigners to hire Mexican surrogates, and there has been an increase in such hires in recent years (Burnett 2017). But as Singh (2014) points out, within-country inequalities also deserve attention. In India, the rhetoric around gestational surrogacy regularly adopts a language that comes from a long history in which wealthier (even middle class) citizens regularly employ the labor of poorer Indians—to wash floors, to drive their cars, to care for their children. In this process, “many interested Indian parties to surrogacy will view the women who gestate and give birth to genetically unrelated babies as just ‘labor’—a naturalized category of people who can be hired and let go at will, for whose well-being employers bear minimal responsibility, and who can be easily exchanged for others eager to take their place” (Singh 2014: 826). Singh argues that this new technology has thus deepened inequalities, allowing for “more and more intimate exploitation of inequality” (Singh 2014: 826).

The analyses of Singh and others draw our attention to how the spread of assisted reproductive technologies may have brought more “choice” to some, but at the same time, neither these technologies, nor other forms of stratified reproduction, have changed glaring social, economic, racial, and political inequalities across the world and within countries, and sometimes only serve to deepen them.⁷ The ways that reproduction is stratified is, in itself, a significant phenomenon, and worthy of study. The spread of reproductive technology also mirrors other changes, especially increasing globalization and commercialization of intimate activities. When reproduction meets the market, we can expect new practices to arise. Changes in technology now allow all parts of conception, pregnancy, birth, and after-birth practices to be farmed out to a range of people; the woman who provides the egg that results in a birth need

⁷Thus, the transnational adoption of a child from a poor to a rich country might allow that child a higher standard of living. But such adoption does not change the circumstances that made the child available for adoption in the first place.

not be the woman who carries the pregnancy, and the woman who carries a child for nine months may not be the legal mother of the child. The range of global connections means that services are bought and sold across the world, and thus global inequalities in access, information, and resources may have an even greater impact than in the past. These changes in both reproduction and the forces around reproduction are key reasons that stratified reproduction is an important area of study and work; stratified reproduction has been around for a long time but that these processes are increasing and reaching wider populations is part of the recent attention to these processes. The outsourcing of different parts of reproduction make these processes both more and less accessible.

While these increases are significant, it is not numbers alone that make this topic so important to demography. In the next section, I discuss how stratified reproduction is both relevant to demography's existing interests and focuses, and can also provide a new lens and insights that might allow us to think differently about the broader demographic effort.

9.6 Stratified Reproduction and Demography

What can demographers learn from stratified reproduction and the scholarly work on it? Here, I mention some lessons—some more direct and immediate than others—that demographers could take from this area of scholarship and intervention. I argue it is the combination of reproduction, technology, the market and neoliberalism that make the issues of stratified reproduction relevant, useful, and important to demographers.

9.6.1 Connections to Current Demographic Interests

Even though demography is not heavily engaged in conversations about the stratification of reproduction, stratified reproduction involves many processes that are already part of demography's focuses and agenda. These include work on infer-

tility, on the value of children, the new and changing ways that families are created, a long-standing interest in reproductive technology, and demography's strong interest in migration. By making these connections explicit, it might be clearer how demography could enter and contribute to conversations involving stratified reproduction that are taking place across disciplines.

While work on infertility is now part of demography, it remains a small niche. That may be because demography has for so long been focused on reducing fertility (see Brunson, Chap. 10 this volume). As that focus recedes with declining and even "too low" fertility (see chapters by King (Chap. 4) and by Krause (Chap. 5), this volume), it may be that infertility receives more attention. But here, we should be mindful of whose infertility gets attention. The infertility of poor women across the world, and of women of color in many societies, has not garnered nearly as much attention as has the infertility of better educated and wealthier women in western societies. While demographers spend a significant amount of time and energy measuring demographic phenomena—rates of infertility in Sub-Saharan Africa, for example, have long been of interest to demographers—the meaning of that infertility to many of the women who live it has received less notice. Demographic research is essential in providing the basic numbers and percentages of infertility across the world. Further work could expand our understanding of how and why the fertility of some women is valued more highly than that of others.

Of course, gender plays an important, constant, and dominant role in stratified reproduction and is intimately interwoven with the meanings of infertility. The role and even the meanings of motherhood for women, for their families, and for the society as a whole, get called into question here (see Wilson, Chap. 7 this volume). To be a mother—or the necessity to be a mother—does not hold the same meaning from one society to another, nor does how any society evaluates a good mother or scorns or punishes a bad mother. Constructions of gender and motherhood are entwined with a variety of other institutions, social norms, and expectations

in any society, and those connections to institutions such as the economy or the state influence how reproduction gets stratified.

Partly because of new reproductive alternatives and the changing meaning of motherhood there are new, and more widely available ways of making families. Demography has certainly taken note of the increasing presence of family forms and types that do not follow old paths and forms. These technologies further encourage skepticism that the best way to count fertility, women, or families is using old assumptions about who lives with whom, or who is “related” to whom (see Compton and Baumle, Chap. 18 this volume). We continue to move away from previously normative families and these technologies suggest even more options that shape family formation and structure. As discussed above, available technologies have served to expand general acceptance of new family-making process in places like the Middle East, but have contributed in other places as well; same sex couples, for example, now have available the means to have and raise children that were not easily available in the past. But some scholars have warned that even with these expanded versions of families come constraints in what is accepted as family; in some ways these new families are most easily accepted the more they resemble old, normative versions of families (see Eng 2003; Pate 2014; see also Brunson 2016).

Related to family construction, thinking about how reproduction is stratified contains a message about counting. Demographers almost exclusively count children per woman: the important rates that demographers use, such as the TFR, are based on an assumption that we can count children and births by assuming their connection to an individual woman.⁸ ARTs, surrogacy, and even adoption, suggest that such an assumption can lead to inaccurate results. Today, women are producing and bearing children explicitly for

other women, women who could otherwise not have children are bearing children, and the thriving baby market encourages women to have babies that they can trade on that market.

These issues about family, counting and gender suggest revisions in how we think about the value of children as well. Demographers have long been interested in the value of children, and stratified reproduction encourages us to consider the value of children in new ways. Early work on this issue in demography focused on how the value of children influenced the level of fertility and the number of children women wanted (Hoffman 1975; Arnold and Fawcett 1975). Researchers argued that if we could understand why women wanted children, and a certain number of children, we might design programs that help them reach that goal (and, particularly, not have additional children) and might allow us to predict population changes in the future (Bulatao 1975). We have come a far distance from 1975 in many ways. Babies are still precious and desired, even as fertility has fallen over these years. And the value of those children is part of the commercialization of reproduction today. But when we think about children as valuable, we have to question how such value is differently created, distributed, and supported, with some babies more precious than others. Or how and whether parents value children—theirs or children who might be potentially theirs in the future—is differently calculated for some groups than others, for some women than others. Thus, the state’s removal of children from parents and subsequent adoption by others suggests a certain kind of valuation. The regulations or lack of them around surrogacy—so that the relationship between a woman and a child is evaluated (explicitly or implicitly) differently depending on many things—also encourages questions about how we measure the value of children. We might argue that better technology allows more choice and more possibilities for women to achieve their desired fertility. But that is only partially true, or only true for some women. Forming the overall picture are both women who are aided in their attempt to achieve their fertility desires—through access to technology but also through such things

⁸The questions raised here are related to those discussed by Schröder-Butterfill et al. in their chapter in this volume (Chap. 17); they argue that survey data often misses the messiness and regular changes in family connections and support, and even how a family or household is defined.

as affordable child care or flexible work hours—and others who are ignored or thwarted in their attempts to be mothers.

Another area where literature on stratified reproduction connects to demography's existing focuses is in technology. While much of the technology used in infertility is new, demography has had a long-standing interest in other reproductive technology, that used to prevent or end pregnancy. Indeed, the interest of demographers was part of a large movement to make contraception, at least, available and user-friendly to as many people as possible. Demographers were able to measure use, effectiveness, adverse reactions, distribution of methods and other characteristics of contraceptives and helped to spread that use across communities and the globe. Demographers might see the technologies around aiding pregnancy and birth in a similar light. Recent focus on fertility being too low in some places, or among some groups, might encourage such work. Although again, we should take care to think about whose fertility is being promoted and encouraged and whose is not (see also Krause, Chap. 5 this volume; King, Chap. 4 this volume).

Issues around stratified reproduction also highlight important aspects of migration, about who moves, who doesn't, and how inequality plays a role in the regulations of migration. Countries make decisions about immigrants and immigration with an eye on who is applying for permission to immigrate. Intercountry adoption, for example, flouts many migration restrictions; countries like the United States or Spain allow children to immigrate when others from the same countries are not permitted immigrant status (Leinaweaver 2013: 2ff; Dubinsky 2010; Pate 2014: 88ff). The different rules underscore assumptions about how children brought up by white parents (because most adopting parents who adopt internationally are, indeed, white) will fare differently than children brought up by others. Or that the desires of white parents are more significant and worth attending to than the desires of other parents. When we broaden our focus on reproduction, and include child care, we see how the needs of wealthier Americans

can influence state regulations much more than the needs of others. Thus, as mentioned earlier, because child care is not easily attainable or affordable in the U.S., wealthier, often white, parents seek to hire immigrant women to provide the child care that allows them to continue working in the labor market (Colen 1995). Because of the lack of child care and support for families (from the state or private companies) in the U.S., and the increased financial pressures that push women to enter the paid labor force, families (and particularly women, who continue to be responsible for most family and home labor) are often compelled to hire the labor of women lower on the socio-economic scale, often migrant women. This "global care chain," this "international division of reproductive labor" shapes both emigration and immigration policies across the world (Parreñas 2005: 141ff, 2008: 41ff Span 2018), and the treatment of immigrant laborers as well. In Singapore, for example (and in other countries), Filipinas provide a significant amount of child and elderly care, but the government restricts the role they have in Singapore society, not only through control of their visa status and not permitting them to become citizens, but also by prohibiting them from marrying or getting pregnant while in Singapore (Parreñas 2001). Again, whose reproduction matters becomes much clearer when we look through this lens.

Demography, with its long attention to reproduction, with methodology that allows the tracking of patterns and trends in those patterns, has much to contribute to our understanding of how reproduction is stratified. Many of the issues that are central to stratified reproduction—how children are valued, how families are created and supported, how technology influences reproductive outcomes, and the role of migration in shaping societies—are part of mainstream demography. By engaging with the cross-disciplinary literature on this issue, demography would be able to find ways to deepen our understanding of stratified reproduction. But demography as a field might also benefit from such interdisciplinary exchanges, especially in the ways that stratified reproduction shines a light on

areas of both research and the social world that are not central to demography's current agenda.

9.6.2 Lessons for Demography

The writings on and conversations around stratified reproduction are important in themselves. But here, it is how those are embedded in and engage other conversations and politics that suggests how this area of work might provide some lessons, directions and questions for demography.

One of the most useful insights to come out of the stratified reproduction literature for demographers is a broader view of how reproduction is rooted in certain configurations of reproductive governance⁹ and management of population, within societies and across the world. Those governance practices lie behind the inequalities in practice, access and ideologies. When we trace these practices and ideologies around reproduction, we find more evidence for the strong influence of the neoliberal world we live and work in and how it shapes nearly everything (Harvey 2005), including most demographic outcomes. Attention to the power of neoliberalism and its influence on demographic events also provides insight into the work of demography.

Neoliberalism—now hegemonic throughout the world (Harvey 2005)—is “grounded in the ideals of individual freedom and initiative, which encourage citizens to take responsibility for their own economic well-being” (Galbraith 2008: 16, cited in Hughes Rinker 2015: 227). Given its pervasiveness, it is not surprising that the increasing movement of ideas, people, gametes, money, labor and others across the world follows neoliberal assumptions and demands. In many ways, reproduction is not all that different from goods,

where the market for them is assumed and trusted to reign supreme and effectively so. “If globalization is a story of manufacturing moving outside the United States to lower its cost, it is equally a story of relying on the offshoring of reproduction, to lower the cost of *reproductive* labor (Briggs 2017: 80). Stratified reproduction has undergone change and has expanded because of new, transnational, connections that map onto a neoliberal ideology that promotes “individual empowerment” as the basis of success and sees individuals as the “captains of their own ships”. In this process, where state support of families or individuals is disappearing, new reproductive technologies appear on the horizon as giving new hope and choices to women who want children but are struggling with infertility; or allow women in western industrialized countries to depend on the labor of other women as they organize their work and the lives of their families. As women “choose” among options, we easily lose sight of the larger forces that influence individual behavior, of the economic, political, and social structures that shape choice, by enabling some, prohibiting others, and making some simply unimaginable.

Neoliberalism assumes that it is the individual that drives change and it is here that demography and its methodologies have significant ties to neoliberal forces. The assumption of the centrality of the individual underlies much demographic research and methodology and results in obscuring key elements of the social and economic world; by focusing on individuals and their behavior, it is difficult to see underlying (and increasing) social and economic inequality that is actually a major driver in any demographic outcome. Demography rarely uses lenses that permit an understanding of the influences beyond the individual, as it must if it is to take account of the larger forces at play in all processes of reproduction; demographers might take a page or two from neighboring social science fields where acknowledgement of the power and expanse of neoliberalism provide important directions and theoretical frameworks (Briggs 2017; Sheoran et al. 2015; Morgan and Roberts 2012; Hughes Rinker 2015; Repo 2016; Mishtal 2012). Demography has done little (explicitly, at

⁹Morgan and Roberts (2012: 241) define reproductive governance as “the mechanisms through which different historical configurations of actors – such as state, religious, and international financial institutions, NGOs, and social movements – use legislative controls, economic inducements, moral injunctions, direct coercion, and ethical incitements to produce, monitor, and control reproductive behaviours and population practices.”

least) to interrogate the effects and power of neoliberalism nor even its effects on something so central to demography as fertility and reproduction. Harvey's warning is useful here: "Neoliberalism has, in short, become hegemonic as a mode of discourse. It has pervasive effects on ways of thought to the point where it has become incorporated into the common-sense way many of us interpret, live in, and understand the world" (Harvey, p. 12; see also Metcalf 2017). When we look at the complex and tangled processes and players involved in stratified reproduction, we can better see that fertility, fertility desires or fertility decisions do not operate merely at the individual level. White western women have traveled to India to employ Indian women as gestational surrogates for reasons that lie well beyond a woman's simple choice or desire. That pathway is the outcome of a history of colonialism, of long years of government control of fertility (much of it supported and funded by western powers and organizations) and deep inequalities in India itself. And to be sure, not all western women are able to consider traveling to India for surrogacy reasons, or to take advantage of any new technology that might help them have a desired pregnancy. Only some women are able to "choose" such a path; that path is closed to many more.

The United States provides a stark example of how the state shapes reproductive decisions and outcomes and how laws and regulations lie behind some of the stratification in these processes and what that means for individuals. Federal laws mandate that no-cost birth control and sterilization be provided to those who rely on Medicaid for their health care needs. At the same time, Medicaid does not fund any infertility services. On the other end of the spectrum, the Supreme Court has ruled that employers do not have to provide birth control to their employees; but in more than ten states, laws require private health insurers to fund infertility services to their employees. These different rules, aimed at different groups in the United States, mean that "as a matter of law and regulation, insurers pay for the poor to get birth control and for the rich to get IVF" (Briggs 2017: 108). To understand the value

of children to different women or the reasons for individual decisions around birth control, pregnancy or birth, we have to be able to take into account the underlying assumptions that these laws make clear, that some women are provided more and some less support in achieving their desired fertility.

It is not that demography has been unaware of inequalities around fertility. Demographers have, for example, long understood how education achievement affects fertility outcomes (and desires). But inequality within the field of demography is treated in particular ways; most importantly, it is focused nearly exclusively at the individual level, such as differences in women's educational attainment or involvement in the labor force. For this reason, much of demographic data collection highlights "choice" as part of the behavior of any woman or individual (whether the focus is the fertility rate, the value of children, or choices of contraception). Such a focus often results in relatively little attention to influence of differences and inequalities among women, groups, and communities: in reproductive intentions; access to reproductive health care including ARTs; or the power to shape the policies and regulations that govern the distribution of services, resources, and even images of these processes. A focus on individuals means that we don't learn about the social, economic, and political landscapes that shape any individual action and are major players in what individuals can actually "choose" (Ben-Porath 2010; King, Chap. 4 this volume; Riley and DeGraff, Chap. 2 this volume).

But recognizing the power of neoliberalism and its influence on the field and beyond could produce even greater benefits. I argue that demography—more than some neighboring fields—has had a role in promoting neoliberal ideas and obscuring the wider societal influences on individual behavior. Demography provides much of the data and the evidence for our understanding of reproduction and many other social phenomena. The data demographers collect and analyze shape even how we imagine the world and our place in it; some questions get asked but other questions and issues get ignored or do not even arise, threat-

ening a kind of “database determinism” (Brennais 2010, cited in Adams 2016: 46). These data are powerful in shaping policies and programs as well (just as intended interventions shape the data collected); they are often behind how and where states or organizations (such as NGOs) decide to intervene. Given the neoliberal assumptions behind those data, it is not surprising that interventions to solve demographic or health problems more likely focus on individuals’ “empowerment,” on how individuals can make decisions that make a difference in their lives. This approach tends to “place reproductive responsibility on women, thus privatizing remedies for illness and social inequity” (Roberts 2009: 785).

Thus, in its focus on individuals and its assumptions about the power of individual choice to effect social change, demography contributes to and reinscribes neoliberal ideology (see Chatterjee and Riley, Chap. 3 this volume; Solinger 2001). Analyses of demographic phenomena that lack political or economic contextualization can have a impact beyond the analysis process. Without a recognition that the politics of reproduction lie far outside a woman’s body, even as those politics daily interact with women’s bodies (Ross and Solinger 2017), our assumptions about fertility are problematic. We get a partial and sometimes inaccurate picture of the processes surrounding fertility, and often end up focusing our attention on individuals and their behavior rather than the larger inequalities, politics and processes that play so dominant a role in shaping reproduction—and its stratification—everywhere (see also Brunson 2016). That neoliberal project is also deeply gendered, with reproductive politics, and women’s relationship to them, strongly influenced by what the state and economy and other social institutions do and do not do far beyond what we might consider to be “reproductive behavior” (Briggs 2017).

Thus, by looking through the lens of stratified reproduction, we can see the field of demography in a different way than we might otherwise. Attention to the stratification in reproduction reminds us of how any demographic process or outcome is deeply political, embedded in the a

world of social, economic and political inequalities. Such attention to those aspects of demographic processes will allow us to find other ways to effect change, and might encourage us toward new ways to understand and address the growing inequalities in the world around us.

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Part III

Health, Morbidity, & Mortality



Maternal Health in Nepal and Other Low-Income Countries: Causes, Contexts, and Future Directions

Jan Brunson

One longstanding challenge to improving maternal health in low-income countries has been the lack of access to skilled care during antenatal, birth, and postnatal periods. Problems of access can be attributed to a multitude of factors related to disadvantaged governments and economies, such as the lack of infrastructure including roads and hospitals, but also inequitable social hierarchies based on wealth, gender, and ethnicity or religion. Exceptional circumstances of war, political unrest, and natural disasters exacerbate these conditions. After the Millennium Development Goals have come and gone, what novel themes are emerging from research on maternal health in low-income countries? Using examples from over a decade of my field research in Nepal, as well as others from around the globe, I identify several important debates of particular relevance to future research in gender and demography on maternal health in the global South. I analyze the current and future directions in studies of maternal health in low-income countries such as Nepal, identifying three formidable challenges to achieving further declines in maternal mortality ratios in the future. I conclude by arguing that as demography's hyperfocus on fertility rates declines in conjunction with declining popula-

tion growth rates around the globe, demographers are ideally positioned to contribute more significantly to studies of women beyond the topic of how many offspring they produce – a more holistic consideration of women's experiences of reproduction (or lack thereof) and their relation to demographic characteristics such as wealth and ethnicity.

10.1 Background

Much of the research on maternal health originates and resides, in terms of scholarly disciplines, in public health or global health. These fields specialize in analyzing the biological and social determinants of maternal health in an empirical fashion, quantifying progress or decline at the population level, which is easily translated into policy. Sociology and anthropology utilize a wider variety of theoretical perspectives, including post-structuralist and critical ones, to examine similar topics from more holistic, more political, and sometimes less quantitative and empirical, ways (Scheper-Hughes 1997; Riley and McCarthy 2003). The resulting forms of data that such approaches create are less effective at generalizing at the population level. People's narratives, local systems of logic, and other forms of qualitative data are less easily translated into policy (Justice 1989). While studies of maternal health in anthropology may not use the universalizing

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analytical domain of “maternal health,” preferring to avoid treating “the people being studied as objects whose behavior is rendered into the western observer’s already existing categories” (Kertzer and Fricke 1997:2), recent decades have produced a rich canon of ethnographies on various aspects of reproduction, gender, and well-being.

In its nascent stages, scholarly investigation into the domain of maternal health at the population level was dominated by public health. However, in the 1980s, Rosenfield and Maine pointed out that public health research on maternal and child health tended to focus on infants and children and not on the mothers. Their seminal article on public health’s paucity of attention to maternal mortality (Rosenfield and Maine 1985), in which they queried, “Where is the M in MCH?” was a call to action in the field of what was then called “maternal and child health” (MCH). Policymakers at that time thought it was more feasible to reduce child mortality through preventative measures such as immunization, oral rehydration, and breastfeeding, than to provide pregnant women with expensive and high-tech lifesaving medical care at hospitals (Rosenfield et al. 2007). Spotlighting the number of women dying each year, the Safe Motherhood Conference in Nairobi launched a global initiative to reduce maternal mortality in low-income countries in 1987.

Tracking progress in maternal mortality rates in low-income countries is challenging for reasons with which demographers are quite familiar: vital registration systems in rural areas are often deficient, and surveys produce estimates with varying margins of uncertainty. By most accounts, however, progress in reducing maternal mortality has been slow. The vast majority of maternal deaths in low-income countries are due to direct obstetrical complications, including hemorrhage, infection, eclampsia, obstructed labor, and unsafe abortion (Rosenfield et al. 2007). Moreover, maternal deaths are only one part of the larger picture of maternal morbidity. Many injuries related to pregnancy and childbirth are disabling, such as obstetrical fistula and uterine prolapse, and have long-term impacts on women’s well-

being and productivity. Accurate accounting of such morbidities is even more difficult to obtain than that for maternal deaths due to stigma or lack of reporting.

The Safe Motherhood Initiative, launched in 1987, initially emphasized improving antenatal care, including screening for risk factors, and training birth attendants to use safe, hygienic practices. However, many obstetrical complications cannot be predicted or prevented. Screening can identify women with certain risk factors, but the majority of obstetrical complications occur in women categorized as low risk. Most births in high-mortality settings take place at home, and even trained attendants can only do so much to save women’s lives when obstetrical emergencies occur (Rosenfield et al. 2007). These observations regarding the ineffectiveness of identifying during pregnancy who would need hospitalization at birth led to a shift in focus away from strategies that concentrated on the antenatal period to strategies that ensure that women have access to emergency obstetrical care at the time of birth.¹

Recognition of the importance of referral systems in reducing maternal mortality in low-income countries developed out of acknowledging that obstetric emergencies are often difficult to predict and that births in low-income countries occur at home for a variety of reasons. Maternal and neonatal deaths could therefore be prevented if a functional referral system were in place to allow women to reach appropriate health services when complications occur (Hussein et al. 2012). Thaddeus and Maine’s three delays model (1994) provided a conceptual framework of the factors influencing a timely arrival to a medical care facility in an obstetric emergency. The three

¹However, it is interesting to note that a recent surge in interest and knowledge of epigenetics has brought pregnancy back into the spotlight in high-income countries, as biomedical researchers begin to learn the extent to which the prenatal environment impacts fetal and child development. In this scenario, ironically the focus shifts back to the fetus and away from the mother, who becomes the vessel for the fetus and whose own rights and desires become secondary to developing the ideal conditions for the fetus/future child.

delays are (1) delays in the recognition of the problem and the decision to seek care in the household, (2) delays in reaching the appropriate facility, and (3) delays in the care received once the woman reaches the facility. The three delays are interrelated, and interventions aimed at one delay may result in improvements in another. Programs that aim to improve referral systems build and upgrade rural health centers and attempt to stock them consistently with necessary supplies and equipment. They make efforts to train community health workers as well as ensure that rural health posts and hospitals are adequately staffed with doctors and nurses. And since a functioning referral system includes transport, programs aim to ensure adequate transport between facilities, as well. The three delays model continues to be highly useful for research on improving birth outcomes in low-income countries.

Over time, the scope of what constitutes safer motherhood has widened considerably. A major factor was the incorporation of a human rights approach into the definition of Safe Motherhood following the agenda set at the International Conference on Population and Development (ICPD) in 1994. By defining maternal death as social injustice, programs for “safer motherhood” invoked a much broader range of political, social, and economic initiatives than was previously possible (UNFPA et al. 1997). Lists of relevant health risks included poor nutrition, illiteracy, lack of income and employment opportunities, inadequate health and family planning services, and low social status. Hussein has argued, in fact, that the burgeoning of safer motherhood messages has, in some cases, led to confusion at the programmatic and implementation levels in places like Nepal (Hussein and Clapham 2005).

Much has changed since Rosenfield and Maine’s 1985 call for a focus on the “M” in MCH. For the past three decades, improving maternal health has been high on the global development agenda. One of the eight United Nations Millennium Development Goals established in 2000 was to reduce the maternal mortality ratio by 75% by 2015. Between 1990 and 2015, maternal mortality worldwide dropped about 44% (Alkema et al. 2015). Of the 95 coun-

tries with high levels of maternal mortality in 1990, 9 countries achieved MDG 5A, and another 39 countries made significant progress.

While progress has been made, approximately 303,000 women died in 2015 during and following pregnancy and childbirth. Almost all of these deaths occurred in low-resource settings, and most could have prevented (Alkema et al. 2015). Almost all maternal deaths (99%) occurred in developing countries. More than half of those deaths occurred in sub-Saharan Africa, and almost one third occurred in South Asia (WHO 2016). Wide disparities in maternal mortality also exist within countries, in association with dimensions of social advantage such as wealth and with rural residence.

10.2 Context of the Research

In the case of Nepal, the recently released 2016 Nepal Demographic and Health Survey shows (Ministry of Health 2017) that pregnancy-related maternal mortality ratios² dropped notably in the time between the 1996 and 2006 surveys,³ but the decline has stalled between the 2006 and 2016 surveys. In the 2016 NDHS, the pregnancy-related mortality ratio is estimated as 259 (CI: 151–366) compared to 281 (CI: 178–384) in 2006. The confidence intervals for the 2006 and 2016 ratios overlap substantially. This newly released data must be causing some disappointment throughout the development community and those working to further reduce maternal mortality ratios.

The broader context of achieving lower maternal mortality ratios in Nepal involves a consideration of several facts, first and foremost that 41% of births are delivered at home (Ministry of Health 2017). In a nation that has a strong referral

²The definition of maternal mortality has changed in the 2016 NDHS, and the new definition now excludes deaths from accidents or violence. Current estimates are not directly comparable to prior estimates, which are essentially pregnancy-related mortality ratios. Therefore, I use pregnancy-related mortality ratios in order to use a consistent measurement that can be compared over time.

³See Hussein et al. (2011) for an appraisal of this decline.

system and near universal attendance of birth by a skilled provider, that statistic would cause no concern. But in Nepal, only 58% of births are assisted by a skilled provider, and one in ten births are assisted by no one (Ministry of Health 2017). In a key country-level study conducted in 2008, the direct leading causes of maternal death in Nepal were hemorrhage (24%), hypertensive disorders (21%), and complications related to abortion (7%) (Suvedi et al. 2009). Indirect causes included limited health literacy across Nepal, weak health systems, and lack of facilities (Suvedi et al. 2009). For Nepalis who do not live in urban centers, roughly 80% of the population, sub-health posts, health posts, and primary healthcare centers are the only facilities available. These facilities qualify for the official label “birthing centers” in Nepal, which means they are staffed mostly with locally recruited staff nurses, auxiliary nurse midwives, and maternal child health workers. They are equipped to assist only normal institutional or home births (Suvedi et al. 2009). Thus, for most of the country’s population, in rural areas with only birthing centers, many challenges to establishing a functioning referral system remain, including the most obvious for remote settings: adequate transportation and infrastructure that make transferal to a better equipped and staffed facility possible.

The intermittent periods of ethnographic research that I describe in this chapter focus on a semi-urban community on the edge of the Kathmandu Valley, where a hospital is quickly reached by taxi, or by bus in under 30 min, and a health post is in walking distance. In this location, with these facilities and services available, I found that there were still women giving birth unassisted by a skilled provider, and even some giving birth alone (Brunson 2010). I also discovered that typically families did not utilize what was then a sub-health post (upgraded to a health post in 2014) for antenatal or delivery assistance; rather, when they did seek care, they preferred the teaching hospital located a few kilometers further down the road towards Kathmandu (Brunson 2010). Families in this community typically had two or three children, a shift in comparison to the higher fertility of the previous

generation. Families had accepted the two-child ideal family size that was promoted by family planning organizations, but due to the patrilineal marriage system, women who had no sons after the births of two girls were conflicted over giving birth again (Brunson 2016).

The vignettes in this chapter come from multiple periods of research spanning over a decade in this single community. Nepal contains a surprising amount of ethnic and linguistic diversity for its small size, and this study is limited to a cultural subgroup, Parbatiya Hindus. This group includes Bahun (or Brahman), Chhettri, Thakuri, and Dalit. The designation Parbatiya, or Hindu-caste, is based on linguistic and historical distinctions, but ultimately it is a loose approximation of a cultural group that is heterogeneous because of the subgroups (often glossed as “castes”) that comprise it and the increasingly porous boundaries that demarcate it. The vignettes that follow come primarily from 28 case studies with married women of varied caste, wealth, and household statuses, that I followed during 13 months of fieldwork during 2003–2005, with follow-up visits in 2009 and 2010. During the discussion of respectful maternity care, I also include the story of a woman from a period of fieldwork in 2015. The following quote eloquently captures the essence and strength of such long-term ethnographic research:

Repeatedly returning, one begins to grasp what happens in the meantime – the events and practices that enable wider social and political change, alongside those that debilitate societies and individuals, dooming them to stasis and intractability. In such returns, entanglements and intricacies are revealed. We witness the very temporality of politics, technology, money, and survival. The ethnographer demarcates previously uncharted landscapes and tracks people moving through them. By addressing complicated transformations of institutions and lives in contexts of adversity, ethnography is uniquely qualified to confront and humanize the ways problems and policies are framed and interventions carried out. (Biehl 2007:47)

This chapter aims to bring into conversation micro-level interviews, national level data, and even global manifestos and models. Between 2016 and 2030, as part of the Sustainable Development Goals, the target is to reduce the

global maternal mortality ratio to less than 70 per 100,000 live births (WHO 2016). What are some of the significant obstacles to achieving this in low-income countries such as Nepal, and what can demography contribute?

10.3 Gendered Dynamics of Power at the Societal and Familial Levels

One of the major impediments to improving maternal health statistics further in low-income countries is that at the societal and familial levels, maternal health is fraught with deeply ingrained gendered power dynamics. For this reason, in fact, maternal mortality rates are considered to be a good approximation of not only levels of gender equity in a society, but of societal development itself. In Nepal, much research has been devoted to uncovering some of the ways that gendered power dynamics systematically operate at the familial or household level. Maternal and child nutrition, for example, have been largely shaped by unspoken gender rules regarding who eats first in a family and who receives choice foods such as meat or even lentils (Gittelsohn et al. 1997; Messer 1997). Prenatal nutrition and care is another good example; Nepali women may not be able to modify their diets or subsistence labor during pregnancy (Panter-Brick 1989; Brunson 2018). The gendered norms operating in Nepal are particularly complex, as they vary with other social statuses such as caste and wealth (Cameron 1998; Brunson 2016) and ethnicity (March 2002). With this as the backdrop, a portion of my previous research focused on the gendered dynamics of decision making during obstetric emergencies at home, part of the “first delay” in Thaddeus and Maine’s three delays model.

Women in my case studies generally were socialized to remain quiet or speak modestly about their suffering, and it was men who made decisions such as determining at what point a situation was dangerous or life-threatening enough that it warranted being taken to the hospital. The way in which a young, high-caste mother in her 20s, Anjala, told the story of the complica-

tions that occurred after she went into labor and the actions that were taken provide insight into the different roles family members act out in such scenarios.

Anjala was the daughter-in-law of a multi-generational family living in a large, three-story cement home perched on a higher portion of the mountainside community. She reported that she was particularly well cared for by her parents-in-law, evidenced by her mother-in-law assisting with her more laborious chores, such as gathering fodder, and taking her to antenatal appointments at the teaching hospital. Anjala went into labor on a Friday evening but refused to go to the hospital initially, and continued to refuse even after being in labor for more than 24 h without discernible progress. During the interview, she made a point of saying that twice she rejected the admonitions of her husband’s elder brother to go to the hospital, and then finally she gave into the reprimands of her husband’s family. At another point in the interview just after this story, she claimed that the labor pain was not that bad – she had “slight stomach pain.” She minimized her role and her agency in this situation in order to follow the social script of being a good woman and daughter-in-law. She did not want to appear to be demanding, even in her act of telling the story with only me and my research assistant present. Often women would break from the script of being a good woman when they were talking with only other women present; they would subvert dominant gender scripts through humor or sarcasm. But Anjala stayed on script. After her vacuum-assisted birth at the hospital, she lost much blood and fluids, and she remained there for 4 days on an intravenous solution. I will return to Anjala’s story in the next section’s discussion of respectful maternity care, offering additional information that may have influenced her initial refusal to go to the hospital.

Even in instances where women do feel sufficiently knowledgeable and empowered to suggest transfer to a hospital, women are often in no condition to make that demand – they may be barely conscious during an obstetric emergency. Shanta delivered her second child at home. There was a lack of money at that time, she said, and

since she started to have labor pains around midnight, she thought, “Why give trouble to others in the night. I called to my mother-in-law just before she was born.” She figured that there was no one to take her to the hospital in the middle of the night anyway, so why should she wake the other family members. The labor pain was not as bad as it was with her first birth, her son, and she gave birth “easily” to her daughter around five in the morning. Shanta said,

She was born easily, but the placenta did not fall easily. It did not come out for 2–3 h, so it became difficult to cut it. My daughter became so ‘serious’ and so did I. Different people were saying different things. Whom should I believe? I was ‘serious’ because of bleeding, I was in a dilemma... what to do? I fell unconscious for about twenty minutes. All the family members were weeping. They thought I was dying.

Shanta did not indicate how much time passed in this way, but she said that the family members called the village health worker. The midwife was able to pull out the placenta, but there was excessive bleeding. The village health worker recommended that she be taken to the hospital. Someone fetched a taxi, and they took her to the teaching hospital. She regained consciousness on the way to the hospital.

Shanta remarked that many women die when the placenta does not come out. Some old people, she reported, say that cow dung should be thrust in the mouth – others said hair – so that one would vomit. Some recommended using a small hoe, and Shanta winced in telling this, citing the possibility of tetanus. She had been trained as a volunteer village health worker, and she knew what should have been done in her situation according to a biomedical model – but she said she was unable to speak adequately at that time.

These two stories and other similar ones highlight the importance of male involvement in obstetric emergencies in this social context. Women are likely to be limited, for both social and physical reasons, in their ability to decide and assert that their situation necessitates hospi-

talization during obstetric emergencies. Part of the breakdown in women giving birth with the assistance of a trained professional, and in women being hospitalized in a timely fashion during an obstetric emergency, may result from a combination of factors. Birth is considered a natural event that does not warrant much special attention. Older women told stories of giving birth alone during the night or on the way home from the fields. In the past, a female relative would help a woman during delivery. Birth was both the domain and responsibility of women. With the advent of hospital deliveries and availability of trained health professionals to assist with birth, obtaining such care began to involve the decision-making power and the initiative to act that was in the hands of the men in the family.⁴ But men have not been knowledgeable about birth in the past, and may not even be alerted that it is happening.

In a much different setting in Nepal, Mullany’s research with couples delivering in the major public hospital in urban Kathmandu revealed that a key obstacle to Nepali husbands’ involvement in antenatal care and deliveries was their lack of knowledge regarding women’s maternal health, along with social stigma and shyness or embarrassment. Mullany concluded, “Appealing to men as ‘responsible partners’ whose help is needed to reach the endpoint of ‘healthy families’ may, for example, provide an effective approach for targeting men in the Nepal setting” (Mullany 2006:2808). Young men and health providers alike in her study stated that young men (in this setting) were ready to be more involved with maternal health, but they needed education and either the will to ignore the social stigma attached to helping one’s wife or programs aimed at changing such stigma.

⁴Carolyn Sargent made a similar point about the medicalization of birth among the Bariba of Benin: she took the argument a step further by concluding that women’s reproductive choices were being limited by the encouragement of hospital-based births by handing control over obstetric care to men.

10.4 Respectful Maternity Care

Another major impediment to improving maternal health statistics further in low-income countries is providing skilled assistance at birth and a referral system for obstetric emergencies without importing the harmful cultural artifacts of the history of gynecological practice in the United States. While many biomedical advances save women's lives during obstetric emergencies, through managing obstructed labor, hemorrhaging, eclampsia, and postpartum infection, the history of the medicalization of birth and the rise of obstetrics contains many troublesome chapters, including the professionalization of delivering normal births and the outlawing of midwifery, the use of iatrogenic medicinal and technological interventions in birth, and the failure to recognize the importance of the social or environmental aspects of a successful birth such as physical and emotional support for the laboring woman (Bell 2009; Cheyney 2010; Davis-Floyd et al. 2009).

One of the appeals of the referral system, and, as a result, the three delays model, is that it begins with the assumption that women will want or need to give birth at home or a nearby birthing center, the first level of maternity care in the referral system. This is an important starting point ideologically for scholars and practitioners critical of the medicalization of childbirth and the history of interventionist gynecology in the United States, but also pragmatically for low-income countries where sufficient infrastructure and personnel do not exist for universal institutionalized birth.

Global health scholars recently coined catchy phrases to describe the two extremes of approaches to obstetric care that should be avoided: "too much too soon" (TMTS) and "too little too late" (TLTL). Too much too soon describes the routine over-medicalization of normal pregnancy and birth. It includes the unnecessary use of non-evidence-based interventions, as well as the use of interventions that are life saving when used appropriately, but harmful when applied routinely or overused. As institutional births increase, TMTS causes harm and increases health costs unnecessarily, and often concentrates disrespect and abuse. Too little too late, on the

other hand, describes maternal health care with inadequate resources, below evidence-based standards, or care withheld or unavailable until too late to help (Miller et al. 2016). TLTL characterizes the situation in rural areas of low-income countries, while TMTS may characterize some women's experiences in an urban center of one of those same countries.

If one of the fundamental goals of global maternal health programs is for every birth to be attended by a skilled professional (de Bernis et al. 2003), whether at home or in an institution, then the relations between that skilled professional and the birthing woman are of utmost importance. In recent years a surge in interest in respectful maternity care has been building, drawing increasing attention to the treatment of birthing women by practitioners. Anthropologists have documented how birthing women may be abused verbally or even physically in hospital settings (Dixon 2015; Smith-Oka 2012, 2015), particularly when a large gap in social standing (due to gender, profession, wealth, education, or ethnicity) exists between practitioner and patient. These scholars reveal the deeper patterns of social inequality and violence that play out in hospital delivery rooms.

In Nepal's highly stratified society, service provider attitudes and behaviors have been reported to affect healthcare utilization by women, specifically issues such as patronage and negative attitudes (Clapham et al. 2008; Suvedi et al. 2009). Women's perceptions of staff attitudes, along with the availability of equipment and drugs, were found to have an effect in Kaski, a district in the central hills of Nepal (Karkee et al. 2015). In that study, women bypassed their nearest birth centers because they perceived lower-level facilities to have limited equipment and competent staff to deal with birth complications. Over-crowding in hospitals is an ongoing problem due to such widespread perceptions.

While most women in my research did not speak poorly of the hospitals or treatment they received there, a couple of women had minor complaints about the long lines and wait time and the attitudes of the nurses or doctors. One woman's experience, however, was harrowing. Shanta gave birth to her eldest child, a son, at the

teaching hospital. The nurses showed her son to her, but then later another nurse picked up her baby and handed him to another woman who also had given birth. Shanta had heard of such a thing happening before, and so she was worried and was keeping watch over her son despite feeling weak. She said, “A woman near my bed had given birth to a daughter. That woman was claiming my son, saying this child is mine. Of course, she was unaware of the switch. I got up and said, ‘That is my baby.’ I scolded that nurse. My son would have been exchanged if I had not taken care! That woman also could have taken my son because she already had four daughters.” This near swapping of infants occurred after she had already experienced another mishap. She had needed stitches after giving birth, and the nurses who were working on her were students at the teaching hospital. She needed six stitches, but some of the stitches were so crooked that the senior nurse scolded the student nurses when she saw their work. She ordered them to repeat the process. After the senior nurse left, the student “stitched it her own way,” according to Shanta, and it started to bleed. Such experiences, even if they are rare, do not build confidence in hospital deliveries amongst women or their families.

In Anjala’s case described in the previous section, another potential reason for delaying going to the hospital also deserves consideration: Anjala might have wanted to avoid the hospital. She commented on how, during her antenatal appointments, the “nurses used to scold me and say, ‘Why is such a small girl going to give birth so early?’”. Then she laughed, explaining that they must have thought that she was young, when in fact she was 22 at the time of her first birth, because she happened to be very petite and looked younger than her age. This (misguided) admonishment by the nurses hints at the possibility of mistreatment by hospital staff, however in this particular case she reported that her experiences at the hospitals were good. Anjala did not indicate that this was the reason she did not want to give birth in the hospital during her delayed labor described in the previous section; I simply suggest that such moralizing on the part of nurses

might be part of the broader context of why one might want to avoid the hospital.

The final vignette that I wish to use to illustrate one of the challenges to further reducing maternal mortality ratios in low-income countries comes from an interview with an economically and socially vulnerable woman who had lost her home in the 2015 Nepal earthquakes. She had four young children, but her husband was typically not around. He came and went in irregular intervals, often gone for days at a time, and she did not seem to miss his presence since when he was there he was often violent. She was in late-stage pregnancy, by her best estimation, and was due any time. Looking around at her young children and her lack of other family members to assist her with the birth, I inquired whether she intended to utilize the health post birth center. She replied no, that one of the neighbor women might help if there was any trouble. Given my past experience of gathering stories of similar women in this community giving birth unassisted and alone (Brunson 2010), it was hard for me to believe her more affluent neighbors would come to her aid in a timely fashion and be qualified to make decisions about her welfare. Her level of impoverishment and abandonment contrasted sharply to the significantly more comfortable lives of her neighbors.

The next day after interviewing her, I visited the new local health post a few kilometers down the mountainside from her home. The concrete building and paint still looked new, and the medical equipment was shiny. The nurses gave me a tour of the new facility, including an empty laboring room and delivery room. In the delivery room, center stage, was a hard table with stirrups attached to spindly metal mechanisms holding them at the ready. It was hard to imagine the woman being able to navigate such a setting without fear and discomfort when confronted by such an uninviting contraption and the unfamiliar expectations of the medical staff about how she ought to comport her body during birth. If she perished in childbirth at home, I doubt her death would be entered into any registry. Her poverty and her lack of support rendered her invisible.

10.5 Considerations for the Future

10.5.1 The Utility and Limitations of an Obstetric Transition Model

The recent development of an obstetric transition model to explain the varying causes for maternal mortality at different “stages” is worth considering in relation to the themes I identified in this chapter as ongoing challenges to achieving improvements in maternal health. The obstetric transition model is a theoretical framework that attempts to explain gradual changes that countries experience as they eliminate what is labeled avoidable maternal mortality. The broad, worldwide pattern that the model documents includes the following: a shift from maternal deaths predominantly due to direct obstetric causes to deaths due to indirect causes; from deaths due to communicable diseases to deaths caused by non-communicable diseases; from a younger maternal population to an older one; and a decrease in maternal mortality ratio (MMR), along with an increase in institutionalized maternity care, and eventually over-medicalization (Souza et al. 2014).

There are five stages in the model, ranging from stage 1 in which the MMR is greater than 1000 and women do not receive professional obstetric care, to stage 5 in which the MMR is less than 5 and indirect obstetric causes associated with chronic-degenerative diseases are the main obstacles. In stage 5, one of the main challenges is managing vulnerable populations. Nepal fits in stage 3 of the model, which is characterized as follows:

Stage 3 (MMR: 299–50 maternal death/100,000 live births): Fertility is variable and direct causes of mortality still predominate. This is a complex stage, because access continues to be an issue for a large part of the population. However, since a high proportion of pregnant women arrive at health services, quality of care is one of the main determinants of health outcomes, particularly related to overburdened health services. Primary prevention, as well as secondary and tertiary prevention, is fundamental to improve maternal health outcomes in this stage. In other words, the quality of care, skilled childbirth care and adequate management

of complications are essential for the reduction in maternal mortality. (Souza et al. 2014)

In the next stage, stage 4, an aspect that emerges is the increasing role of medicalization as a *threat* to the quality and improvement of health outcomes. This is what I argue is on the horizon for women in Nepal, but I am optimistic that countries like Nepal can learn from the mistakes of over-medicalization in mid- and high-income countries and health practitioners can actively work to avoid this.

The strength of the obstetric transition model is that it clearly differentiates and demarcates what the burden of disease is likely to be at the national level in various countries around the globe. It serves as an excellent reminder that the causes and contexts of maternal health differ dramatically depending on whether one is considering a low-income country or a high-income one. The limitations and drawbacks of such a model are the ways in which it obscures the variation that one would find within a single nation such as Nepal, in which the urban elite have much better access to high quality care during pregnancy and birth (not to mention nutritious food, clean water, etc.), while the rural poor may have to travel hours by foot to reach the nearest low-level birthing center. Such a model, then, has the potential to erase the effects of abject poverty and the inequitable distribution of resources within a society on women’s lives. Pockets of society in the United States, for example, still experience the same causes of maternal mortality that predominate in a low-income country. Instead of smoothing over such pockets of vulnerable populations in order to focus on the greater national-level trends, those pockets need to be discovered and targeted. By placing all nations onto a single, linear model, according to stage of development, the obstetric transition model repeats some of the mistakes of the demographic transition model. It flattens the contours of social life that shape maternal health outcomes, and it is tinged with the assumptions of modernization theory. There is much to learn from the model, however, and its utility should be exploited; but it should not be allowed to become yet another totalizing and

monolithic model of population or health transitions.

10.5.2 A Manifesto for Maternal Health Post-2015

The manifesto for maternal health (Langer et al. 2013) created at the Global Maternal Health Conference in Arusha aspired to look ahead to the post-MDG world, post 2015, and identify the critical areas for continued efforts to improve global maternal health. Its list of goals includes the themes I identified in this chapter. Point 4, for example, highlights the importance of gender disparities and poverty in determining the care that women receive. Point 7 of the manifesto states that respectful maternity care for all women is an ethical imperative. And point 6 echoes my conclusion about the pregnant woman who did not want antenatal care or to deliver her child at the local health post. It reads,

A much greater emphasis must be put on reaching the unseen women who are socially excluded because of culture, geography, education, disabilities, and other driving forces of invisibility. If we are serious about redressing gender and access inequities, we have to ask fundamental and difficult questions about the nature of our societies and the value, or sometimes lack of value, we ascribe to individuals, especially women, in those societies.

In addition, one of the points in the manifesto clearly identifies a need that could be filled by the expertise, skills, and methods of demographers. Point 10 states,

A critical gap that threatens the future health of women and mothers is the catastrophic failure to have reliable information on maternal deaths and health outcomes within and across countries. This gap in measurement, information, and accountability must be a priority now and post-2015.

10.6 Conclusion

As concerns over a global population explosion wane among policy makers, funding agencies, and demographers alike, the tremendous amount

of effort devoted to research on fertility – at least in terms of limiting fertility – can ease. This opens up space for demographic research to focus not merely on gender and population increase or decrease, but gender and the conditions of reproduction. Just as in studies of gender and migration, demographers are not only interested in the sum of who is moving; they are interested in the quality of life of those individuals, the challenges they face, and the challenges that governments face in hosting them. Demographers, in a discipline that has traditionally been focused on fertility rates, now have the latitude to expand their expertise to other aspects of fertility, including maternal and infant health. This is not to say that demographers have not played a critical role in researching and contributing to such issues prior to this point; indeed, many have. Rather, I argue that topics such as maternal health no longer need to be located on the periphery of demography's concerns and priorities. Demography has the ability (methodologically and analytically) and the expertise to reveal at the population level who suffers and who does not in matters of reproduction, and to theorize why. Future scholarship can focus on the importance of health and educated individuals for strengthening economies and communities, rather than being consumed by the drive to lower fertility rates. Instead of convincing low-income countries that the future of their economic health is tied to curbing population growth, perhaps a new proclamation for governments can be that the health and education of men and women is necessary for the future health of communities and economic growth.

Instead of making women count primarily through calculations of fertility rates and maternal mortality rates, the scope of demographic inquiry can be widened to include a better balance of research on topics such as antenatal and postnatal health. Maternal deaths, for example, typically estimated by dividing by the number of live births to create a ratio that can be compared across varying population sizes, has been used as the standard global health indicator for measuring maternal health. There is some irony to the use of this metric to measure maternal health; it is as if not dying because of childbirth indicates

satisfactory maternal health. This indicator cannot capture the morbidity of women who do not die, but who may experience severe morbidity and loss of productivity instead. Overcoming the shortcomings of this indicator requires a shift in focus from maternal mortality to maternal morbidity, the major and minor health problems women endure as a result of pregnancy and childbirth (Brunson 2018). Recently leaders in the field of maternal health in developing countries have made an additional argument for this shift in focus to morbidity, based in the logic that as global maternal mortality declines, or as the perceived crisis of women dying in childbirth subsides, resources and energy can be directed toward “health, productivity, and dignity” (Langer et al. 2013) instead of a triage approach. And with respect to fertility, Marcia Inhorn and others have issued similar calls for studies of infertility in low-income countries (Inhorn and Van Balen 2002; also see Wilson 2014 for the United States), a topic that historically had been ignored in stark contrast to the abundance of research on contraceptive uptake and limiting fertility.

In this way, demography need not reinvent the wheel. Some scholars have been researching these issues in the global South for decades but on a different scale, conducting community studies or household studies. Scholars in global health and anthropology are already calling for these shifts and laying the groundwork at the edges of demography, engaging in innovative work on metrics, for example (Adams 2016; Adams et al. 2015). I hope that demographers will join us in those fertile interdisciplinary interstices.

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When the Wages of Sin Is Death: Sexual Stigma and Infant Mortality in Sub-Saharan Africa

11

Jennifer Johnson-Hanks

11.1 Introduction

Over the past three decades, population scholars have become interested in gender bias, women's autonomy, and gender equity (for example, Kabeer 1999; McDonald 2000; Mason 1995; Greenhalgh 1990; Watkins 1993). This work has significantly expanded our understanding of population processes and dynamics, and productively focused our attention on some of the ways in which gender matters for demographic outcomes. Building on these approaches, this chapter examines the consequences of one aspect of gender systems—namely the social control of female premarital sexuality—on child survival. I find that women's conformity to gendered norms concerning premarital sex affects the survival of their children in sub-Saharan Africa.

The social control of sexuality is a central parameter of gender systems. Male and female social identities—that is, what it means to be a fully legitimate man or woman in a specific social context—are frequently related to sexual behaviors. In some social contexts, men and women are expected to have similar sexual behaviors, but more often male and female sexual norms differ. Numerous scholars have stressed the more rigorous control of female versus male sexuality

across a range of societies, a pattern called the sexual double standard (Muehlenhard and McCoy 1991; Carns 1973; Ferrell et al. 1977; Reiss 1946; Tangmunkongvorakul et al. 2005). The double standard often applies especially strongly in the domain of premarital sex: often tolerated or even encouraged for men, but forbidden for women. In some contexts, this double standard puts a considerable burden on women, such as when their families hesitate to send them to high school lest they dishonor themselves by having premarital sex, or when women whose virginity at marriage is doubted are publicly repudiated. Smith (2010) argues eloquently that even in contemporary Nigeria, where norms of premarital sexuality are remarkably gender-egalitarian, the sexual double standard poses a considerable challenge to young women when they marry.

The sexual double standard means that women in some contexts face a considerable risk of stigma, famously described by Irving Goffman as when a person is “reduced in our minds from a whole and usual person to a tainted, discounted one” (Goffman 1963:3). In societies where premarital sex is highly stigmatising for women, a woman who conceives outside of marriage may be dramatically disadvantaged, even if she does subsequently marry. In this chapter, I show that this gendered stigma has substantive demographic consequences, in the form of differential infant mortality rates. Population dynamics are

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intimately tied to social structures—a point made by classical population theorists at least since Notestein (1945)—and gendered sexual norms are important social structures. As a result, we must address gender and sexuality in order to understand population dynamics.

11.2 Babies Born Outside of Marriage Are More Likely to Die

Most evidence suggests that, on average and in most societies, infants born to unmarried mothers face higher risks for a variety of adverse outcomes than do those born within marriage. Studies in Europe and the US have demonstrated that such children are more likely to experience low birth weight and preterm delivery (Carlson et al. 1999; Grijbovski et al. 2002; Koupilova et al. 2000; Olsen et al. 1995; Salihu et al. 2004), and that they face higher risks of infant mortality (Arntzen et al. 1996; Burstrom and Bernhardt 2001; Gaudino et al. 1999; Phipps et al. 2002). Indeed, mother’s marital status is often controlled in regressions estimating infant mortality risks even when the study questions do not address marital status (for example, Kleinman et al. 1991; Rychtarikova and Demko 2001; Zeitlin et al. 1998; Zhang et al. 1996), indicating a broad consensus that risks for babies born to unmarried women are different, and presumably higher, than for babies born to married women.

At the same time, the harm due to mother’s singlehood on infant mortality risk varies widely across societies and over time. Whereas some studies have found the log-odds of death for a baby born outside of marriage to be three times that of babies born to a married couple, other studies have found only minimal difference between the two groups. Sometimes, studies have found marital status to matter for one category of women or historical period, but not another (Bennett et al. 1994; Bird et al. 2000; Vagero et al. 1999). This variability suggests that many pathways connect marital status and infant mortality, and that their relative importance shifts across specific social, political, and economic

contexts. I posit that culturally varying gender systems and sexual norms are an important part of this variation, deserving of greater demographic attention.

To examine the association between cultural context and the non-marital infant mortality disadvantage, we need a high level of cross-regional variation in social norms. Africa offers this variation. Yet, despite the large corpus of research on infant mortality in sub-Saharan Africa, relatively little work has examined the role of maternal marital status. Child and infant mortality rates are extremely high— s_q_0 is over 100 per 1000 in 37 countries—and poverty, poor access to health care, and high infectious disease burden rightly demand considerable research attention on the continent. Nonetheless, for comparative and theoretical reasons, maternal marital status at conception matters as well. This chapter argues that systems of gender, and in particular the sexual double standard, have important consequences for the structure of infant mortality in Africa and beyond.

11.3 Why Should Maternal Marital Status Matter for Infant Mortality?

Before turning to sources of cross-cultural variation in sexual stigma, let us review why mothers’ marital status should be associated with the mortality risk of her infant. We can consider two sets of reasons, some selective, others causal. Selection into the category of “unmarried mother” can occur on relatively time-independent characteristics, such as education or family background, as well as according to time-dependent attributes associated with the risk of infant mortality, such as parity or mother’s age. At the limit, the unmarried mother is poor, socially isolated, uneducated, and is bearing a first child in her early teens. Each of these factors is associated with higher mortality for her children, regardless of her marital status (see for example Arntzen et al. 2004; Koupilova et al. 2000; Quine 1991). Selection on time-invariant characteristics may also go the other way—in Cameroon, for

example, it is the more educated who are more likely to bear children outside of marriage (Johnson-Hanks 2003)—reducing the apparent association between parent’s marital status and infant mortality. The gender context likely affects how these selection processes work, and how strongly they discriminate between groups of women (see Laslett et al. 1980).

In addition to the selection effects of non-marital motherhood, being born to an unmarried mother could *directly* cause increases in mortality, whether through resource deprivation as a result of having only one parent, or through social exclusion resulting from the stigma of non-marital sex, conception, and childbearing. Insofar as young adults are expected or required to fend for themselves (rather than remaining embedded within their natal families), unmarried mothers are more likely to face economic hardship. Insofar as non-marital sex, conception, and childbearing are stigmatised for women, unmarried mothers may be expelled from their kin and social networks, will be less able to make claims on the time, resources, and support of their natal families, and may hesitate to seek prenatal care out of fear of shame (see also Schlegel 1991). That is, stigma itself may have significant negative effects on the health and health care of infants.

This point was made clear to me by one of my informants in Cameroon, who explained that even among the sexually liberal Beti, pre-marital childbearing could mean shame severe enough to cause reproductive harm: “You see, when you are a student and you conceive, when your friends leave for school you are ashamed. You are obligated to hide yourself. Even when you give birth, you even go to the village. You go to give birth in the village so your friends don’t see you, because you are so ashamed” (Fieldnotes, cited in Johnson-Hanks 2005:241). Insofar as babies born in the village face poorer health care access and therefore higher infant mortality rates, this shame itself is a risk factor for infant death. Ethnographic work in other contexts has also found that the fear of shame prevents women from seeking necessary reproductive health treat-

ment. For example, “Ishma” explained to Linda Bennett why she had not been treated for complications following an abortion: “No, never, because I’m ashamed, here in Lombok things like this are not yet publicly accepted, and I’m not married. I’m ashamed; I’m not brave enough to go there again. At that time my feelings, my thoughts, were regret. But whether I like it or not I have to accept it; it’s already my destiny” (Bennett 2001:39). When the fear of dishonour is strong enough to prevent women from getting appropriate medical care, cultural representations have demographic consequences.

11.4 The Importance of Gender Context

The strength of both selective and causal factors will vary across societies. Selection effects will be strongest when unmarried mothers differ most dramatically from married ones. A corollary of this is that we should expect the largest differences when non-marital childbearing is rare (because its practitioners are therefore clearly unusual on some set of characteristics). As marriage and childbearing become more and more disarticulated, the selection effects wane. Indeed, the studies finding only very small differences in infant mortality risk based on the marital status of the parents were mostly conducted in Scandinavia, where non-marital sex is presumably subject to little or no stigma. It is also important to note that selectivity is closely related to the gender context and the degree of sexual stigma. Social systems of gender really are *systems*, in the sense that different elements—such as an extreme sexual double standard—are structurally related to other elements of gender; they do not vary independently, as our regression-based models imply (see Abbott 1988 on the general point). Concretely: where non-marital sex for women is most stigmatised, non-marital childbearing is likely to be most rare, unmarried mothers therefore most different from other mothers; and the role of selection in accounting for differential infant death rates therefore strongest.

As with importance of selection, the direct, causal effects of single parenthood on infant mortality risk will vary across populations and over time. As with selection, this variation is associated with specific social structures, cultural forms, and gendered norms. The greatest resource disadvantage will accrue to non-marital households in contexts in which neolocal residence is normative and there is little or no welfare state to protect single-parent households. The social and cultural variation in stigma, by contrast, is more variable in its relationship to specific economic and political forms.¹ The social stigma associated with premarital sex that women suffer is, however, closely associated with other aspects of the gender system. Making sense of the structure of infant deaths therefore requires that we think about gender.

Sub-Saharan Africa exhibits extraordinary social and cultural variation. Scholars estimate that there are between 1500 and 2000 distinct languages spoken on the continent, and this linguistic diversity comes with a broad diversity of social practices: matrilineal and patrilineal kin systems; neolocal, duolocal, and patrilocal post-marital residence patterns; horticulture and pastoralism; Christianity, Islam, and local religions. In terms of sexuality, too, we find tremendous variation across Africa, including some of the world's most sexually restrictive cultures and some of the most sexually liberal ones (see Ahlberg 1994; Caldwell and Caldwell 1987 for a discussion). The variation exists across several parameters: discourse and practice may or may not concord; premarital sex may be treated very differently from marital or extramarital sex; women's sexuality may be conceived quite differently from men's, or similar expectations may hold for men and women.

¹Although Goody (1990) has proposed that systems of descent and inheritance, horticultural practices, marriage payments, and the cultural value placed on bridal virginity are all closely interrelated, the exceptions to his classificatory scheme are nearly as numerous as the cases that fit, and particularly patterns of sexual stigma frequently fail to conform to the predictions of his model.

Amidst this rich diversity, we focus here on one central axis of variation, namely cultural treatment of women's premarital sex. The level of tolerance of premarital sex by women can matter a great deal for women's life chances. Where women's premarital sex is most highly stigmatised, families may hesitate to keep their daughters in school much past puberty. Where women's premarital sex is most highly stigmatised, young women whose chastity is doubted may be coerced into undesirable marriages. And, as we will see, where women's premarital sex is most highly stigmatised, their children may suffer considerable disadvantage. To simplify the empirical complexity enough for a quantitative analysis, I dichotomize African societies into two groups: those that stigmatise women's premarital sex and those that do not. The differences between stigmatising and non-stigmatising societies can be quite marked. The Beti of southern Cameroon have been known for more than a century as belonging to the latter type. Descriptions of their social forms published throughout the twentieth century discuss a casual tolerance for pre-marital sexuality:

[Among the unmarried] free love reigns in the boldest sense of the word. The young woman may give her favour without constraint to whomever and whenever she wishes, and must only hold herself to the religious regulations that forbid sexual intercourse during the day, and to the social ones that forbid it between blood relatives. Otherwise there are no boundaries. (Tessman 1913, vol. II:253 [my translation])

By contrast, in other societies, the sanctions against such premarital sexual freedom can be severe. For example, the Mada and Mouyeng reside in northern Cameroon, along the Chadian border.

Sexual games are prohibited by the Mada and Mouyeng societies... The rigor of the sanctions applied in the case of infraction underlines the esteem that the two societies have for virginity. The young girl, reclined, arms and legs in the shape of a cross, and firmly attached to stakes, undergoes the burning of hot pepper placed on the eyes and the pelvic region. (Richard 1977:180–181 [my translation])

Similarly, Boddy describes that in northern Sudan, “should [a woman] become pregnant out of wedlock, whether before marriage or through adultery, her male kin have the right—even the duty—to kill her for so dishonoring her family” (Boddy 1989:76). As dramatic as these quotes sound, the importance of sexual stigma to demographic rates is by no means unique to Africa, nor is the relationship between sexual shame and infant mortality. According to Kertzer, shame led nineteenth century Italian women who became pregnant outside of marriage to surrender their infants to foundling homes, some of which saw 100% of the entrusted children die (Kertzer 1993, especially pages 26–27).

In addition to dramatic variation in the degree to which premarital sexuality is tolerated, sub-Saharan Africa exhibits considerable variation in the social organisation of marriage itself. In many parts of the continent, marriage is a process that may involve multiple ritual events and gift exchanges over several—even many—years (Bledsoe and Pison 1994; Comaroff 1980; Parkin and Nyamwaya 1987). For a woman from any one of many ethnic groups, “when did you first marry” is a question that could legitimately be answered in many ways: with the date of the religious ceremony, the date of the first or the last bridewealth payment, the date of the civil marriage, or the date that she began living with her husband. In southern Cameroon, a woman who has undergone *any* of these transitions might choose to call herself married. If she were to become pregnant, the baby would be considered legitimate for at least some purposes. In such societies, it may be difficult to define a birth as marital or premarital. A child may be socially identified as having a father, but not be legally legitimate; a child may be born into a legally binding marriage, but not be recognised by church or mosque. In other African communities, marriage is an event that occurs on a clearly defined date, making the definition of premarital childbearing far easier. We will return to this issue in the methods section.

11.5 Is It Possible to Quantify the Effects of Sexual Stigma?

In order to estimate the importance of sexual stigma specifically—and therefore the gender context more broadly—for infant mortality, and particularly for the difference in infant mortality rates between the children of married- and unmarried women, it is necessary first to address the problem of selection bias and second to distinguish between the causal force of resources *per se* and the causal force of stigma. Given that gender systems change slowly and necessarily endogenously, most of the classical econometric techniques for inferring cause are not available here. Therefore selection bias cannot be eliminated. The results here entail both causal and selective factors: they describe what happens in the real world, not an imaginary social laboratory. Still, we can reduce some of the selection by limiting the sample to the most comparable births and controlling for the most likely covariates.

To distinguish between the economic effects of singlehood and the stigma of a non-marital conception, I take advantage of the fact that some women marry while pregnant. In particular, I distinguish between first babies conceived within marriage or less than 2 months before marriage, babies whose parents married between the third month of gestation and birth, and babies whose parents were unmarried at the time of birth.² Women who marry during the pregnancy—especially after the pregnancy becomes visible—will suffer at least some of the stigma associated with a non-marital birth. However, they will not confront the same resource constraints as a single mother, and the adverse selection should be dramatically reduced. A woman who gets pregnant and then marries is more similar—in her respect

²The main results are not sensitive to the details of this formalisation. If we reclassify births to women married in the first 2 months of gestation or babies whose parents married within the first 2 months post-partum as “bridal pregnancy” the results do not substantively change.

for norms, her willingness to marry, and the willingness of her partner to marry her—to a woman who conceived within marriage than she is to a woman who gives birth while still single.

Because the effects of selection and the causal effects of resources constraints are mitigated in cases of bridal pregnancy, *the mortality experience of babies born after bridal pregnancy should differ according to the local degree of stigma*. In societies where stigma is high, we should expect that all babies *conceived* outside of marriage will fare poorly: babies born after bridal pregnancy should have infant mortality rates similar to babies born outside of marriage, with both groups having measurably higher mortality risks than those faced by babies born after marital conception. By contrast, where stigma is low, we should see that infant mortality rates are more strongly associated with paternal presence—presumably because of the financial and other resources that the father provides—than with the parent’s marital status at conception, and babies born after bridal pregnancy should have infant mortality rates not measurably different from babies conceived within marriage.

11.6 Data and Methods

The data for this chapter come from two independent sources. The individual-level data on mother’s and child’s characteristics come from the Demographic and Health Surveys for Benin (2001), Burkina Faso (2003), Cameroon (1998), Ethiopia (2000), Gabon (2000), Ghana (2003), Kenya (2003), Niger (1998), Senegal (1997), Togo (1998) and Zambia (2001/02), 11 African surveys which include self-reported data on ethnicity as well as the other covariates needed. The data used here come from the women’s individual recode files, including the birth registers. As is well known, these are nationally representative sample surveys of women aged 15–49, conducted as collaborations between Macro International and national statistical agencies; sample sizes vary from 5501 for Cameroon to 15,367 in Ethiopia. I use self-reported ethnicity as an indi-

cator of the social environment of stigma in which the mother and infant live. Although an imperfect measure of cultural milieu—a woman may easily consider herself a member of an ethnic group that highly stigmatises premarital sex and nonetheless lead her entire social existence in the company of individuals with liberal sexual attitudes—the ethnic group is the most appropriate indicator—indeed, arguably the only indicator!—of local social stigma available in nationally representative survey data in Africa.

The second source of data is the ethnographic corpus on Africa. Over the last century, literally thousands of studies of the lifeways of African societies have been conducted, sometimes including information about sexual norms and practice. With four very talented research assistants, I conducted a complete search of JSTOR, Web of Science, and the University of California library system to identify articles and books that might contain ethnicity-specific information about sexuality in Africa. We searched for combinations of keywords, always including one keyword for a place or ethnic group (e.g. Africa, Nigeria, Yoruba) and a second with a thematic term (e.g. sexuality, gender, women, reproduction). This produced a first list of over 2500 articles and books, of which we scanned titles and, where available, abstracts, to decide which to read. We used only materials written in English, French, or German, and limited ourselves to works published since 1950. We then read or skimmed 525 books and articles, looking for information about marriage and descent systems and premarital sexuality. A significant majority of the works had no specific information, but 123 proved useful.

The reader of each article or book cited key passages, which we then collectively coded as non-stigmatising, stigmatising, or indeterminate. Groups were considered stigmatising if they were reported to ostracise or physically punish women found to have had premarital sex or if they practiced virginity testing at marriage. Societies were classified as non-stigmatising if they were described as unconcerned about premarital sex and had no reported sanctions against it. Examples of the quoted passages we used to code

are: “[Among the Ewe] strict pre-marital sex norms prevent premarital pregnancies” (Broude 1975:382) and “Although premarital sexual relations were tolerated among the Egoji of Meru, premarital pregnancies were very rare.... Premarital sexual relations start quite early in life and apparently the society encourages them by reprimanding those who insist on being virgins” (Molnos 1972:60). The first was coded stigmatising, the second non-stigmatising. When information from two sources was contradictory, or no clear information was available, the variable for stigma was coded as missing. Frequently, the information that we identified applied jointly to several ethnic groups that are distinguished in the DHS microdata. In Cameroon, for example, Alexandre and Binet (1958) and Laburthe-Tolra (1981) refer to the greater Bulu-Beti-Fang group, a group which is far more inclusive than the codes used in the DHS. In such cases, we coded all of the DHS classifications in the same way (in this case, non-stigmatising). When grouping this way, we followed the ethnic groupings used in the published DHS reports. Altogether, we found stigma information that we considered reliable for 54 of the 97 grouped ethnic categories as reported in the DHS. Because those for which we found data tend to be the larger ethnic groups, we have information for approximately 60% of the individuals in the dataset.³

The analysis is done using a joint dataset, constructed by retaining a limited number of variables in each country, creating a dummy variable for each country, and appending the datasets. To reduce variability due to selection bias, I examine the mortality risk for the first child only. Since the data in the birth histories are coded backwards (from most recent to first birth), it is necessary to

construct a new set of variables for the characteristics of the first child, regardless of where she appears in the birth history. Infant mortality is defined as the death within the first year of a child born alive, using the DHS variable for child death in months with imputation where necessary. The mother’s educational attainment is recoded into two dummy variables for “attended at least primary” and “attended at least secondary.” I define the marital status of the mother at the time of the birth by subtracting the century month code for the birth date of the first child from the century month code of the first marriage. Births within 7 months of the marriage are classified as following bridal pregnancy. Births prior to the marriage, as well as births to women who had not married by the time of the interview, are called non-marital births. All other births are considered to result from marital conceptions.

This method of defining non-marital births requires good data regarding the dates of births and marriages. Given the processual nature of marriage in some African societies, some have argued that DHS data are insufficient for this task, because the DHS asks only for a date of marriage, rather than distinguishing between traditional bridewealth marriage, socially sanctioned cohabitation, civil marriage, and religious marriage (for example, the compelling paper by Lardoux and van de Walle 2005). This is a legitimate and important concern, and I certainly agree that we should seek to gather more detailed and appropriate data. Nonetheless, I think that the DHS data are worth analysing and that the data are meaningful because what interests us in this analysis is whether the birth occurred before the *socially meaningful marital event*, whatever that event may be. Thus, if in one society women consider themselves “truly married” when they marry religiously, and in another society mark of a socially legitimate marriage is the bridewealth ceremony, then we would expect women in the first society to give the date of religious marriage and women in the second to report the date of the bridewealth. Since the importance of marriage for infant mortality lies in large part in the social legitimacy of the birth, it is appropriate that women should report the marriage as having

³This still means that data are missing for 40% of the individuals. This group includes individuals in very small ethnic groups—for which there is just less chance of relevant ethnography having been done—as well as those who live in ethnic groups on which the data are ambiguous. This latter group is more of a problem, because its exclusion from the analysis means that we are using the more extreme cases to measure differences. Including the ambiguous cases would make the differences smaller and noisier.

started with the locally legitimating ritual event. In addition, an argument against the relevance of the marriage timing data would have to predict that—as the data quality are poor and the meaning of marriage ambiguous—measurable results are unlikely to emerge. However, I find results that are both interpretable and highly significant.

I use logistic regression models (reporting log-odds) to estimate the association between mother's marital status and infant mortality, controlling for a complete set of country dummies and a range of individual-level covariates (mother's education, age at first birth, sex of the child, etc.). Country-month code of (child's) birth is used to control for any time trend. All the models except the first use Huber/White robust standard errors, clustered on ethnic group. The variables of interest are bridal pregnancy, non-marital birth, stigma, and the interactions between them. Stigma is coded as one in stigmatising societies and zero in non-stigmatising ones. For societies of unknown stigma, their stigma variable is coded as missing. Bridal pregnancy and non-marital birth are compared to marital conceptions. The interactions therefore give the effect of a non-marital birth or bridal pregnancy in stigmatising societies specifically.

11.7 Results

Tables 10.1 and 10.2 both show results from logistic regressions predicting infant death. Coefficients greater than one indicate that the variable is associated with a higher risk and coefficients smaller than one indicate lesser risk. All the models also include a set of dummy variables for country; all are weighted to reflect the different selection probabilities in the different samples; and all except the first use robust standard errors clustered at the level of the ethnic group.⁴

Table 10.1 shows the core results. Comparing the first two columns, we see that the subsample

of births in societies for which data on stigma is available does not differ significantly from the whole sample of births, as all of the coefficients on the control variables predicting infant death are almost identical in the two samples. Note that all of these coefficients are in the expected directions, and their relative magnitude is also as we would expect. For example, the coefficient on the mother attending secondary school is larger than is the coefficient on the mother attending primary school only. Similarly, there is a very small, but measurable, negative association between the date of birth (measured in months after January 1900) and the likelihood of death, consistent with the time-trend in infant mortality in Africa over the last three decades. If this association were either positive or large, it would call into question the quality of the data or form of the model over all. In sum, the results shown in columns one and two are expected and reassuring, as is the fact that the same patterns in the control variables persist across columns three and four.

Table 10.1, column three shows the associations of membership in a stigmatising ethnic group, single motherhood, and bridal pregnancy with infant deaths, assuming no interactions between gender-based sexual stigma and marital status. That is, in this column, we assume that the effects of being born to a single mother or after bridal pregnancy are the same in stigmatising and non-stigmatising societies. This column shows a modest (9%) positive association between being born in a stigmatising society and infant death, a large (26%) association between bridal pregnancy and infant death, and an even larger (52%) association between single motherhood and infant death. This shows that all else equal, societies with strong gender-based sexual stigma have higher infant mortality overall, and—again all else equal—babies conceived outside of marriage are always at a relative disadvantage.

But of course, all else is not equal. In particular, the nature of gender systems is that they distribute risk unequally, that some women—those who conform more closely to gendered norms of legitimate sexual behavior—are advantaged over those who do not or cannot. As a result, the association between premarital conception and infant

⁴Leaving out the country dummies makes the association of stigma with mortality appear considerably larger. Not using weights or not clustering errors has no substantive effect on the results.

Table 10.1 Results of logistic regression of infant death

	Full sample of first births	Subsample for which data on stigma is available	Including stigma and marital status at birth	Including interactions
Stigma			1.0936**	1.0107
Single mom			1.5187***	1.4036***
Bridal pregnancy			1.2635***	1.0773
Single mom x stigma				1.1234
Bridal pregnancy x stigma				1.2558**
Baby is male	1.2594***	1.2757***	1.2768***	1.2765***
Baby is twin	5.2537***	5.3439***	5.4013***	5.4137***
Century-month code of birth	0.9994***	0.9994***	0.9994***	0.9994***
Mother's age at first birth	0.9554***	0.9537***	0.9650***	0.9650***
Mother's highest education is primary	0.7362***	0.7063***	0.6762***	0.6764***
Mother's highest education is secondary or more	0.5927***	0.5823***	0.5374***	0.5374***
Mother resides in a rural area	1.2853***	1.2662***	1.2804***	1.2816***
Mother has ever used contraception	0.7901***	0.7615***	0.7572***	0.7579***
Pseudo R-squared	0.0368	0.0397	0.0429	0.0432
Number of observations	91,700	59,700	59,700	59,700

Full set of country dummies

Hubert-White robust standard errors

*** = $p < 0.001$, ** = $p < 0.01$, * = $p < 0.05$

Table 10.2 Results of logistic regression on infant death (robustness checks)

	Full sample (repeated from Table 10.1)	Birth occurred in 1985 or before	Only most recent survey in each country	Largest ethnic groups	In East and Southern Africa	In West Africa
Stigma	1.0107	1.0173	1.1087	1.0693	1.0299	1.1823***
Single mom	1.4036***	1.3939***	1.4059***	1.4251***	1.3961***	1.4040***
Bridal pregnancy	1.0773	1.0993	1.0557	1.0955	1.0216	1.0823
Single mom x stigma	1.1234	1.1815*	0.9578	1.1117	1.1687*	0.9221
Bridal pregnancy x stigma	1.2558**	1.1610*	1.3297**	1.2081**	1.3077*	1.1872*
Pseudo R-squared	0.0432	0.0422	0.0441	0.0451	0.0430	0.0338
Number of observations	59,700	33,309	34,853	45,346	22,389	37,315

Full set of country dummies

Hubert-White robust standard errors

*** = $p < 0.001$, ** = $p < 0.01$, * = $p < 0.05$

outcomes should be stronger in societies where premarital sex itself is stigmatised, and women who engage in it are shunned. That is: there should be an important interaction between gendered stigma and marital status at conception. Column four shows that this is in fact the case:

infants born to unmarried mothers face higher mortality risk regardless of the kind of society into which they are born, whereas babies born after bridal pregnancy suffer higher mortality only if they are born into a society that stigmatises premarital sex. Controlling for the mother's

marital status and interactions, membership in an ethnic group that stigmatises women's premarital sex is not, in itself, associated with negative outcomes for children. The entirety of the danger is concentrated in outcomes for children conceived outside of marriage.

Table 10.2 shows results for a series of robustness checks for this core result, limiting the sample in a variety of ways—by time, space, and size of the ethnic group. The point here is to show that the results in Table 10.1 are not due to some characteristic of the sample for which we have data. All of these models also contain the full set of controls, including country dummies, contained in the models shown in Table 10.2, but as the controls change almost not at all across models, they are not shown here. In all of the subsamples, babies born to single mothers have measurably higher risks of death, about 40% higher, and this association is well measured. The coefficient for bridal pregnancy itself is not significant in any of the sub-samples, although it is always positive. The association between membership in a gender-stigmatising ethnic group and the risk of infant death is similarly always estimated to be positive, but is statistically significant only in West Africa. The key interaction between bridal pregnancy and stigma is positive and significant in all the subsamples. However, there is considerable variation in the estimated size of the coefficient (from 16% to 30%), and in three of the subsamples, it is significant only at the $p < 0.05$ level.⁵ Finally, the interaction between single motherhood and stigma, which is not significant in the whole sample, is significant at the $p < 0.05$ level in two of the subsamples. That is, in two of the samples, there appears to be some additional risk of death to babies born to single mothers in stigmatising societies, over and above the associations of infant death with stigma and singlehood independently. This interaction is, however, the only one of these variables that changes sign in some of the subsamples, although the two

cases of inverted sign are not measurably different from no association. Overall, the evidence for this interaction is weak.

11.8 Discussion

The basic finding of this paper is that the mortality disadvantage suffered by illegitimate children is shared by children born after bridal pregnancy in societies that are less tolerant of non-marital sex. The implication of this finding is that the culture and gender matters *directly* for demographic rates, not only as loose set of values within which individuals make choices, but concretely by providing a characteristic repertoire of potential courses of action (Swidler 1986:284). So what are the everyday practices, the characteristic courses of action, that lead from non-marital conception to infant death in stigmatising societies but not in non-stigmatising ones? The most important factors, I argue, will be those that influence a new mother's ability to advocate on behalf of her infant, whether for clean water or medical care. Her ability to insure that her baby gets the care it requires depends both on financial resources and on her social standing in the household, that is, the strength of her claims to household resources. Contrary to the "benevolent dictator" model of the family in Becker's new home economics (Becker 1991), households in many African societies do not share resources either equally or strictly according to need. The inequalities within African households mean that the social context in which a woman gives birth will matter very much for her child's survival: an ailing infant's treatment will depend in part on its social location as the child of a more or less worthy member of the household (see Guyer 1985, 1993; Guyer and Eno Belinga 1995 for discussions of the economic structure of certain African households).

In stigmatising and non-stigmatising societies alike, the hazards that an unmarried woman might face giving birth are relatively clear. Although she *may* be well-supported by her natal family, she faces a higher chance of being socially

⁵While $p < 0.05$ is often taken as a robust measure of significance, with such a large sample, it should be viewed with some suspicion.

isolated and financially constrained than does a married woman. This should be even more clearly true in stigmatising societies, where natal families are less likely to be willing to care for the infant of a “wayward” daughter. The fact that the mortality risk to infants born outside of marriage is not greater in stigmatising than in non-stigmatising societies is therefore somewhat surprising. It is possible—but untestable with these data—that differential rates of abortion account for the difference.

Whatever the reason for the surprising non-difference by social type for infants born to unmarried mothers, the situation for babies born to women who marry during their pregnancies is quite different. In non-stigmatising societies, this action may be considered a choice. In certain communities, an inauspicious marriage to an undesirable partner is considered far worse than single motherhood (see Johnson-Hanks 2005), and so women who marry while pregnant are likely to be selecting partners similar to those they would have married without the duress of pregnancy. That is, they should look like married women, and indeed they do. But in highly stigmatising societies, pregnant women may be obliged to marry at all costs. Pregnant women may be constrained to marry less desirable men, to accept less desirable structural positions in polygynous households, to marry without bride-wealth or with a decreased bridewealth. Within their new households, they may be marginalised, and more likely to experience stress or bouts of ill-health during the pregnancy. Most critically, because of their marginal status, pregnant brides in stigmatising societies may see the needs of their infants given less regard than the needs of other women’s children, particularly in Africa where intrahousehold variation in childcare is common. For all of these reasons, children born after a bridal pregnancy might well be expected to have increased mortality risks, similar to children of unmarried mothers.

These mechanisms, however, are difficult to capture in DHS data. In particular, the unequal care given to children born to different mothers within the same household—arguably the key social practice that generates these quantitative

results—cannot be observed from the DHS. Indeed, the differential treatment of children within the household is difficult to identify in *any* survey; in the large literature on intra-household resource allocation, scholars generally assign classes of goods to adult men, adult women, or children (for example, tobacco and alcohol versus dresses versus school books), making it possible to identify whether children are gaining *vis-à-vis* adult men, but preventing an analysis of differences between children (see, for example, Dercon and Krishnan 2000; Fritzell 1999; Kevane and Gray 1999; Strauss et al. 2000; Udry 1996). The close observation that characterises ethnographic research, by contrast, would make it possible to identify the specific causal mechanisms through which certain children are disadvantaged, through a rigorous accounting of whose children receive which resources under which conditions. In this instance, patterns of gender and culture are not only mental representations or symbolic systems: they structure access to concrete resources, and can thereby influence demographic rates.

This chapter has examined the degree to which the mortality consequences of premarital conception follow the pattern identified ethnographically for social opprobrium. I find that the widely-cited mortality disadvantage of children conceived outside of marriage is not uniform. Infants born outside of marriage face an increased risk of death regardless of the ethnic group into which they are born. That is, for children born outside of marriage, adverse maternal selection and resource deprivation appear to account for the mortality disadvantage. Infants conceived outside of marriage but born within it, by contrast, face dramatically different mortality risks depending on whether they are born into a society that stigmatises non-marital sex or one that tolerates it: In stigmatising societies, babies born after bridal pregnancy face mortality risks similar to—or worse than—babies born outside of marriage, whereas in non-stigmatising societies, it is the mother’s marital status at birth, not at conception, that matters. In African societies that stigmatise non-marital sex, the pregnant bride risks marginalisation. Infants depend on their mothers’ advocacy; when their mothers

occupy socially disadvantageous positions in the household, infants suffer. That is, cultural norms influence social structure, and social structure influences mortality rates. In the patterns of infant mortality across sub-Saharan Africa, we can clearly observe the demographic consequences of gender systems and sexual norms.

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Gender and HIV: Evidence from Anthropological Demography in Nigeria

12

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In Africa, and arguably more widely, the AIDS epidemic has heightened the stakes of normative gendered practice and sexual intimacy. As the spread of the disease has magnified the risk of infection, sickness, and death, the moral discourses HIV has generated have made behaviors related to gender and sexuality—whether it is how people dress, whom they have sex with, or how they negotiate relationships with their partners—the object of increased social scrutiny. Even as changes associated with modern, urban social life in Africa have provided people—perhaps especially women—with new liberties and opportunities, gender inequality is reproduced in novel and powerful ways. In this chapter, I examine how unmarried young women in Africa’s most populous country, Nigeria, navigate the complicated landscape of migration, work, sex, and social relationships in the era of AIDS, as their strategies to survive and to improve their lives are often judged through moral lenses shaped by the epidemic. I then examine the reverse side of the gendered dynamic, focusing specifically on married men and their extramarital sexual behavior. The analysis links economic and gender inequality to powerful moral economies that undergird gendered disparities and also influence people’s

understandings of and responses to AIDS and the social changes associated with it.

The literature on gender and sexuality in Africa has multiplied seemingly exponentially in the wake of HIV, with researchers working to try to understand the political-economic, social, demographic, and cultural underpinnings of patterns of risk and infection. Given that Africa’s epidemic is overwhelmingly driven by heterosexual transmission, most scholarship has focused on heterosexual cultures and behaviors. Sometimes unwittingly, scholarship about African gender and sexuality and AIDS has fed into pernicious stereotypes about promiscuous African sexual traditions (Caldwell et al. 1989). As I will show, it is more accurate to explain risky sexual behavior in the context of the contradictions created by conservative sexual moralities combined with situations of profound material deprivation and growing economic aspirations than to attribute behavior to some sort of “African” cultural promiscuity. I argue that understanding morally driven and highly gendered interpretations and responses to social inequality are central to making sense of patterns of risky behavior and infection.

Further, a disproportionate amount of research and scholarship about AIDS and sexuality focuses on women’s sexual behavior, though there have been many important exceptions that address heterosexual men’s sexuality (Setel 1996, 1999; Campbell 1995; Hunter 2005; Parikh 2007;

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Simpson 2009; Skovdal et al. 2011; Spronk 2012). A good deal of the literature on Africa has focused on understanding the degree of women's agency in sexual decision-making, and particularly the relationship between gender inequality, economic deprivation, and women's sexual behavior. By focusing on both women and men, I address not only the contexts and motives of women who are involved in what is variously described as survival sex (Preston-Whyte et al. 2000), transactional sex (Leclerc-Madlala 2003), and informal sex work (Wojcicki 2002a), but also the sociological reasons why men participate in these kinds of sexual unions (i.e., moving beyond the notion that somehow men just "need" multiple partners or extramarital sex) (Swidler and Watkins 2007; Hirsch et al. 2009; Spronk 2012).

Even before AIDS, scholarship in African studies recognized that the meaning and deployment of women's sexuality are deeply connected to entrenched systems of gender inequality, that women's sexuality can be an economic resource, and that sexual relationships between men and women that have an economic dimension are nonetheless not necessarily easily or accurately characterized as "prostitution" (Bleek 1976; Dinan 1983; White 1990). But in recent years scholarship aimed at understanding patterns of heterosexual transmission in Africa has focused particularly on the complex relationship between women's vulnerability and women's agency, as their sexual behavior can put them and others at risk of HIV infection. Scholars have rightly pointed out that for many African women the combination of poverty, migration, and gender inequality is often deadly, as women have been put in positions where risky sexual relations were one of the only means of survival (Schoepf 1992; Ulin 1992). The idea that circumstances of gender and economic inequality put women at risk of HIV infection remains pertinent and the concept of "survival sex" as articulated by Preston-Whyte et al. (2000) and others (Wojcicki 2002b) emphasizes the extent to which women are structurally constrained and therefore often forced to rely on risky sexual liaisons to support themselves and their families.

Without discounting the extent to which many women rely on prostitution and other forms of transactional sex to survive, a considerable body of literature has shown that women use sexual relationships with men not simply to survive, but also to advance their aspirations for consumption, to achieve educational and employment goals well beyond mere survival, and to enable them to help fulfill obligations to kin and community (Hunter 2002; Leclerc-Madlala 2003; Johnson-Hanks 2006; Cole 2010). Acknowledging women's agency and the aspirations beyond survival that motivate various kinds of transactional relationships need not contradict the fundamental point that economic hardships and gender inequalities create contexts that put women in vulnerable positions, increasing the likelihood that they will become infected with HIV and infect others. But attention to women's agency and to the panoply of socially mediated expectations and desires that frame and motivate sexual behaviors offers a more nuanced perspective on the relationship between economics, gender, sexuality, and HIV risk. In this chapter, I build on this approach and also emphasize the importance of people's moral understandings of these contexts. I explore the behavioral consequences of the desire to perceive (and have others perceive) one's sexual behavior as morally appropriate. Even in its breach (for example, among women who work openly as prostitutes), the importance of morality in explaining people's understandings and behaviors related to AIDS is manifested.

As illustrated in the second part of the chapter on men's extramarital sexual behavior, the contexts and motives that explain men's conduct also require unraveling the complex intertwining of materiality and morality. While African men's heterosexual behavior has received increasing attention, and many important studies have deepened our understanding of men's positions and their role in perpetuating the epidemic (Setel 1999; Luke 2005; Simpson 2009), relatively little work has explored the relationship between material and moral aspirations as they shape male sexuality (though for a recent example, see Spronk 2012). Swidler and Watkins (2007) offer

a major contribution by pointing to the ways that men with multiple partners are building on and reflecting much wider societal patterns and traditions in which acting like a good patron is a culturally rewarded and socially productive aspect of competent masculinity. They argue persuasively that it is just as important to understand the social logic of men's choices in so-called transactional sexual relationships as it is to situate women's behavior. Below I argue that men in extramarital sexual relationships are highly attuned to social expectations related to masculinity, social class, and the fulfillment of duties to family and community. As with women, men's sexual behavior—including behavior that appears to be conducive to spreading HIV—must be understood as taking place in a context where men care deeply about the perceived morality of their conduct. Seeing men who cheat on their wives as moral actors—even as they engage in seemingly immoral behavior—offers a more nuanced and accurate perspective on their motivations and conduct. Before turning to married men, I focus on the young, unmarried, migrant women who are the object of so much critical moral discourse in Nigeria and across Africa.

12.1 Female Migration, Urban Sexual Economies, and HIV

AIDS in Africa has been widely linked to gendered patterns of migration (Herdt 1997; Lurie et al. 2003; Lurie 2006). In recent decades, demographers and other social scientists have drawn attention to the growing proportion of rural-urban migrants in sub-Saharan Africa who are female, young, and unmarried (Adepoju 2003; Gugler and Ludwar-Ene 1995; Makinwa-Adebusoye 1990; Mberu 2005). This trend represents a relatively new pattern, as previous rural-urban migration streams had been predominantly male, and women tended to move in more significant numbers as the married partners of male migrants than as single and independent agents in their own right. As in much of sub-Saharan Africa, in Nigeria, a combination of increasing aspirations and opportunities,

challenging economic circumstances, and sometimes burdensome kinship obligations compel large numbers of young single women to migrate from rural to urban areas. Many young female migrants adapt to the challenges of the city by engaging in sexual relationships with men who can provide resources for them.

The findings presented here are the result of a 2-year study in 2001 and 2002 of unmarried Igbo rural-urban migrants from southeastern Nigeria between 15 and 24 years old who were residing in the northern Nigerian city of Kano (Smith 2003, 2014). The study included a survey of 431 male and female migrants, intensive interviews with 20 people from the larger sample, and several months of participant observation. In analyzing the strategies that enable young women to adapt to city life, it became clear that female migrants inevitably navigated the local sexual economy as they strived to survive and succeed in their new environment. For most young women, sexual relationships with men proved to be a major means for garnering economic support, albeit in ways that spanned a wide range of forms with regard to the explicitness of the economic basis for the relationship, the intimacy and duration of ties, and the moral valence for the women, their partners, and the larger community. The experiences of the young female migrants who were the subject of this study suggest that the moral dimensions of this sexual economy can have equal or greater consequences for the risk of HIV associated with gender inequality as do the more material aspects.

For analytical purposes, three positions in the spectrum of relationships in Kano's migrant community's sexual economy are identified and examined with regard to their relationship to and effects on gender inequality. The three forms of relationships described are: (1) commercial sex work, mostly associated with brothels; (2) sexual relationships that originate from connections that are established in the plethora of local bars, taverns, and eateries that serve alcohol in Kano's migrant quarter; and (3) longer-term relationships that are less explicitly economic and often include a notion of romance and commitment. Of course, many kinds of relationships do not fit neatly in

one category, some relationships evolve over time from one type to another, and many women experience more than one type of relationship, either over time or concurrently. The conventional view is that the more overtly economic a relationship is, the more likely a woman has been compelled to participate because of poverty, the more pernicious it is for the perpetuation of gender inequality, and the more likely it might include the risk of HIV infection. The picture is somewhat more complicated when the social and moral aspects of gender inequality are figured in with the economic aspects. In-depth interviews and participant observation suggest that, in many ways, the most overtly economic relationships are morally less constraining for women, and therefore ironically more amenable to condom use. Understanding the relationship between rural-urban migration, gender, and HIV risk requires consideration not only of the economic underpinnings of gender inequality, but also its moral dimensions.

12.1.1 Work, Sex, Morality, and HIV

When the survey team, made up mostly of young Igbo from the major university in Kano, spanned out across the city to interview migrants, one of the supervisors, a middle-aged university lecturer from the Igbo Southeast, expressed considerable surprise at the number of young migrant women working as commercial sex workers in brothels. He characterized his palpable dismay in a phrase that was repeated frequently by members of the research team over the study period. He lamented that he would never again react the same when, back home in the Southeast, the parent of a young female migrant announced proudly: 'My daughter is working in Kano.' Little did their parents suspect, he suggested, what sort of work their daughters were doing.

Interviews with young women working in brothels confirmed that most of them resorted to sex work in response to economic needs in circumstances where they felt they had few, if any, other viable options. Data from the larger survey sample indicated that women who were

sex workers had few (and often no) kin in Kano who could help them. In the larger overall migrant population, more than half of the young female migrants had kin in the city, and many of them boarded with a relative. The lack of kinship ties increased young women's economic desperation, but it also freed them somewhat from the moral gaze of extended family who would have considered sex work extremely stigmatizing.

Commercial sex work is viewed as morally unacceptable in the larger Igbo migrant community. Indeed, its unacceptability is exacerbated by the fact that many of the migrant sex workers' clients are local men, who differ from Igbo migrants in ethnicity and religion (Igbo migrants are predominantly Christian; the local population in Kano is most Hausa-speaking and Muslim). Sex workers certainly engaged in their trade primarily out of economic desperation. Some of them faced exploitation and mistreatment from clients and from the men who owned and ran the hotels where they worked. But, ironically, young Igbo migrant women who engaged in professional sex work seemed to escape many of the moral boundaries that constrain the behavior of most Igbo women. They had freedoms of certain kinds in arenas that were more constrained for women who were tightly bound to their kin and to particular men. Commercial sex workers in the study drank and smoked much more commonly and openly than other migrant women. They talked to men with much greater liberty, arguing with them, laughing at them, and cursing them in ways that most women would find difficult and even dangerous. Significantly, commercial sex workers also said that they regularly used condoms and usually did not hesitate to try to get their clients to use them. They did not always use them, but compared with other women in the study they discussed them much more openly, they often showed them to interviewers, and they seemed much less constrained by condoms' association with sexual immorality that was so common among many young migrants.

I do not mean to suggest that female sex work is a path to gender equality. Commercial sex work is highly stigmatized both in the larger Igbo migrant community in Kano, and in Nigeria

generally. But because sex work puts women “beyond the pale” morally, their source of economic livelihood offers them considerable liberties that are unavailable to women who are more observant of social and moral norms. My point is not some misguided celebration of sex work, but rather to compare and contrast it to other ways that young migrant women navigate Kano’s urban sexual economy. For many young migrant women who work in other sectors of Kano’s economy, shared notions of morality and perceptions that social change is undermining traditional norms intersect with their livelihoods and their sexual behavior. Morality reinforces gender inequality as much as economics does.

While full-fledged commercial sex work is undertaken by a relatively small fraction of young unmarried Igbo migrants, many more young women work in jobs at bars, taverns, eateries, and a range of other entertainment establishments. At these venues, male clientele commonly banter playfully with female cooks, servers, and other employees. In many cases (but certainly not most), these encounters evolve into sexual relationships. The spectrum of entertainment establishments, the intentions and behaviors of young women, and the kinds of relationships that unfold are highly diverse. In some cases, the line between sex work and tavern work is blurry; in others, young women only sleep with a man when the relationship could be understood as a romantically inclined or emotionally committed. But in almost all instances neither the man nor the woman views these relationships as commercial sex. It is equally the case that the man is always expected to provide some form of economic support to his sexual partner.

In these contexts, young women must be careful not to behave too much like sex workers, as their physical attraction, emotional appeal, and moral authenticity depends on obscuring or euphemizing the economic aspect of a sexual relationship. Yet in-depth interviews and informal discussions with many men and women revealed that the actual level of economic support that men provided in any sexual relationship was not smaller when the encounter was perceived in less overtly economic terms. In certain respects, the

decorum entailed for a young female migrant to distinguish herself from a prostitute required behavior that reinforced gendered stereotypes that kept women subservient to men. Perhaps the most significant and potentially deleterious example of this was with regard to the use of condoms. Many young women reported that it was difficult and awkward for them to suggest using condoms with their lovers, partly because such a suggestion made them appear, as several men and women put it, “too professional.”

12.1.2 “No Finance Without Romance”

Young unmarried women in cities in Nigeria must steer their way through entrenched forms of gender inequality, traversing a complex sexual economy as they try to survive and succeed in urban environments. My findings in Kano, which emphasize the moral as well as the material dimensions of social systems, do not suggest that the economic foundations and consequences of gender inequality are any less significant. But by examining the complex terrain of the Kano migrant community’s sexual economy, the intertwining of the material and the moral becomes apparent, producing circumstances, strategies, and consequences for HIV risk behavior that are multifaceted and sometimes contradictory. The realities of the sexual economy in Kano suggest that young migrant women frequently must navigate uneven moral and material terrains, trading currencies across domains, risking failure in one realm for success in the other, trying to keep their reputations intact even as they secure their livelihoods, and reinforcing some aspects of gender inequality even as they challenge others.

While relatively few women end up as commercial sex workers, most young female migrants must find their way through the complex intersection of monetary, moral, and sexual economies as they both struggle to pursue their aspirations and work to preserve their reputations. The pressures that bar girls and others in the entertainment sector faced in concealing any

economic motives affected those young women who were neither commercial sex workers nor service industry employees. While my research suggested that sex workers and service workers tended to be more economically and socially vulnerable than many other migrant women (as they generally had less income, poorer housing, and fewer Kano-based kin), many young migrant women who fit neither category also had precarious livelihoods and relied on men with whom they had sexual relationships for economic support. For such women, the importance of assuring the perceived morality of the relationship was paramount, as men were much more likely to spend significantly on women who they believed were sexually exclusive and emotionally bound to them—even in cases where the men were already married to someone else themselves.

Young women commonly express self-awareness about the economic motivations for sexual relationships with men using the phrase “there is no romance without finance.” While this expression suggests women’s strategic economic use of their sexuality, it is equally revealing to invert the phrase and note that for women to succeed in securing the most valuable male support—that which is not only the most financially lucrative, but also the most socially acceptable—they must behave in ways that privilege other aspects of the relationship above bald material exchange. In this sense, for women seeking to avoid the stigma of prostitution, “there is no finance without romance.”

Most young women interviewed in Kano wholeheartedly preferred relationships where they received financial support in the context of emotionally supportive and socially and morally sanctioned relationships. But it was clear that in this gender unequal society, in order to please men, women had to behave in ways that reinforced their dependence upon men. Men expected significant degrees of acquiescence to male needs and priorities in order to reward women with both money and moral approval.

Over the past two decades, these challenging circumstances have been complicated by Nigeria’s AIDS epidemic. For women who sell sex in order to survive, and whose ability to adopt protective behaviors is directly affected by what

clients are willing to pay for as well as by the threat of violence that accompanies their trade, the threat of HIV infection looms large. Yet, ironically, because commercial sex work is so ubiquitously associated with immorality and AIDS, sex workers appear to have a much easier time negotiating condom use to protect themselves from infection than other women do.

For most young women in Nigeria it is a continuous challenge to balance economic exigencies, their social reputations, and their own emotional and physical desires. As the country changes so rapidly—with increases in rural-to-urban migration, higher levels of formal education, ever-growing exposure to globally circulating ideas, practices, and things, and a huge young population that is increasingly likely to stay unmarried for up to a decade after reaching sexual maturity—the sexual and moral lives of young women and the country’s AIDS epidemic are interconnected in a collective imagination that is deeply ambivalent about all these transformations.

Nigerians’ collective anxiety about the AIDS epidemic has focused significantly on the lives of young people. The younger generations are viewed as personifying new aspirations and lifestyles that reflect transformations in the country’s political economy that many Nigerians find both appealing and troubling. The troubling changes include rises in inequality, greed, materialism, and individualism, all of which are seen as threatening values of sharing and reciprocal obligation associated with kinship and community, but also as opening the door for HIV. The popular concern with young people is also a product of the fact that the social lives and cultural practices of the next generations embody the outcome of current processes of social reproduction. These worries about social reproduction are most tangibly voiced with regard to young people’s sexual behavior and the widely shared understanding of AIDS as the consequence of these collective moral failings. Condemnation of youthful sexual morality is focused especially young women because of gender double standards, but also because their virtue and its failures stand symbolically for the moral state of society more generally.

12.2 Men's Extramarital Sex: Masculinity, Money, and Morality

But concerns over rising inequality and degenerating morality are directed not only at the youth; nor are they exclusively targeted at women. A perceived epidemic of men's extramarital sex is also a topic of intense public discourse. While some of the blame for men's infidelity is projected onto their younger female partners, who are portrayed as trading sexual favors too easily in order to satisfy their increasingly materialistic ambitions, unfaithful married men are also sometimes the objects of derision. Further, men's extramarital sex is also entangled epidemiologically with Nigeria's AIDS epidemic. Over the past decade, studies have suggested that for many women around the world, a primary path to infection is having sex with their husbands (Hirsch et al. 2007; Phinney 2008; Wardlow 2007). In the remainder of this chapter, I focus on the relationship between persistent gender inequality, men's extramarital sexual behavior, and the risk of marital HIV infection. As with young female migrants, the intersection of the moral and material aspects of these relationships is central to my findings.

12.2.1 Modern Marriage and Men's Infidelity

The prevalence of married men's participation in extramarital sex in Nigeria is well documented (Karanja 1987; Orubuloye et al. 1991; Lawoyin and Larsen 2002; Mitsunaga et al. 2005). Conventional scholarly understandings and explanations for the phenomenon are, however, problematic because they tend to reproduce common stereotypes, often ignore the diversity and complexity of these relationships, and overlook the ambivalence that sometimes accompanies this behavior. As in many societies, people in southeastern Nigeria commonly attribute men's more frequent participation in extramarital sexual relationships to some sort of innate male predisposition, and this perspective

is well represented in the literature (Isiugo-Abanihe 1994; Orubuloye et al. 1995). Many Igbo men and women I interviewed as part of a multi-country study, "Love, Marriage and HIV," articulated this view (Smith 2007). In response to a question why married men seek extramarital lovers, a 54-year-old civil engineer in the city of Owerri repeated a pidgin English phrase heard frequently among Nigerian men: "Man no be wood. It's something men need, especially African men. You know we have a polygamous culture. This practice of marrying only one wife is the influence of Christianity. But men still have that desire for more than one woman." Only a piece of wood, he implies, lacks an outward-looking sexual appetite.

The notion that men naturally want or need multiple sexual partners is reinforced by gendered norms that produce and perpetuate a double standard about extramarital sex. Over the past two decades I have spent scores of evenings in settings in southeastern Nigeria where married men entertain their unmarried girlfriends or talk with their male peers about their extramarital sexual experiences and partners. I remember asking a particularly colorful older Igbo man who was quite blatant in his philandering about the consequences of extramarital affairs for men and women. He replied, quite boastfully, "If I catch my wife, she is gone; if she catches me, she is gone too." In other words, not only was it unacceptable for her to have extramarital sex, it was also unacceptable for her to object to his having extramarital sex. As I will show below, while this man's claim of male privilege in the realm of extramarital sex is generally reflective of a prevailing double standard, it reveals little about the real contexts of how men and women navigate gender inequality, infidelity, and the risk of HIV.

Despite their currency in popular and scholarly accounts, explanations of male extramarital sexual behavior in terms of innate male need or privilege are insufficient, because sexual desires do not emerge or operate in a vacuum. Men's extramarital sexual behavior is socially produced and organized. From interviews with men about their extramarital relationships, from listening to men's conversations among themselves pertain-

ing to these relationships, and from observations of men interacting with their extramarital partners in various public or semi-public settings, a number of patterns in the social organization of extramarital sex become apparent. Three sociological factors are particularly important for explaining the opportunity structures that facilitate men's participation in extramarital sexual relationships: work-related migration, the intertwining of masculinity and socioeconomic status, and involvement in predominately male peer-groups that encourage or reward extramarital sexual relations. Expectations that married men demonstrate both masculinity and economic capability by keeping extramarital lovers also produces worries that men's traditional obligations to their families are being undermined. As I will show below, the discretion with which most men conduct their extramarital affairs is driven in part by their own desires to uphold values associated with marriage and kinship, even as they behave in ways that can appear to threaten those same relationships and institutions. Further, as with the young women described in the first sections of this chapter, for married men who cheat on their wives, the dynamics of economic and gender inequality are deeply intertwined.

12.2.2 Mobility and Men's Extramarital Sex

Of the 20 married men interviewed in depth in southeastern Nigeria as part of the "Love, Marriage and HIV" study, 14 reported having extramarital sex at some point during their marriages, and of the six who said they had not engaged in extramarital sex, four had been married less than 5 years. Approximately half of all the cases of extramarital relationships described in the interviews occurred in situations where work-related mobility was a factor. Men whose work takes them away from their wives and families are more likely to have extramarital relationships, and they frequently attribute their behavior to the opportunities and emotional hardships produced by these absences. A 47-year-old civil servant whose postings frequently took

him away from his family explained a relatively long-term relationship with a woman in one of the places he was transferred: "I stayed a long time without my wife. But eventually this woman befriended me. She was a widow and a very nice woman. She cooked for me and provided companionship. Later, I was transferred back home, and it was over. It was like that." While men's representations of hardship as a justification for extramarital sex contradict the realities of male privilege in Nigeria's social order, they nevertheless reflect many Nigerians' experience that labor-related migration creates not only opportunities but also pressures to become involved in extramarital relationships.

Further, extramarital relationships in the context of work-related migration can be more easily hidden from wives, family, and neighbors. Every man in the sample who admitted to having extramarital sex expressed the importance of keeping such relationships secret not only from their wives, but also from their extended families and their local communities. Men's motivations for keeping extramarital relationships hidden included not only a desire to maintain peace and uphold the appearance of fidelity for their wives, but also a clear concern over their own social reputations. The same man who described his relationship above explained: "I am a mature man with responsibilities in my community – in the church, in various associations. I hold offices in these organizations. I can't be seen to be running here and there chasing after women. My own son is almost a man now. How can I advise him if I am known for doing this and that?" To the degree that male infidelity is socially acceptable, it is even more strongly expected that outside affairs should not threaten a marriage, and this mandates some discretion.

12.2.3 Masculinity and Money

In the vast majority of cases described in the interviews, issues of socioeconomic status, specifically the intersection of economic and gender inequality, featured prominently in men's accounts of their extramarital relationships. Most

often, a man's relationship to his female lover included an expectation that the man provide certain kinds of economic support. Men frequently view extramarital relationships as arenas for the expression of economic and masculine status. Indeed, it is necessary to understand the intertwining of masculinity and wealth, and gender and economics more generally, to make sense of the most common forms of extramarital sexual relationships in southeastern Nigeria.

In popular discourse, the most common form of economically-driven extramarital relationships is said to be so-called "sugar daddy" relationships, wherein married men of means engage in sexual relationships with much younger and much poorer women with the expectation that the men will provide various forms of economic support in exchange for sex. While many Nigerians, including many of the participants in these relationships, view sugar daddy relationships in fairly stark economic terms, a closer look at these relationships suggests that they are much more complicated than stereotypically portrayed (Cole 2004; Cornwall 2002; Hunter 2002, 2005; Luke 2005). Young women frequently have motives other than the alleviation of poverty. Indeed, typical female participants in these sugar daddy relationships are not the truly poor, but rather young women who are in urban secondary schools or universities who seek and represent a kind of modern femininity. They are frequently relatively educated, almost always highly fashionable, and while their motivations for having a sugar daddy may be largely economic, they are usually looking for more than money to feed themselves.

For married men, the pretty, urban, educated young women who are the most desirable girlfriends provide not only sex, but the opportunity, or at least the fantasy, of having more exciting, stylish, and modern sex than what they have with their wives. At a sports club in Owerri where I spent many evenings during fieldwork, and where men frequently discuss their extramarital experiences, a 52-year-old business man described a recent encounter with a young university student to the delight of his mates: "Sometimes you think you are going to teach these girls something, but, hey, this girl was teaching me." Married men who

have younger girlfriends assert a brand of masculinity wherein sexual prowess, economic capability, and modern sensibility are intertwined.

12.2.4 Cheating Husbands and Rewarding Peers

Masculinity is created and expressed both in men's relationships to women and in their relationships with other men (Connell 1995). In male-dominated social settings such as social clubs, sports clubs, sections of the marketplace, and particular bars and eateries, Igbo men commonly talk about their girlfriends, and sometimes show them off. Male peer groups are a significant factor in many men's motivations for and behaviors in extramarital relationships.

While it is not uncommon to hear men boast about their sexual exploits to their peers—frequently alluding to styles and practices that are considered simultaneously exciting and modern, another strand of discourse emerges when men explain their motivations. Many men reported that they enjoyed the feeling of taking care of another woman, of being able to provide her with material and social comforts and luxuries. In a candid discussion with several men over beers about men's motives for extramarital lovers, a 46-year-old man known among his peers as "One Man Show" for his penchant for keeping multiple young women, explained: "It's not only about the sex. I like to buy them things, take them nice places, give them good meals, and make them feel they are being taken care of. I like the feeling of satisfaction that comes from taking care of women, providing for them." Masculinity proven by lavishing attention and goods upon a girlfriend parallels the way men talk about taking care of their wives and families. It foregrounds the connections between masculinity and money and between gender and economics more generally.

Many men were ambivalent about their extramarital sexual behavior, but in most cases men viewed it as acceptable given an appropriate degree of prudence so as not to disgrace one's spouse, one's self, and one's family. In a few cases men seemed genuinely unhappy in their

marriages, and in rare instances men fell in love with their extramarital partners. But by and large, men tended to see their extramarital relationships as independent of the quality of their marriages, and in their minds extramarital relationships posed no threat to their marriages so long as they were kept secret from wives, and so long as men did not waste so many resources on girlfriends that they neglected their obligations to their wives and families.

The primacy of marriage and the ways in which Igbo men collectively enforce this primacy on each other is illustrated by the case of a man in the tennis club who was heavily sanctioned by his male peers for his behavior in an extramarital relationship. At the time, the man, a 36-year-old married father of four, was involved in an intense relationship with a student at a local university and he brought her to the club almost daily. He conducted himself, however, in ways that other men found highly inappropriate. While it is acceptable to “show off” girlfriends in male-dominated social spaces like the club, this man paraded around with his girlfriend in fully public and sex-integrated settings, such that his wife and in-laws became aware of his affair. He openly touched and kissed his girlfriend in these public environments (whereas most men restrict physical contact with girlfriends to private venues), and he would sometimes spend several nights away from his home, sleeping with his lover. Worst of all from his peers’ point of view, he squandered his money on his girlfriend to the extent that he was no longer adequately supporting his family.

To make a long story short, the club members organized themselves and intervened. A group counseled the man to stop the affair, threatened him with suspension from the club, and even visited the wife in solidarity with her predicament, urging her to endure while they acted to rein in her husband. From an Igbo male point of view, competent masculinity allows and even encourages extramarital sex, but not at the expense of neglecting responsibility for one’s family. The boundaries that men enforced among themselves were, I think, partly a response to their anxieties

that these extramarital relationships represented threats to values associated with marriage and family. While they engaged in these relationships in part to demonstrate their modern masculinity, they also worried about the moral repercussions that these new expectations entailed.

12.3 Conclusion

In both premarital sexual relationships and in extramarital affairs, patriarchal forms of gender inequality and sexual double standards put women at risk of contacting HIV. Women’s precarious political-economic circumstances contribute to making them dependent on men, and often put them in situations where choices about sexual relations are shaped by economic needs and material desires. But as the evidence in this essay has also demonstrated, shared cultural ideas about appropriate gender roles and about sexual morality also contribute to influencing sexual behavior—for both men and women. A thorough understanding of the dynamics of gender and HIV requires attention to men and masculinity as much as to women and femininity. As shown above, men’s sexual behavior, and, as examined here, particularly their extramarital behavior, can be productively analyzed through the lens of gender. Such a perspective is not meant to discount gender inequality or underestimate the negative consequences of sexual double standards for women. Instead, the aim is to offer a critical, gendered analysis of men and their behavior.

Although it is impossible to cast the variety of men’s extramarital sexual relationships in southeastern Nigeria into one mold, several intertwining issues link an otherwise diverse set of behaviors. Specifically, understanding the social organization of men’s extramarital sex requires connecting gender inequality, economic inequality, and morality. For most Nigerian men, masculinity is closely tied to economic capacity. In the context of contemporary southeastern Nigeria, the paramount test of masculinity for adult men is getting married and having children.

With the high cost of bridewealth and the growing expenses of educating children, these tasks alone are a challenge for the majority of men. For men who eschew extramarital sexual relationships it is often the moral imperative of providing for their families that most guides their conduct. Wealthier men are more likely to have extramarital sex not only because their economic status makes them more attractive to potential partners, and not only because they can display both masculinity and social status through their girlfriends, but also because they can have affairs without the risk of failing to provide for their families. Indeed, although it is widely known that many men cheat on their wives, those who do so at the expense of providing for their wives and children are most likely to face opprobrium from their peers, as the case above illustrates. Very few men leave their wives for their lovers, and men are under strong social pressure to take care of their families.

With the changes in marriage in southeastern Nigeria occurring over the past few decades, it is important to understand how women in modern marriages deal with their husbands' infidelities, and, more specifically, why they appear to be so tolerant. From observations and anecdotes collected during the "Love, Marriage, and HIV" study, it is apparent that some women do try to challenge and control their husbands' extramarital behavior through a variety of strategies, including drawing on ideals of trust and fidelity implicit in some conceptions of modern marriage (Smith 2009). But while almost all women wish for and try to encourage their husbands' fidelity, many women choose to ignore their suspicions. Further, among those who cannot ignore them, very few women think a man's extramarital affair is grounds to end a marriage. The reasons for this include not only intense social pressure to stay married, reinforced to various degrees by women's economic and social dependence on men (including, for example, Igbos' patrilineal system of kinship, which assigns "ownership" of children to the father), but also the knowledge that men's extramarital affairs do not, in fact,

threaten marriage—at least not in formal terms. In other words, women as well as men recognize the primacy of marriage, and they know that their husbands will not likely leave them for other women.

Although one might imagine that the AIDS epidemic in Nigeria would create a new urgency for addressing the possible health consequences of prevailing patterns of extramarital sexuality, the popular association of the disease with sexual immorality has, if anything, contributed to the complex web of silences and secrets that surround extramarital sex. While I heard some men talk about the necessity of condom use during extramarital sex because of the fear of HIV, many other men denied or ignored these risks. The fact that a significant proportion of extramarital sex in southeastern Nigeria involves relationships that have emotional and moral dimensions—they are not just about sex—means that men imagine these relationships, their partners, and themselves in ways that are quite distanced from the prevailing local model that the greatest risk for HIV infection comes from "immoral" sex. Further, it is clear that most married women have good reasons to remain silent about and keep secret their husbands' extramarital affairs. The moral interpretations of HIV and AIDS only add to the secrets and silences.

For married men who cheat on their wives and for the young women who are their partners the dynamics of inequality and morality are central to how they navigate gender relations, sexuality, and the AIDS epidemic. While there is no doubt that the intersection of gender and economic inequality puts people, especially women, at risk of contracting HIV, in order to understand people's sexual behavior it is important to recognize and account for the powerful influence of morality on people's decisions. Nigeria's moral economy is as powerful as its material economy. If gender inequality is one of the most significant drivers of Nigeria's AIDS epidemic, in order to understand its effects we must attend not only to its material dimensions, but also to its moral underpinnings.

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Part IV

Migration & Displacement



Gender and Migration: Evidence from Transnational Marriage Migration

13

Danièle Bélanger and Andrea Flynn

13.1 Introduction

‘Internet marriages’, ‘mail bride orders’, ‘bogus marriages’ and the ‘the selling of sex for visas’ are among the themes found in popular media reporting on international marriage migration. Many sensationalist accounts accuse marriage migrants of abusing migration policies through fake marriages, while other reports portray women marriage migrants as victims of trafficking. In 2007, for example, *The New York Times* reported on the story of Vietnamese women and Korean men who marry through matchmaking agencies. The article vividly described how following a man’s quick marriage tour to choose a foreign wife, the bride obtains a spousal visa and eventually emigrates to South Korea as a permanent resident (Onishi 2007, February). Such depictions of marriage as a commercialized and arranged process fuels stereotypes of Asian women as commodities. In the leading Canadian newspaper *The Globe and Mail*, the story of Lanie Towell made headlines in 2009 when she claimed having been deceived by her West African husband, whom she met in Guinea. After their wedding, he migrated to Ottawa only to dis-

appear a mere month later (Bielski 2009, April 30). In this case, ill-intentioned immigrants are shown as potentially abusing honest Canadian citizens and Canada’s generous immigration policies (see Flynn 2011). In Taiwan, the significant in-flow of women marriage migrants from China, Vietnam and Indonesia is referred to by the press as a ‘social problem’ because ‘foreign brides’ come from developing countries and therefore can lower the overall quality of the Taiwanese population (Hsia 2007; Wang and Bélanger 2008). In Vietnam, a sending country of marriage migrants, the press depicts women who marry foreigners as the ‘shame of the nation’, or as ignorant women who become victims of trafficking (Bélanger et al. 2013). These few examples indicate that the phenomenon of marriage migration generates intense controversy and leads to very polarized stereotypes. Marriage migration powerfully captures how migration, a demographic and social phenomenon, is highly contentious and gendered.

The connection between marriage and migration is not altogether new, in the sense that marriage has historically often meant a shift in place, particularly for women. Throughout much of Asia, for instance, patrilocal and patrilineal marital kinship systems require women to migrate internally to their husband’s place of residence (Palriwala and Uberoi 2005). What *is* new is the sheer scale on which marriage migration is occurring, both in terms of volume (i.e., number of

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international marriages; proportion of international marriages relative to domestic marriages) and the geographic distances involved. With the transcendence of borders by capital, goods, and people characterizing contemporary social life in a globalized world, marriages between nationals of different countries are becoming increasingly common (Constable 2005; Piper 2003). Existing literature has highlighted how uneven economic development, demographic pressures, unprecedented ease of communication across vast differences, and accelerated international migration in the context of globalization have intersected in the arena of marriage in complex and highly gendered ways (see, for instance, Bélanger 2010; Cheng and Choo 2015; Constable 2003, 2005; Lauser 2008; Lu 2005; Palriwala and Uberoi 2008; Piper and Roces 2003; Piper 1999, 2003; Wang and Chang 2002; Qureshi and Rogaly, this volume). International migrants who migrate as spouses of a citizen or permanent resident of a country other than their own constitute, worldwide, one of the largest groups of migrants.

International marriage migration within Asia, in particular, began rapidly increasing beginning in the 1990s. In Taiwan, 15.7% of all marriages in 1998 involved a foreign spouse. By 2003, this percentage had increased to 32.1%, the vast majority of which (92%) involved Taiwanese men and women migrating for marriage from China and Southeast Asia (especially Vietnam, see Bélanger 2010). In 2005, 27% of male Singaporean nationals married women from other countries; in contrast, only 7% of Singaporean women married foreigners. An average of 16,000–19,000 Philippine nationals, the overwhelming majority of whom are women, leave the country annually for the primary purpose of marriage or spousal partnerships (Jones and Shen 2008). These Filipinos marry nationals of other Asian countries, or nationals in countries abroad, including parts of Europe, Australia, New Zealand, and North America. After peaks were reached in the early 2000s, proportions of marriages with a foreign spouse declined since 2005 between 5% and 10% following stricter legal restrictions both in Asian countries of origin and destination (Chung et al. 2016).

In the United States alone, family-sponsored immigrants represented 64% of the total legal permanent resident flow in 2014, with spouses accounting for 57% of permanent residents falling within the category of immediate relatives (DHS Office of Immigration Statistics 2016). In Canada in 2014, 16.2% of new temporary residents were categorized as spouses and partners, comprising 63% of all family class immigrants arriving that year (Citizenship and Immigration Canada 2015). It is estimated that as much as 60% of male-initiated sponsorship applications involve efforts to sponsor wives from a foreign country (Merali 2008). According to Merali (2008), these statistics “reflect the increasing number of immigrant men who are choosing to marry women from other countries of origin, as well as the increasing number of non-immigrant males who are choosing to marry women from other countries and cultures” (p. 281).

Overall, there is a great deal of diversity under the broad umbrella of ‘marriage migration’, involving numerous demographic and social causal factors, diverse motivations, distinct trajectories, and varied connections to other types of migration. The present chapter outlines theoretical and empirical perspectives on transnational marriage migration to highlight the complex articulations of the relationship between the two phenomena and to demonstrate the highly gendered nature of the causes, consequences, and experience of transnational marriage migration. The chapter draws examples from various settings, but emphasizes marriage migration within Asia (Vietnam to South Korea and Taiwan) and to North America (Canada).

13.2 The Broader Theoretical Context: Gender and Migration

Migration theory aimed at ‘bringing gender in’ frames our examination of migration and marriage. Since the 1990s, migration theory has been criticized for largely ignoring female migrants and the gendered nature of migration flows, labour patterns, and outcomes. Research pointing

to the large number of female migrants that did not correspond to the stereotype of the 'trailing wife' prompted the development of migration and gender-specific research that uncovered important phenomena. Nicola Piper situates the gendered nature of migration within a gendered political economy and a global patriarchal system. She argues that women have been left out of migration theory because of the standard definition of labour that ignores two of the most widely occupied jobs held by female migrants: sex work and domestic work (Piper 1999, 2003; Piper and Roces 2003). Hondagneu-Sotelo (2000) defines three stages of migration and gender research. The first stage ('women and migration') attempted to address the absence of women from research on migration in what is known as an 'add and stir' approach – that is, women were inserted into existing methodologies and compared directly with men migrants without a broader appreciation of the gendered assumptions of the theories and methods being employed. The second stage ('gender and migration') involved efforts to examine the gendering of migration patterns and the manner in which migration alters systems of gender inequality. In the third stage, gender is viewed as a constitutive element of migration. Research in this third stage, she contends, looks at the "extent to which gender permeates a variety of practices, identities, and institutions" (Hondagneu-Sotelo 2000: 117). This feminist reading of migration allows for the inclusion of gender as a central aspect of migration flows, labour patterns, trajectories, and experiences. Examining migration through the lens of gender is particularly important in the case of Asia, where the feminization of migration – whereby increasing proportions of women migrate and migrate on their own – is particularly significant (Castles and Miller 2003). Of special interest is the examination of the impact of migration on gender systems and relations in sending and receiving areas of migrants, as well as the gendered aspects of policies and practice.

Our examination of the intersection of migration and marriage also draws on conceptualizations of migration as a factor of social transformation (Schuerkens 2005). Although

international emigrants and immigrants may account for only small proportions of national populations in Asia, their local and national impacts are extremely important (Skeldon 2000). As such, even small flows may act as a powerful force of social transformation. The concept of 'social remittances' is particularly useful for shedding light on the mechanisms and nature of the 'social transformation' in this region. Social remittances are defined as mutual social and cultural exchanges between sending and receiving countries that have a significant impact on daily social life, including cross-border childcare, mutual economic or psychological support, and transnational patterns of consumption. In our discussion of the impact of migration in sending and receiving communities, we aim to further examine the significance of 'social remittances' in order to understand how rapid increases in intra-regional transnational migration and activities are transforming Asian societies. More specifically, we examine how conceptualizing migration as a factor of social transformation can illuminate the impact of female transnational migration on sending communities. For instance, how the emigration of young women for marriage reconfigures household gender relations is one of our focuses. At the community level, transnational migration opportunities for single and married women alter the position of women, who can earn a greater income than their brothers and husbands while having to live away from their families and communities for extended periods of time. Migrants' perspectives of their family, community, and country will generally be altered upon their return, and this change may in turn alter their family relations.

When examining immigrant women, the concept of citizenship is paramount. Recent literature has expanded the concept of citizenship from its formal definition to a broader idea that links rights and agency (Kabeer 2002: 12). Piper and Roces (2003) have argued that immigrant women in Asia are often reduced to their status as either 'wives' or 'workers' and that their status as citizens is often ignored. Through their active participation and multiple contributions to their receiving nations, female migrants perform

citizenship in a way that, to date, has been undermined. To view female migrants primarily as citizens rather than exclusively as ‘wives’ or ‘workers’ recognizes the need for a rights-based approach in research and policy development. To that end, it is necessary to consider formal citizenship (issues such as civil, political, legal, and labour rights) as well as substantive citizenship, which includes experiences of racism and discrimination and how these problems may hamper immigrant women’s recognition as full citizens in their receiving countries. In this way, it is important to study how poor migrant women – in particular women migrating as spouses – are prevented from performing their citizenship in a substantive manner or realizing their citizenship in a formal fashion.

In examining the impact of female transnational migration, some theoretical propositions on ‘transnationalism’ shed new light on our understanding of marriage migration (Yeoh and Ramdas 2014). In a seminal piece on transnationalism, Portes and colleagues define transnationalism as ‘occupations and activities that require regular and sustained social contacts over time across national borders for their implementation’ (Portes et al. 1999). Guarnizo has distinguished two types of transnationalism: from above (states, multinational corporations) and from below (grassroots initiatives, immigrant-driven) (Guarnizo 1997). Theorists of the concept also stress the importance of technology in the development of transnationalism as a distinct phenomenon. Transnationalism as a concept has often been discussed for the case of Asia (Schiller 1999). In much research, transnationalism has been applied to middle and upper class individuals and families, who live in multiple spaces and localities, speak different languages, and engage in cross-border economic, political, or cultural activities (Castles 2004; Portes et al. 1999). It is also important to examine how female migrants create their own transnational space. We know, for instance, that some Vietnamese women who marry in Taiwan send their young children back to Vietnam to be educated by their grandparents. Upon reaching school age, these children return to Taiwan. Transnational care and parenthood

have been documented for the Philippines and deserve more attention in other countries (Parrenas 2003). Moreover, migrants are now using various forms of communication technology (cell phones, Internet) to communicate with their home country, thus intensifying the possibility of transnational exchanges and activities. Upon their return, migrants may maintain transnational ties through continuing economic activities, recruiting new migrants, and maintaining membership in transnational networks.

More recently, Piper and Lee suggest incorporating marriage migration into debates and policy discussions concerning migration and development, particularly within the context of a crisis of care (Piper and Lee 2016). Marriage migrants fill important care needs beyond their role as wives and mothers, since they often act as caregivers for other family members, or as care workers on the labour market (in Taiwan for instance), while also sending remittances to their natal families. This neglect of marriage migration in the migration and development literature indicates a gender bias in favor of labour migration, and reinforces the political construction of migrant women as wives and mothers rather than as migrants in their own right (Bélanger and Tran 2011; Bélanger et al. 2011).

13.3 What Is Transnational Marriage Migration?

To define marriage migration might appear simple at the onset. In fact, countries construct different categories of migrants which in turn lead to various social constructions of exactly what constitutes marriage migration. The term ‘transnational’ marriage tends to be used in the literature to refer to a broad spectrum of marriages that share some common features, yet also exhibit a variety of distinguishing characteristics. Transnational marriages involve the union of two nationals from different countries, and typically involve the migration of one member of the couple. The causal relationship between a marriage and a migration, however, is not unidirectional; in reality, migration can be a result of marriage (for

example, in the case of culturally arranged marriages), or the marriage can emerge as a consequence of a migration undertaken for another reason (for instance, if an individual migrates for work or school, then meets a partner, gets married, and remains in the destination country). As Hsia points out, the distinction between different types of cross-border marriage is theoretically important, and the indiscriminate use of the terms ‘transnational marriage’ or ‘marriage migration’ can obscure the exact relationship under examination (Hsia 2004). In reality, the relationship between transnational marriage and migration is complex – it takes varied forms, and is rooted in diverse motivations. Indeed, the causes, characteristics, and consequences of marriage migration cannot be easily summarized or neatly encapsulated into a typology, creating obvious challenges for research on transnational marriage migration.

The literature on transnational marriage migration commonly employs three main terms to refer to intimate unions involving nationals of different countries that relate in some capacity to territorial relocation across national borders. The terms ‘cross-border’ (e.g., Constable 2005; Piper and Roces 2003), ‘transnational’ (e.g., Nakamatsu 2005; Palriwala and Uberoi 2005), and ‘international’ (e.g., Toyota 2008) are often used interchangeably. The terms, however, entail subtly different implications. Both ‘cross-border’ and ‘transnational’ imply that the varied experiences and processes involved in marriage migration extend across geographic boundaries, involving a dynamic and ongoing flow of information, resources, and people through networks that cross state boundaries. In Glick Schiller’s (1999) account, the distinguishing feature of a transnational phenomenon is that there is a *transcendence* of national borders, referring to “political, economic, social and cultural processes that extend beyond the borders of a particular state” (Glick Schiller 1995: 96). On the other hand, the term ‘international’ acknowledges that both migrants and spouses are defined by specific legal and socio-political contexts that outline residency rights and citizenship (Toyota 2008). In the latter conceptualization, relationships, processes, and experiences may be transnational and

cross-border in nature, but marriage migrants are primarily defined on the basis of sovereign laws in destination countries.

Migration of spouses can be separated into *family reunification* and *family formation* types (Merali 2009). In somewhat of a simplification of often complex processes, the first instance involves reunification of families that pre-existed the migration of one or more member of the family, and thus pertains to families that were geographically split by the migration process. This type of migration is a common arrangement known as ‘chain migration’ wherein one family member migrates first and is later ‘followed’ by other family members (Boyle et al. 1998; Croes and Hooimeijer 2009; Massey et al. 1994). Conceptually, this process implies an active leader (a pioneer migrant), and a passive, dependent, follower. The second sub-category of family-class immigration (family formation) involves establishing new families in various ways, such as through transnational marriages (e.g., culturally arranged marriages, mail-order brides, new partners encountered over the Internet or through travel, etc.) (Constable 2003; Lauser 2006, 2008; Merali 2008, 2009; Piper and Roces 2003). Importantly, both family reunification and family formation are gendered processes that materially and ideologically construct female migrants within relations of dependence (Boyd 1997; Das Gupta 1995; Merali 2008, 2009; Thobani 2000a, b), as described in more detail later in this chapter.

Birrell (1995) outlines four types of links between marriage and migration:

1. A man and a woman meet as a result of overseas tourism, study, or work, resulting in a marital union and the migration of one partner;
2. The reunification of spouses previously split by a migration of one partner (often for work);
3. The travel of an adult immigrant to their homeland to find a spouse and bring the latter back to the host country; and
4. A second-generation immigrant who marries a spouse from their parent’s homeland, often via transnational social networks that negotiate

‘arranged introductions,’ leading to the migration and settlement abroad of the spouse (Ballard 1990; Brown 2006; Walton-Roberts 2004b).

For Khoo (2001), the term ‘marriage migrant’ is more accurately reserved for *family formation* types of spousal migration. Khoo (2001) offers an adaptation of Birrell’s (1995) typology that distinguishes between family reunification and marriage migration (see Table 13.1). For Khoo (2001), the defining feature of marriage migration is an intention to seek a marriage partner abroad. In other words, Birrell’s first two categories above are not considered marriage migration by Khoo (2001) because marriage was not the original intention behind travel abroad. Khoo (2001) thus restricts the term ‘marriage migration’ to Birrell’s third and fourth category, and adds a fifth category involving travel abroad for the distinct purpose of seeking a foreign spouse. This category is typified by the Western man seeking out a spouse, typically an Asian woman,

resulting in her emigration and settlement in his home country.

Birrell (1995) and Khoo’s (2001) frameworks were both articulated in reference to the Australian context of marriage migration, and thus bear the distinct perspective of a Western immigrant-receiving nation. In the paragraphs below, we offer an elaboration of some of Khoo’s and Birrell’s points while also incorporating a consideration of international marriage migration within Asia, which accounts for a substantial proportion of the global flow of marriage migrants. We have broadly categorized transnational marriage migration as ‘intentional’ versus ‘incidental’ to capture the distinct motivational factors that often underlie marriage and migration, as documented by Khoo (2001). At the same time, it is important to acknowledge that motivations and factors affecting transnational marriage migration are unlikely to be pure and mutually exclusive, and elements of marital intention may exist alongside migration that is initiated for other purposes but results in marriage.

Table 13.1 A typology of spouse migration

Category	Type	Context
1	Family reunification	Completion of relocation process (reunification of spouses split by a migration process – due to work, refuge, etc.)
2	Family reunification	Migration of a spouse to join a partner met overseas in the course of travel, study, or work. No original intention to meet a spouse was involved
3	Marriage migration	A resident seeks a marriage partner abroad and subsequently sponsors their settlement in the residents’ home country
4	Marriage migration	Previous immigrants seek spouses from their former home country
5	Marriage migration	Second generation immigrants seek spouses from their parents’ home country

Source: Adapted from Khoo (2001)

13.3.1 ‘Intentional’ Marriage Migration

In what we have termed ‘intentional’ marriage migration, marriage to a foreign national and the related migration can emerge out of an intentional search for a marriage partner that is pursued across national borders due to the needs and/or desires among certain groups to seek marriage partners beyond national borders. This may involve a deliberate and targeted search for a suitable marriage partner on the part of persons who are disadvantaged in domestic marriage markets. For example, in wealthier countries of East and Southeast Asia (e.g., Japan, Korea, Taiwan, Hong Kong), less educated and economically disadvantaged men, who are particularly over-represented in rural areas and in positions of manual labour, face difficulties finding brides in domestic marriage markets. At the same time, many women in these countries are prolonging their education, establishing their independence, and raising their expectations with respect to marriage partners.

Given this discrepancy, working-class men look across borders, often invoking the services of commercial agencies, to find a bride. Because of their own economically disadvantaged situation, women from poorer countries of the region (China, Vietnam, the Philippines) commonly become these men's 'foreign brides.' Indeed, the pursuit of upward economic mobility, while not necessarily the primary or only cause of cross-border marriage for women in this region, appears to be an important factor prompting this form of marriage and its concomitant migration (Constable 2005; Jones and Shen 2008).

Another reason why individuals, both men and women, might seek out marriage partners in other countries relates to real or perceived differences in characteristics that are desired in a partner. The pursuit of tradition commonly can lead individuals to direct their search for marriage partners across national borders. For example, some Western men view the Orientalist stereotype of Asian women as exotic, submissive wives who are committed to a domestic family life as an appealing contrast to the independent, career-driven, Western women whose lives have become increasingly guided by feminist ideals (Jones and Shen 2008). This perceived discrepancy in values, particularly among men who have already experienced a failed marriage to a Western woman and are searching for a woman with traditional 'wife and mother' qualities, lends itself to an overseas search for a suitable marriage partner. Alternatively, women in East and Southeast Asia who are gaining independence and climbing the educational and occupational ladder may increasingly perceive the traditional desires of local men to have docile brides as unacceptable. In this case, discrepancies in expectations relating to gender roles and gender-appropriate behaviour may lead women to pursue marriages with men in other countries, who they perceive as being "sophisticated, civilized, romantic, and open-minded" (Jones and Shen 2008: 16).

The demographic composition of a population can also play a role in promoting the search for a foreign spouse. In East and Southeast Asia, biased sex ratios are expected to become an increasingly important factor in the coming

decades. Many countries of East, South, and West Asia for instance, have a deeply engrained preference for sons rooted in patrilocal and patrilineal kinship systems. In countries such as China, India, South Korea, and Vietnam, son preference coupled with declining fertility and shrinking family sizes has led to a tendency to engage in prenatal sex screening and sex-selective abortions, producing a growing deficit of females (Arnold et al. 2002; Bélanger and Khuat 2009; Junhong 2001; Kim 2004; Park and Cho 1995; Riley 2004). In a demographic context characterized by this type of sex imbalance, men's growing competition in securing a female partner in the domestic marriage market often leads them to extend the geographic boundaries of their marriage search. It is expected that this heightened pursuit of foreign brides will result in a consequent increase in transnational marriage migration (Jones and Shen 2008).

13.3.2 'Incidental' Marriage Migration

Marriage between foreign nationals can also emerge consequent to international travel or migration for other purposes (Jones and Shen 2008). In these instances, international migration, temporary or longer-term, may precede marital relationships that, in turn, promote long-term settlement and possible citizenship in another country. The term 'incidental' is used here to capture the idea that increased international travel (e.g., for tourism, study, business, or short-term labour) brings into contact nationals of different countries, in some cases resulting in romantic relationships and marriage. In contrast to the 'intentional' marriage migration described above, marriage in this context is not necessarily the cause or primary goal of the migration, but emerges as a consequence of migration, subsequently resulting in a short or long term transnational relationship or the permanent settlement of one partner in the other partner's country of origin.

Although empirical data are not always available to document the number of marriages

resulting from international travel for tourism, work, or study purposes, evidence suggests that a positive correlation exists between levels of international travel and marriages between nationals of different countries. For instance, increased Taiwanese investment in and business travel to Indonesia since the early 1990s coincide with rising numbers of Indonesian women migrating to Taiwan as wives. A similar pattern has been seen for Vietnam, with a dramatic rise in the number of Vietnamese wives in Taiwan since Taiwanese investment in Vietnam began in the mid-1990s (Jones and Shen 2008).

Another process that would fall under this broad category of incidental marriage migration involves the intersection of labour and marriage migration. Most labour migrants worldwide are on temporary resident visas. During their stay, which may span three or more years, they become integrated to a workplace and a community and may eventually enter a relationship and marry. In some cases, their change of status requires them to return to their country of origin, reapply for immigration and reenter the country. This same process applies to international students who mingle on university campuses and in colleges with fellow students from the destination country and from other countries as well.

It is important to note that the term ‘incidental’ does not preclude marriage and permanent migration from being a possible motivating factor or goal, or a strategy used to establish permanent settlement. McKay (2003), for instance, argues that the de-skilling experienced by single female Filipina migrant workers arriving in Canada through the Live-in-Caregiver program represents a possible motivating factor for entering into an international marriage with a Canadian citizen. This instance demonstrates that migration can be associated with multiple motivations and multiple social roles. This complexity, however, is not always captured in migrants’ legal categories of admission, nor in theoretical typologies of migrants. The potential result is an oversimplified understanding of migratory pressures and migrants’ lives.

13.3.3 Commodification of Transnational Marriages

Some flows of marriage migration are primarily composed of “commodified transnational marriages” (Hsia 2004: 185). This type of union is also referred to in the literature as involving ‘mail-order brides.’ ‘Mail-order’ marriages are unique from other transnational marriages in that they are executed through a market process (that is, a capitalism-based commodification). As such, these marriages often involve not only the transnational couple, but also a marriage broker or agency (Hsia 2004: 185). Commodified transnational marriages tend to follow the hypergamous ‘marriage gradient,’ wherein women ‘marry up’ into a higher social and economic group while men ‘marry down’ (Thai 2005). In the case of commodified marriages, the hypergamous nature of these unions does not occur incidentally, but emerges secondary to marriage agencies’ promise to make precisely this type of relationship a reality (Constable 2005: 3).

Brokers or agencies in the contemporary mail-order bride market typically cater to older, wealthier, more highly educated men from the industrialized ‘North’ (including North America, Australia, Western Europe, and wealthier East Asian regions (Constable 2005: 4). These men are often stereotyped as being somehow undesirable and therefore incapable of finding themselves an ‘appropriate’ bride in their own country. Through a marriage broker or agency, these men are introduced to their potential brides, who often originate from the underdeveloped ‘South’ (predominantly Asia, Latin America, Eastern Europe, and the former Soviet Union) (Constable 2005: 4; Hsia 2004). The stereotypical foreign bride is conceptualized as younger, more beautiful, and less educated than her suitor (Constable 2003; Hsia 2004).

The ‘mail-order’ introduction, however, comes at a price. For the husband, this cost is more literal and concrete, taking the form of a fee (paid to the marriage broker) that often ranges from \$10,000 to 15,000 U.S. dollars for a real-

ized marriage (Wang and Chang 2002). For the woman, the price is more figurative and uncertain, involving the uncertainties associated with her migration to live with a new husband and an unpredictable future (Aguilar and Lacsamana 2004; Hsia 2004). In some cases, women who marry a foreign husband also have to pay a fee to a broker.

In general, mail-order marriages tend to mirror international power relations. As a manifestation of the commodification involved in these unions, mail-order marriages generally reflect the broader capitalist conditions of the countries of origin of the men and women involved. In other words, commodified unions reflect the intertwined gender and economic inequality that defines the global context within which this phenomenon occurs. Evidence reveals that the majority of international migrants are women who enter hypergamous marital unions with men from wealthier nations. This reality thereby represents an expansion of the micro-level expectation of hypergamy and reproduces this pattern on a larger scale, a trend known as ‘global hypergamy’ (Constable 2003: 46, 2005: 4). Thus, mail-order marriages “cannot but acquire its peculiar feature of gender while simultaneously functioning to bolster the systemic inequities that were its source” (Aguilar and Lacsamana 2004: 182). Despite these inequities, ethnographic evidence also indicates that women negotiate windows of power within commercially-matched international marriages (Yeoh et al. 2014).

13.4 Causes of Marriage Migration

13.4.1 Political Economy and Globalization

Any consideration of contemporary transnational marriage migration would be incomplete without a discussion of globalization, which holds a central role in producing the current landscape of marriage migration. The term ‘globalization’ is widely used in popular and scholarly discourse to capture a wide range of processes and ideas. For

some scholars, the term is used too loosely, resulting in a vague and inconsistent conceptualization of a multi-faceted phenomenon (Scholte 1997). In a broad sense, globalization refers to a host of interwoven processes involving the mobility of capital, information, goods, technology, and people around the world. Of key importance is the declining relevance of boundaries or borders against mobility, and the emergence of an ideological framework that is amenable to life in a globalizing world, commonly referred to as a ‘global imagination’ (Appadurai 1996). While globalization is often described as an opening up of borders, Scholte (1997) argues that it is more useful to interpret globalization as a transcendence of borders rather than a mere crossing of borders:

Both the causes and consequences of globalization are substantially bound up with a capitalist political economy. On the one hand, the dynamics of surplus accumulation have been a major force behind contemporary globalization and, on the other, globalization has considerably reshaped the workings of capitalism [...] globalization cannot be reduced to a question of capitalism alone [but is also brought about by] structures of, for example, identity, community, knowledge, and ecology. (Scholte 1997: 428–9)

The unprecedented ease of communication across great geographic distance through electronic channels of communication and the capacity for human travel on a global scale mean that individuals are able to connect from distant points across the globe and can relocate geographically to an extent that would not have been possible prior to the onset of globalization (Constable 2005).

The flow of capital and the mobility of businesses in a globalizing capitalist world have meant that demands for labour in different parts of the world are also changing. The mobility of humans, facilitated by the ease of transportation, follows suit with changing labour demands and the related inconsistency and variability of work in a globalizing world. As channels for achieving economic security change (at least in part due to capitalist labour demands), various life opportunities are both created and destroyed in ways that are deeply complicit in the feminization of pov-

erty (Constable 2003, 2005; Tolentino 1996). In the context of globalization, the subordination of women under capitalism is perpetuated and exaggerated in the form of women's economic vulnerability and dependence on men, which has become extended to a global stage (Connelly et al. 2000). As systemic economic inequalities between nations grows, so too does the oppression and economic vulnerability of women, stimulating the search for economic security through commodified marriage or the search for a hypergamous union. As explained by Tolentino:

[...] the transnational space has hegemonized the desire for consumer goods, allowing for the bombardment and explosion of consumerist signs to penetrate the body in national and international spaces [...] The body that allows itself to be mobile, to be exchanged, to be commodified, to be marked becomes the precondition for the promise of social mobility in transnational space. (Tolentino 1996: 60)

Capitalism has adopted an increasingly international character; consequently, within the boundaries of transnational unions, marriage and ultimately women have been commodified in a reification of economic principles. That is, international marriage migration is "not only the product of capitalist development but also concretely manifests the abstract structure of international political economy in interpersonal relationships. Unequal relationships between societies are thus realized in everyday life" (Hsia 2004: 193–4).

13.4.2 Marriage Migration and Agency

Critics of the political economic approach point out that this perspective largely ignores women's agency in the migration process (Robinson 2007). Political economic approaches view female marriage migrants as being passively engaged in the migration process as a consequence of the necessity of marriage (Fan and Huang 1998). Such an approach does not give sufficient attention to the role of agency in migrants' decisions to enter cross-border marriages. By affording a greater

theoretical allowance for the role of agency, it becomes possible to view hypergamous transnational marriage as a strategy that a woman has consciously chosen over other options to reach her own goals (Brennan 2003). Fan and Huang (1998), for instance, argue that marriage is a chosen means by which economically and socially disadvantaged peasant women in China move to a more preferable region and achieve economic and social mobility. Marriage is thus a strategy by which women are able to overcome structural constraints and improve their own and their natal family's circumstances. For instance, if marriage affords some disposable income, the marriage migrant may choose to send remittances back to family members in her country of origin. Other studies show that divorcées, widows, and separated women may choose to marry a foreign spouse because remarriage is impossible in their own society; women might also marry abroad to overcome gender-based oppression and inequalities. For some women, a marriage with a foreign man is the only way to achieve social and economic mobility. Once in their receiving countries, Wang has documented how immigrant spouses can exert agency despite being under their husband's and in-laws' surveillance (Wang 2007). When gathering for Chinese language classes for instance, they can exchange information and secretly network with each other. As these examples illustrate, by acknowledging the role of human agency, a female marriage migrant can theoretically be viewed as using the existing capitalist system to her own advantage, creating a challenge to the global order rather than being victimized by this system (Constable 2003).

Agency is also a critical consideration in marriages that move against the expected flow, either in terms of women marrying 'down' rather than 'up,' or cases where the male is the marriage migrant. For example, Toyota and Thang's research on 'reverse marriage migration' documents the migration of Japanese women who marry men from Java and settle in Indonesia to work and raise their family (Toyota and Thang 2011). These women marry 'down' and move from Japan to a developing country. Schans' research on Japanese women who marry black

African migrant men also challenges expected gender and marital norms by demonstrating instances of migrant spouses who are men from developing countries (Schans 2011). These examples demonstrate that political economy is not a sufficient explanatory framework for marriage migration trajectories; rather, migrants negotiate options that do not necessarily align with expected patterns demonstrating that both agency and structure are critical factors in understanding contemporary marriage migration.

13.5 Consequences of Marriage Migration

13.5.1 Sending Countries

The consequences of marriage migration for sending countries are extremely understudied. The main reason for this neglect is the failure to treat marriage migrants as emigrants in their own right, as are labour or economic migrants, as indicated above. We illustrate some of the consequences of marriage migration on the impact of marriage migration from Vietnam to East Asia from our own research.

In a study we conducted in the three villages of Southern Vietnam from where large numbers of migrant spouses originate, we found that marriage migration had a significant economic, social and demographic impact on sending households and communities. First, most families (90%) with a marriage migrant abroad received a significant amount of remittances shortly after their daughter emigrated. The fact that the majority of households reported that remittances sent by their daughter represented a significant proportion of their overall revenue shows the strong economic impact of daughters' remittances. Interestingly, not only women who worked for wages were able to support their family back home. Our qualitative evidence indicated that marriage migrants who were not in the workforce were able to negotiate money to send as remittances to their natal parents from their new family (foreign husband and his parents).

Second, our research contributes to evidence suggesting that the international migration of women can be a powerful element in transforming gender and power relations in sending communities. Our findings reveal that migration gives young single women greater power in marital transactions and the process of choosing a spouse. Because single women can choose between a local or a foreign husband, they have more power to negotiate the spouse they desire. In addition, due to this change in power gender relations and the strong economic contribution of emigrant daughters, parents begin to reflect upon the value of sons relative to daughters, and may contemplate switching their preference for having a son to having a girl. The impact of the migration on the structure of the population seems to disempower young single men, especially the poorest ones, who face difficulties in finding a spouse. Low status men are further disadvantaged in the current demographic structure whereby young single women are fewer than young single men (Bélanger and Nguyen 2015). As such, some men resort to bringing in wives from poorer areas of Vietnam, thereby creating a marriage migration chain. In a study using a life-course approach, we document how marriage migration involves a new life trajectory not only for women who migrate but also for their parents, siblings and men in their communities of origin (Bélanger 2016a).

Transnationalism is a useful conceptual lens to tackle some of the influences of marriage migration in countries of origin. (Angeles and Sunanta 2009) provide examples of how marriage migrants from Thailand married to a German citizen and living in Germany engage in transnational activities in their countries of origin. For example, women pool savings to fund a community event in their home village in Thailand. In addition, some cross-border couples may engage in transnational ethnic businesses and travel back and forth, therefore stimulating local economies. Some immigrant spouses become matchmakers themselves and facilitate additional instances of marriage migration. In a study of Taiwanese husband-Vietnamese wife

marriages, we showed how these couples practiced a form of transnationalism from below by using their transnational capital to achieve economic mobility (Bélanger and Wang 2012).

Another consequence of marriage migration is the emergence of a local marriage industry composed of, for instance, local brokers, interpreters, wedding organisers and guest house owners who need to negotiate with national actors who tend to view marriage migration in a negative light (Bélanger 2016b). This local industry often overlaps with personal and family networks, thus making marriage migration a phenomenon of interest to various actors at the local level who seek to protect their livelihood. Such local collaboration in profit-making small businesses is one revealing illustration of the ‘intimate industries’ burgeoning in Asian context (Parrenas et al. 2016).

13.5.2 Receiving Countries

Marriage migration brings about increasing ethnic, national and racial diversity in countries of destination. In countries of immigration like Canada or the United States, marriage migration forms part of other migration flows, creating more ethnic and racial diversity. In areas without settlement immigration programs and policies, such as in East Asia, marriage migration can be the single most important door to permanent settlement and therefore the main mechanism whereby the country’s ethnic, racial and linguistic composition is permanently altered. This diversity brings about various reactions that in turn shape migrants’ experiences in receiving countries in highly gendered ways. Feminist scholars in particular are concerned with how socially constructed categories of ‘foreign others’ may affect migrants’ experiences and integration into their receiving society. The social construction of migrants in destination countries has been studied through media analyses, the production of statistical data and NGO discourse.

13.6 Media

Despite the complexity of marriage migration, media research has demonstrated that portrayals of marriage migrants and cross-border marriages rely on overly simplistic and highly gendered stereotypes. The existing literature has documented highly similar representations across national contexts, involving long-standing and familiar popular images of Asian women. These representations involve dichotomous constructions of women as either passive victims of controlling men, or cunning and manipulative women who dupe innocent men in order to secure a ‘free meal ticket’ and immigration status (Constable 2003; Hsia 2007).

Media representations are commonly deployed when constructing marriage migration as a ‘problem’, often serving to express and fuel national concerns over the impact of this form of migration. Hsia (2007) demonstrates that foreign brides are discursively linked in the Taiwanese media with prostitution and broken families; these women are constructed as passive victims, materialist gold-diggers, or criminals. Taiwanese men who marry foreign brides are broadly constructed as socially undesirable, typified as physically or morally inferior. These marriages are portrayed as a potential source of the deterioration of ‘population quality’ and thus a serious threat to Taiwanese society. To this end, Hsia (2007) argues that the Taiwanese media discourse reflects national fear that a ‘low quality’ generation of children will interfere with Taiwan’s competitiveness on a global economic stage. In Canada, the media’s portrayal of the ‘social problem’ of marriage migration relates to concerns that undeserving migrants are fraudulently using marriage to enter the country, burdening health and social programs, and pushing out deserving economic immigrants (Flynn 2011). Importantly, these concerns are typically expressed in the context of racialized populations of Asian origin, imbued with messages that the integrity of the Canadian immigration system is being compromised by ‘phoney’ marriages. As described in an article published in the Vancouver Sun in 2015:

More than a third of the applications to bring new spouses to Canada from India may involve bogus marriages, according to internal government documents made public on Tuesday. [...] The report, obtained by Vancouver-based immigration lawyer Richard Kurland, properly points out a legitimate concern about marriage fraud, according to Manpreet Grewal, director of multicultural and immigrant integration services at Abbotsford Community Services. (O'Neil 2015, April 8)

In the Vietnamese mass media, marriage immigrants (namely, Vietnamese women married to Taiwanese or South Korean men) are depicted, on one hand, as ignorant, uneducated, and poor victims in need of state education and protection. On the other hand, these immigrants are portrayed as selfish, materialistic opportunists who evade their duties as good wives, daughters, mothers, and citizens (Bélanger et al. 2013). These images reflect concerns over Vietnamese women's abandonment of their duties within a socialist society, and thus articulate the supposed threat that marriage migration poses to Vietnamese nationalism, patriarchy, and masculinity. In all these cases, the voices of marriage migrants are ignored and the possible contributions of these migrants to their receiving society are denied. Such media portrayals stand to have a detrimental impact on the ways in which marriage migrants are viewed in their receiving countries, and create a social climate conducive to suspicion of marriage immigrants and transnational marriages.

13.7 Statistical Data

Statistical data represent another means by which marriage migrants are socially constructed.

In principle, the objectivity of official measures used to produce statistical knowledge ensures accurate understandings of population groups, suitable program development, and appropriate distribution of public resources. However, official data collection occurs within social, political and normative contexts that shape the impetus for data collection, the nature of the data collected, the measures used to collect data, and the ways in which data are interpreted and used (see Bélanger et al. 2010; Boyd and Norris

2001; Curtis 1994, 2002; Kertzer and Arel 2002; King-O'Riain 2007; Nobles 2000, 2002; Rallu et al. 2006).

We have elsewhere argued that ideological influences and prevailing stereotypes influence the production of statistics on migrants by shaping the assumptions underlying data collection and interpretation. For instance, we have shown that national surveys of foreign spouses in Taiwan and South Korea demonstrate three ideologies: (1) a desire to erase differences and assimilate migrant women into Taiwanese or Korean society; (2) the location of these women in patriarchal families; and (3) a nationalistic attitude that positions foreign spouses as inferior 'others.' These ideologies first and foremost construct immigrant women as foreigners married to Taiwanese or Korean men. The surveys also implicitly and paternalistically construct foreign brides as a potentially vulnerable group of women in need of help. These official measures aimed to some extent at controlling immigrant spouses, in the sense that the surveys implied an interest in assimilation, yet may also reinforce exclusion and stereotypes by painting immigrant spouses in specific lights (Bélanger et al. 2010).

Our own research also shows how data collection reconstructs mutually exclusive typologies of migrants, thereby reinforcing simplistic views of female migrants as 'wives and mothers' or 'workers.' Statistical measurement of migrants according to bureaucratic categories of admission reify these categories as the most meaningful way of identifying immigrants, and naturalizes these groupings as a legitimate way of evaluating newcomer success (Flynn 2011). In short, statistical categorization oversimplifies the complexity of immigration pathways and deny the multi-dimensionality of immigrants' motivations and experiences.

13.8 Non-governmental Organization Discourse

Non-governmental organizations (NGO) often occupy a prominent place in public discourses on migration. These groups are often involved in advocacy for the fair treatment of immigrants in

receiving communities. In some cases, NGOs receive governmental funding and are charged with developing and delivering services for newcomers (Wang and Bélanger 2008; Lee 2008; Tsia and Hsiao 2006). In Taiwan, as many as 46 registered NGOs reported in 2005 that their primary mandate was to serve the needs of foreign spouses (Tsia and Hsiao 2006). Although NGO activities are largely performed in the interest of immigrant protection and migrants' rights, their discourse can reinforce negative stereotypes of immigrants as passive victims. For instance, in settings characterized by scarce resources for social programming, NGOs must convincingly justify their need for funding from the state. It follows that the difficulties faced by immigrants are often at the forefront of NGOs' public communications. For example, in the context of marriage migrants in South Korea and Taiwan, NGO discourse commonly portrays these women as vulnerable victims, often emphasizing their experiences with domestic violence (Wang and Bélanger 2008; Bélanger 2007). Hsia (2007) describes how NGOs often bring teary-eyed foreign brides to press conferences in order to raise public awareness of these women's plight, to the end of bolstering of the image that these migrants are helpless victims in need of assistance. These examples demonstrate that even well-intentioned discourse can contribute to the social construction of marriage migrants as victims of their husbands, the system, or society at large. Again, these images offer a one-dimensional view of marriage migrants that defines them as a 'social problem' and denies their agency.

13.9 Vulnerability of Marriage Migrants: Domestic Abuse

A key manifestation of gender inequality embedded in transnational marriage migration often addressed in the literature relates to the fact that foreign brides' status in the country to which they have migrated is largely dependent on their marital union. In many countries, the legal constraints faced by marriage migration renders these migrants highly vulnerable by linking their status

to the permanent resident/citizen to whom they are married. In some cases, this means that migrants' ability to remain in the host country hinges on their willingness to stay in an abusive, exploitative, or unhappy union; the dissolution of the marriage would leave the woman open to a considerable worsening of economic conditions and even potential deportation (Constable 2003; Tang et al. 2011).

In Canada, the vulnerability of marriage migrants and their dependence on their husbands can be easily inferred from this country's migration legislation. Under Citizenship and Immigration Canada's (CIC) *Immigration and Refugee Protection Act (IRPA)*, the entry of an immigrant as a spouse requires that the Canadian citizen sign a sponsorship agreement accepting responsibility for the sponsored immigrant for 3 years after the immigrant becomes a permanent resident. Specific responsibilities include provision of basic requirements of living, such as food, shelter, and clothing, as well as dental care, eye care, and other health needs. The 3 year time period was set in 2002, at which time it was lowered from the previous commitment of 10 years. This change was brought about in part by political activism relating to the potential dangers that legislated dependence could entail for sponsored immigrants (see Côté et al. 2001; Narayan 1995; Thobani 1999; Vukov 2003; Walton-Roberts 2004a). Importantly, the gender-neutral assumptions underlying this official requirement obscures the highly gendered impact of the legal stipulations it outlines. Immigrant advocates commonly emphasize the gendered nature of spousal sponsorship in Canada, pointing out that women who migrate through marriage are highly vulnerable in light of their precarious status in society and the unequal power relations entailed in the sponsorship process (Côté et al. 2001). In the context of marriage migration, if the marriage dissolves before the end of the pre-determined time-frame, the migrant spouse faces likely deportation, with exceptions, such as in the presence of concrete proof of cruelty or battery. This, however, would require that the woman come forward with this evidence, which may be precluded by fear of the consequences she would

face at the hands of the abusive partner (Constable 2003: 223). Overall, the impetus for foreign brides to remain in an abusive marriage is strong due her economic vulnerability and dependence on her husband, and the fear of the possible consequences of terminating the union.

Anderson (1993) points out that it is generally difficult to precisely measure the overall quantity and scope of domestic battery experienced by women because of the secrecy within which abuse is often shrouded. Yet, whatever the volume of domestic abuse faced by women in the general population, female marriage migrants likely experience even more. In Anderson's words, "female conditional residents are at risk for abuse due not only to their status as women in a culture in which violence against women is relatively common, but also to their position as immigrants who marry citizens" (Anderson 1993: 1402). For Anderson, husbands in these marriages are afforded a 'license to abuse' in light of the migrant wives' dependence on their husbands for basic necessities and these women's conditional status in a foreign justice system.

Constable (2003: 223–224) provides evidence of the dangers associated with female marriage migrants' conditional legal status. The author refers to the case of a Filipina female migrant whose correspondence marriage to a man in the United States became physically and emotionally abusive. The woman filed charges against her husband; fortunately, in this case, there was sufficient evidence of battery and the husband was convicted. However, his accusations that he was a victim of marriage fraud could have produced a very different result if there had not been concrete proof of abuse. In the United States, foreign spouses granted permanent resident status on the basis of a recent marriage between an American citizen (i.e., less than 2 years in length) must demonstrate that their marriage is intact at the end of a 2 year period to prevent removal from the country. This assigns foreign spouses a precarious status with notable consequences. It is in this context that Constable acknowledges women marriage migrants' vulnerability in the U.S. in cases of abuse:

While domestic abuse is common among the broader population as well, the issue of residence [among female marriage migrants] enables men to claim their innocence in relation to women's desire or need to remain in the United States [and] doubly disadvantages women by making them more likely to endure abuse, and also more vulnerable to the charge that their abuse claims are prompted by a desire to remain in the United States. (Constable 2003: 224)

In the specific case example provided above, the foreign bride filed charges with the local police; not all foreign brides would have taken the risk of deportation and the other potential negative consequences that this Filipina bride accepted when she decided to seek justice. Thus, the exaggerated dependence of women marriage migrants can be understood as a very real and magnified instance of the risks these women face as a result of gender inequality (Chaudhuri et al. 2014).

13.10 Conclusion

Marriage migration stimulates great interest in scholarly, governmental, and social circles. As a demographic and social phenomenon, marriage migration has stimulated new research questions that have direct relevance for sending and receiving societies. In all of these instances, the fact that gender is entrenched into the marriage migration phenomenon is an essential factor to take into consideration. Indeed, gender is an inextricable and constitutive feature of marriage migration, and requires evaluation at the levels of individual women and men's experiences, policies and practices in sending and receiving societies, and global and transnational pressures and institutions.

As the present chapter has shown, marriage migration is complex, characterized by varied causes, consequences, and experiences. As a result of this complexity, challenges abound in studying and understanding marriage migration. These challenges are both theoretical and empirical. Typologies of migrants generally offer an inadequate appreciation of migrants' multiple social roles. The limited data on marriage

migrants in most countries and the difficulties associated with collecting data on this diverse group limits researchers' ability to elaborate on existing knowledge and advance the field of migration studies in meaningful ways.

Moving forward, the study of marriage migration would benefit from further elaboration of theoretical and methodological approaches. In particular, a deeper integration of transnational perspectives to examine both agency and structural constraints would facilitate an appreciation of the 'gendered geographies of power' (Mahler and Pessar 2001) underlying the current global era of marriage migration. Integrating notions of citizenship would also enhance our ability to study marriage migrants outside of their 'marriage migrant' role. Such an approach would provide the groundwork for a more comprehensive understanding of the gendered process of marriage migration and the gendered experiences of these migrants.

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Womanhood Implies Travel: Punjabi Marriage Migration Between India and Britain

Kaveri Qureshi and Ben Rogaly

14.1 Introduction

Writing about Punjabi women in Britain, Hannah Bradby (2000) remarks that ‘womanhood implies travel’ (p. 236). Migration has long been central to marriage in Indian Punjab, which is almost universal among adult women, patrilocal and – for the Sikh and Hindu majority of the state – based on village and clan exogamy. Meanwhile, in Britain, marriage has been central to the establishment of Punjabi communities ever since the 1960s, and continues to engender movements not only for migrant brides from Punjab but also, for British-born Punjabi women. This chapter explores women’s narratives of marriage-related mobilities in the context of both internal and international migration, thinking about the relationship between gender and the scale of migration and critiquing the hierarchy of mobilities too often found in the migration literature.

Ernst Georg Ravenstein (1885), often credited as the first migration theorist, asserted that ‘woman is a greater migrant than man; this may surprise those who associate women with domes-

tic life’ (p. 196). The United Kingdom census figures he used showed that women were more migratory than men over short distances, and that they migrated not only to seek work in domestic service but also, almost as frequently, to manufacturing jobs and thus, ‘the workshop is a formidable rival of the kitchen and scullery’ (*ibid.*). Men, on the other hand, were more likely than women to leave the country of their birth for one of the other kingdoms. It was the latter finding that really captured Ravenstein’s attention. As Rachel Silvey (2006) observes, Ravenstein’s laws of migration established some enduring assumptions about ‘which scales of mobility... most matter’, and ‘the daily forms of mobility that made up the majority of women’s mobility did not count in his definition of migration’ (p. 67). According to Donato et al. (2006), few subsequent scholars took any interest in Ravenstein’s gendered laws of migration. In the 1920s, Willcox and Ferenczi (1929) compiled a vast survey of international migration statistics and noted variations in gender ratios at a time when, as Ravenstein predicted, international migration was heavily male-dominated; but they did not seek to explain them. The rapid midcentury ‘feminization of international migration’, in stark violation of Ravenstein’s theories, was also of little interest until the 1980s, when feminist scholars began to re-frame migration not only as a process in which women also participated – the ‘add women and stir’ approach – but as a process

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that is inherently structured by gender relations (Hondagneu-Sotelo and Cranford 2006).

Ravenstein used migration as a synonym for labour migration, and some contemporary scholars still consider women's marriage-related mobilities to be a troublesome confounder of migration statistics and preferably removed. For example, Ravi Srivastava (2012) observes that of the 309 million internal migrants documented in India's 2001 census, 71% were women (p. 4). The Indian data show the same relationship between scale and gender that Ravenstein saw in the UK for the late nineteenth century, namely that men dominate in inter-state and inter-district migration whilst women dominate in migration at the intra-district level (p. 7). Srivastava observes that most migration among women is connected to marriage, which 92% of rural migrant women and 61% of urban women give as their stated reason for migration (*ibid.*). He proceeds to then try and remove marriage migration from the data so as to give a more properly economic picture, observing that 'the overwhelming preponderance of marriage-related migration skews results on trends and patterns in certain directions. Excluding marriage-related migration, internal migration in India is comparatively more employment oriented, male-oriented and long distance' (*ibid.*, and see Agnihotri et al. 2012 for a critique). Like Ravenstein more than a century earlier, gendered assumptions are being made here about the scales of mobility that matter, and key forms of women's mobility are being discounted.

In contrast, this chapter focuses directly on women's experiences of marriage-related mobilities. Moreover, we treat international and internal migration within the same frame. The context is the half-million strong population of Punjabi Sikhs in Britain, the largest ethno-religious community among the 1.4 million Indians living in the country (RHLCID 2001; Office for National Statistics 2012). Britain's extensive demographic connections with the Indian subcontinent are the result of the tracks laid down by colonial migration and post-colonial Commonwealth migration from the post-war era. The colonial era saw the

transient migration of Indian princes, students and soldiers to Britain (Singh and Tatla 2006, pp. 46–7). In the inter-war years came the first waves of permanent settlement, predominantly from two communities of Punjabi Sikhs: members of the Bhatra peddler caste originating in Sialkot in West Punjab, who settled in the port cities of Wales, northern England and Scotland, and members the Jat small-holder/cultivator caste originating in the Jalandhar Doaba, who settled in the north of England, Scotland, and in the industrial towns of the Midlands (*ibid.*, pp. 48–9). These migration flows were constituted largely by single men, and hugely reinforced in the 1950s during the era of post-war reconstruction in which the needs of Britain's expanding economy coincided with a political imperative to an open nationality and citizenship regime so as to allow Britain to maintain its imperial status among the countries of the Commonwealth. During the 1950s, tens of thousands of Indian men migrated to Britain every year seeking work, and chief among these immigration streams was the deepening channel from Punjab's Jalandhar Doaba (*ibid.*, pp. 50–2). Following racialized tensions over Commonwealth immigration in the late 1950s, limits were placed on primary labour migration in the early 1960s, after which family reunification became the primary channel for onward immigration to Britain (*ibid.*, pp. 53–5). Following Enoch Powell's notorious 'rivers of blood' speech in 1968, and the rise of the Far Right National Front in the 1970s, the UK government implemented further restrictions on the ability of migrants to settle in Britain. The British Nationality Act of 1981, responding to the arrival of East African Asians fleeing Uganda and Kenya under the Africanization policies of the 1970s, created three categories of citizen – British, dependent territories and overseas – so as to exclude the latter, most of whom were of South Asian origin, from the right to abode in Britain. Thereafter immigration controls were applied through the Primary Purpose Rule, which was intended to exclude brides or bridegrooms from South Asia whose main aim was seen as settlement in Britain (*ibid.* p. 55, and see Menski

1999). Although the Primary Purpose Rule was abolished by Labour in 1997, the Conservative governments since 2010 have further restricted marriage migration from South Asia by imposing income requirements for sponsoring spouses (Bale and Hampshire 2012).

At 39% in 2008, spouses were still the largest single category of migrant settlement in Britain (Charsley et al. 2012, p. 861), of which wives made up 60%, although the gender ratios varied between national groups (p. 867). Neck-and-neck with Pakistan, India made up the largest number of grants of settlement for spousal migrants: the proportion of wives was 52% (p. 869). For women, marriage remains a disproportionately important channel for entry to Britain, as the statistics indicate that 35% of British-born Indian men marry a wife from India whilst only 25% of British-born Indian women marry a husband from India (Ersanilli and Charsley 2015, p. 6). The Indian marriage migration stream is predominantly Sikh, as this community appears to marry in India more frequently than the other largest Indian-origin populations in Britain (Ballard 1990; Bradby 1999; Raj 2003; Charsley et al. 2016; Thandi 2013). Transnational marriage among Punjabi Sikhs reflects preferred patterns of familial arrangement and concerns about household socio-economic mobility through emigration (Mand 2003; Mooney 2006, 2011; Walton-Roberts 2004; Hastir 2016). By contrast, although the prevailing pattern is for marriages to take place between two Punjabi Sikhs born and raised in Britain, far less is known about internal marriage migration within Britain, except in as far as studies document that Punjabi Sikh marriages in Britain are still primarily patrilocal (Jhutti 1998; Mand 2003; Jhutti-Johal 2013; Charsley et al. 2016). We have previously pointed to the ‘geographies of Punjabiness’ that exist within Britain, connecting areas of dense Punjabi settlement – Bradford, Wolverhampton, Handsworth, Coventry, Leicester, East Ham, Southall, Ilford, Woolwich and Gravesend – through movements of chain migration (Qureshi 2014). Our studies suggest that the same geographical connections are shown in the streams of internal marriage migration.

As we have seen, international and internal migration have been set apart from one another in the migration studies literature, with international migration often given greater importance (see Rogaly 2015). However, ‘translocalism’ pushes against the methodological nationalism of migration studies, focusing on connections sustained across locales *irrespective of whether these cross national borders*, and revealing a plurality of spaces and scales in which migrants are emplaced (Datta 2013; Brickell and Datta 2011). A handful of studies of marriage migration have drawn out the commonalities between international and internal migration. Shruti Chaudhry (2016, 2017) documents the phenomenon of cross-regional marriages in India, undergirded by poverty in the bride-sending areas and masculine sex ratios in the bride-receiving regions, combined with the difficulties some rural men have in achieving eligibility for marriage. As these cross-regional marriages are commercially mediated, she observes parallels with forms of cross-border marriages such as ‘mail-order brides’ (cf. Constable 2005; Williams 2010). Yet there may also be differences in women’s lived experience of marriage, as Chaudhry (2018) documents the greater isolation of cross-regionally marrying women in their marital homes and their lack of recourse to support from their natal kin. There are lessons to be drawn from a body of literature on marriage alliance patterns in the Indian subcontinent, which has identified how the greater distances over which marriages are arranged in the North as compared to the South ‘tend to constrain or erode the personal links between a married woman and her natal kin’ (Dyson and Moore 1983, p. 46; and see Mandelbaum 1986; Karve 1993; Jejeebhoy and Sathar 2001). The absence of kinship support is found to diminish women’s ‘autonomy’, impacting a range of demographic events (from their reproductive to their marital careers, see Unnithan-Kumar 2001; Mumtaz and Salway 2009; Grover 2011; Abraham 2008). Building on this literature, this chapter explores the parallels and differences in women’s marriage-related international and internal migration, and considers what it is about migration that matters to the people who engage in it.

14.2 Research Setting and Methods

The chapter draws from ‘Places for all?’, a study based in the provincial English city of Peterborough between 2011 and 2013 (see Rogaly 2016). Peterborough is a small city in the east of England which has a long history of inward migration, both from within Britain and from further afield, due to the pull of its brickworks, engineering and food processing industries. It has recently been described as ‘super-diverse’ (Erel 2011). ‘Places for all?’ sought to explore the multiple place attachments and migration and work histories of people from all walks of life and ethnic backgrounds, from people born in the city through to those who had only arrived very recently (Rogaly and Qureshi 2013). The project involved residential fieldwork and oral history interviews with over a hundred people. It sought to be both collaborative and transformational. Working with colleagues from the arts, we brought different Peterborough residents’ oral histories into conversation with each other using theatre, photography, exhibitions and other events. These conversations included residents who were apparently unfamiliar with each other because of their differing ethnicities, countries of origin and migration histories. We were inspired by a methodological literature on oral history, which has moved over time from an initial positivist approach to an interpretivist one attentive to the shared authority between interviewer and narrator, co-production and the use of oral history to achieve social change (Perks and Thomson 2016). We hoped that oral history interviews could be transformative for the individual narrators. At a time when the figure of the migrant has been indexed in British public discourse as male, dark-skinned, Muslim and threatening, we hoped that the project could enable greater understanding of challenges that Peterborough residents face *in common* across ethnic and national boundaries, and thus build opposition to racism and anti-immigrant sentiment (Rogaly and Qureshi 2017; and see also Rogaly and Taylor 2009, 2010).

There is a significant presence of South Asian heritage people in Peterborough, which in the 2011 census had a population comprising 2.5% ‘Asian or Asian British Indian’, 6.6% ‘Asian or Asian British Pakistani’ and 2% ‘Asian or Asian British Other’, the latter largely referring to the stream of South Asian-origin migrants who arrived in the city from East Africa as the result of expulsion from Uganda or Kenya under the Africanization policies of the 1970s (Office for National Statistics 2013). As both of us had previously done research in South Asia and in the South Asian diaspora, we were both keen to be involved in the interviews with Peterborough residents of South Asian heritage. We attended many interviews together and sustained relationships with the research participants long beyond the end of the project. This chapter draws on the life histories of just 2 of the 30 South Asian participants, two women who spoke to us in particularly rich detail in relation to marriage migration. The two women we discuss are of different generations and national backgrounds, and their interviews map out distinct lives and times, which we trace out in the analysis, but both have multiple place attachments.

14.3 Two Life Histories

14.3.1 Kirat

Kirat was 33 when Kaveri interviewed her. She lived the first 18 years of her life in India, migrating to Britain in 1996 following her marriage to Suki, a British Punjabi Sikh who was born and brought up in Peterborough. Kirat grew up in a village in Ludhiana district in Punjab, but she was born in rural Uttar Pradesh, as her mother had followed the custom of returning to her natal home for the delivery of her first child. Kirat’s grandmother had moved to Uttar Pradesh after Kirat’s mother’s marriage. The price of land had rocketed in Punjab, but ‘in U.P. there’s more land and a good life and it was cheap’. Kirat’s face lit up as she recalled idyllic holidays spent at her grandparents’ farmhouse as a child, travelling by

train with her mother and siblings, so that her mother could spend some time with her family.

We used to go a lot [to my maternal grandparents' house] because we used to love going there, the thing we loved was that you go by train and we loved it, the all night journey.

Oh a sleeper?

Yeah... We used to love it, going together with my cousins and stuff like that so it was quite interesting. U.P. is different to Punjab, really, really different.

What things would strike you when you went there as a kid about the difference between Punjab and U.P.?

It's more open space there and they grow so many trees like mango trees, when I was little because I love mango, so we used to go in summer when it was season for mangoes. <Laughter>

Although Kirat's mother's family lived an 8-hour train journey from Ludhiana, they were an important presence in Kirat's life, perhaps more so than for many other Punjabi women because her father – who was in the Indian army until Kirat was 8 – was away from home at cantonments across the country. Then when she was 15 he died, tragically, of a sudden heart attack. Kirat father's death was not only emotionally devastating for Kirat and her family, but also catapulted them into hardship.

I was good [at my studies] as in I wanted to learn. But when my dad passed away after that I didn't really concentrate on my study either, because I was really stressed and depressed as well. So everything changed after that.

Did you continue your studies after?

I did, after two years I did, I was going to college but I didn't do very good... I was the oldest in the house and I was more worried about things, how are we going to get food ... and everything. I couldn't do much; I couldn't go out and work.

They survived only with financial help from Kirat's mother's family:

My mum was on her own and in India she wasn't working so it was really hard for us. At one point our house, it was like... we had a nice house, but obviously when it used to rain it used to rain a lot so we had drips everywhere in our house; we couldn't change the roof because we didn't have any money, so it was that situation. But my mum's sisters and brothers, they helped my mum financially, everything, they did everything, otherwise we wouldn't be here now.

Kirat's father's death and the support of her mother's family were also crucial to the story she told of her marriage. Her marriage had been a cause for great concern as she was the eldest of five sisters – she did not have any brothers – and her mother had no husband or son on whose financial help she could rely. The prospect of a transnational marriage – relatively common in the region in the Jat caste to which she belongs (Mooney 2011) – was something that the family hoped could raise the household out of its times of hardship. But as Kirat related, when the first proposal of marriage arrived from Australia a year after her father's death she declined, because they did not have sufficient savings to pay for a wedding.

I wasn't ready at that time, because my dad passed away and everything and it was too soon for us, financially as well because we needed our money to do a wedding and stuff, so I had to say, 'No I'm not ready.' Otherwise I would be in Australia <laughs>.

Kirat said that as a teenager, she had always hoped to marry in the West: she had been brought up to expect that she would move away from her family upon marriage, transnational marriages were common in the community from which she came, and she expected it could improve the situation of her family. The proposal from her husband Suki came 3 years after her father's death, when she was 19.

I did it for my mum, because I was thinking 'This is a good opportunity' as well. I'm not being dishonest, I'm just saying that's how I thought about it because I knew I'm the oldest and if I go to England, if I work there I could help my mum out as well. And I did like my husband, all the family was really nice, I was really lucky, but if it was somebody, I don't know, if I didn't know anyone I still would say 'Yes', for my family, because I wanted to do something for them.

Kirat's maternal aunts and uncles paid for the wedding. Suki stayed in India for just 2 weeks after the wedding, after which, having exhausted his annual leave, he returned to Peterborough. It was 6 months before Kirat's spouse visa was approved and she was able to fly to Britain. During that time, she described struggling to connect with her husband. She was reluctant to speak

to him on the phone and even during the 2 weeks when he was still in India, she was reserved in front of him and his family, intimidated by their fluent English. Although she had learnt some English through her schooling, she felt tongue-tied, different and inferior to them as a result of their upbringing and residence in the West.

Sometimes mum used to make him call me, because obviously we didn't know each other that much and I was really shy. Now everything's different, I was saying, 'I could get married now,' <laughs> because, you know? <Laughter> It will be more like fun, but it was them days so. But it was alright. All his family went from here, his uncles, because they were all here so everybody was there at that time and I was like, 'Oh my god, all these people from England', you know? ... I could I never could understand what they were saying.

Kirat's long-standing hopes of emigration didn't make it any easier to migrate to a far-off country. She remembered her first impressions of the place: 'it was cold <laughs>, really cold'. She did not talk about the newness of being surrounded by white people so much as her continued difficulty in expressing and asserting herself in the social milieu of British Punjabi Sikhs. Although she shared the ancestral language and ethnic identity, she felt a fish out of water with British-born Punjabi Sikhs, gravitating towards her mother-in-law's company as she could speak more freely with her in their mother tongue.

I could understand everything but I couldn't say much because obviously I wasn't used to speaking English so we always used to speak Punjabi. So it was hard for me the first year/two years because I couldn't sit with my husband and my brother-in-law, my sister-in-law because obviously I was thinking I'm not part of them because I can't speak. So I used to spend more time with my mother-in-law because she always used to speak Punjabi.

It was within the context of her marital home that she described experiencing a kind of racism. His siblings 'used to take the mickey out of me sometimes, they used to say stuff'; Kirat's mother-in-law would 'stick up' for her and reprimand them. Despite the emotional support she described from her mother-in-law, Kirat missed her mother and sisters terribly in those early days.

In her imagination she was not entirely living in Peterborough, her mind's eye constantly locked towards her family in India.

At first it was really hard to leave my mum and my family and I mean, one of my younger sisters they used to ring me, 'Oh can we go on a school trip?' 'No you're not allowed to go on a school trip because if something happens, if a person has an accident...' they were like, 'Oh my god!'

Within 6 months, Kirat's mother-in-law by pushing her to go to English classes at an adult education college. As Kirat recalled, these classes were initially very difficult for her. They forced her out of the relative comfort of her Punjabi-speaking home and into the public domain of English. Again it was not so much the English she encountered through these classes, as the social milieu of other immigrant women.

I think I came in April then I think I went [to college] in September because my [mother-in-law] really wanted me to study. Yeah I wasn't happy about it <chuckles> because I had to go out there... // The first year I went to college my husband didn't take me and it was a big college, I don't know English or anything, 'How am I going to find the room?' [My husband] wrote on a piece of paper and say, 'Can you tell me where this room is please?' So I read it and then asked someone there so they told me where the room was, otherwise I wouldn't know where to go. So that's how I found the room. The teachers were really nice. It was a good experience. There was people from different countries, not just from India... Some people were from Pakistan and some from I think... different countries; there was one Chinese girl, I got on really well with them so it was good.

Kirat reflected that her mother-in-law had done her a life-changing favour in making her go to those classes, acquiring skills that she herself had not had the privilege to enjoy. Learning English allowed Kirat develop confidence in conducting herself not only in public life in Peterborough, but also in her marriage.

I think [my mother-in-law] did the right thing. *Why was she so keen for you to study, what did she say?*

She just wanted me to learn and she was pushing me to do something... // She used to say, 'If you learn, speak English you're going to be like this lot [her husband and his siblings] one day.' That's what's happening now <chuckles>. So she's the

one who pushed me really, and even though she couldn't read much when I used to come back from college she used to see what I've done there – she was interested to know what I was doing in college, what homework I got to do.

Subsequently, Kirat's mother-in-law encouraged her to apply for work. She found skilled work at a local children's centre. Again, Kirat recognized how this was her mother-in-law's vicarious ambition; 'she goes, "I'm working in a factory, I don't want you to work in a factory, I want you to have a good job."'. Earning money was important to what Kirat valued about her work. She sent much of her earnings to her mother in India, as she had her earlier savings from the housekeeping money that her in-laws gave her.

I always wanted to work, because like I said I wanted to help my family as well... But when I came here I didn't work for a while, because I used to go to college. So my father-in-law, they used to give me money to spend but I never used to spend a single penny on me; I wore my sister-in-law's clothes, she wore them and then she'd say, 'I don't want them,' we still share things now. But then I used wear them clothes and save money for my mum, so that's how I did it. When I went to India the first time I had £1000 on me. I didn't tell anybody but I saved it and took it, I thought 'That's how I can help them', but then I started working, so. It was really hard.

Thanks to her thrift and hard work, Kirat had managed to re-build the house in which she had grown up in in Ludhiana and 'it's a beautiful house now'. She had also succeeded in finding a proposal for one of her younger sisters among the Punjabi Sikh community in Peterborough, becoming an 'agent of migration' (Mooney 2006, p. 397) for her family. Another younger sister had married in Canada, and Kirat hoped that this sister would eventually be able to sponsor their mother's immigration to Canada too. Meanwhile, Kirat was still striving to enjoy the same visits to her natal family that her mother had enjoyed whilst they were children. The journey from Britain to Punjab was lengthier and more expensive than her mother's journeys from Ludhiana to Uttar Pradesh, but she had been back to India six

times over the 15 years she had lived in Peterborough, and she reckoned she had managed to spend at least half of that precious time at her mother's house – absenting herself cautiously from her in-laws extended family in Ludhiana.

14.3.2 Satish

Satish, part of an earlier generation of migrants, was 65 when Kaveri interviewed her in 2011. She was not a marriage migrant but a child migrant from one of the earliest waves of immigration and settlement from Punjab to Britain, that of the Bhatra Sikhs (see Ghuman 1980; and Nesbitt 1981 on the early history of the Bhatra Sikh community). Satish was born in 1946 in Lahore, in what is now Pakistan, and migrated to Britain in 1948 in the devastating aftermath of the partition of India, following her paternal grandfather who immigrated in 1935 to sell clothes out of a suitcase. Her grandfather had prospered in this line of work, and Satish's father was able to purchase a house in Ely in Cambridgeshire upon his arrival in 1948. Within a year they had moved to East London, but Ely kept a special place in Satish's life history as it was there that her father had co-authored a book, in Punjabi, with the man who became her father-in-law – an old friend from Lahore. The book told of their heartbreak at the loss of their natal city of Lahore.

Satish lived in East London until she was 8. Her father imported silk scarves and other cloth from India and took them by train to Cardiff to sell. She remembered the big leather suitcases he used to carry. Subsequently the family moved to Cardiff, and later to Bristol, so as to facilitate his business. Satish described her childhood in glowing terms. Unlike Kirat, who was intimidated by English-speaking company and by public life, Satish recalled acquiring a Cockney accent in East London and how she 'didn't feel an outsider at all' in Cardiff. She recalled her school days very warmly, and the feeling of closeness she enjoyed with her teachers was built into the story of her marriage, too. She married at 16. It was arranged; her father had engaged her to the son of

his literary collaborator. At the time Satish had no personal knowledge of her to-be husband, but she trusted her parents' decisions for her.

When I was about 14 I was told I was engaged. <Laughs> I actually remember two uncles coming and my father introducing me... I boiled a cup of tea for them... About a month later or two weeks later, they [my parents] said, 'You're engaged now.' It didn't play on my mind at all but the initial shock of it, I thought, 'Well how can I be engaged? What is engagement?...' All I knew is that... I had two sisters married, two brothers married and I was the next in line and all I knew was I was engaged. But when it did hit me I had to tell somebody and I told my teacher because I was very close to her and then she was astounded because she said, 'Do you not know the person?' And I said, 'No, Mrs Jones. Where is Peterborough?' Because we were in Wales and Peterborough was in England. I said, 'All right.' But then she said, 'Well if it's acceptable and you've got two sisters that are happy and two brothers that are happy [in arranged marriages], then you'll be fine, don't worry about anything.' <laughs> So she put my mind at rest, bless her.

Her teacher's apprehension aside, Satish said she felt very lucky in her parents' choice:

The wedding came and I'd never actually seen my husband but mum said 'in India when we last saw him, he was beautiful and he was white, fair-skinned with really rosy cheeks and really well-bred ears and he was lovely looking'. So that was just a little thing, but what really hit me when I was even married in the veil, when I saw his face, my heart missed a beat! And I always say this to my children, my family, I always say, 'When I saw your dad, that was it, I thought *how lucky* I had been, how lucky.'

Satish moved from Bristol to Peterborough, a city she had never heard of, in those days a 6 h drive away. It was a move into the unknown. Laughing, she described having nightmares about the move. It wasn't just the distance, but the prospect of going to live in an unknown, different family. Her father-in-law was said to keep chickens, but Satish had a horror of touching raw meat. Nonetheless, like Kirat, she had been brought up with the expectation that she would 1 day leave her natal family and go far away.

How did you feel about the idea of coming to Peterborough?

Oh, I had nightmares!

Why?

Why? Because first of all, one time somebody said, my father and my father-in-law had been communicating because they had had that scholarship together and then they were managers and editors of the magazines and then my father-in-law must have said, 'Oh we've bought a farm...' not a farm, acreage or something like that and kept chickens and things and I'm not a person like that because in our family [her in-laws' family], bless them, we had chickens, real chickens and we used to have them in the cellar and then they used to be killed the way that... the *jhatka* (a method of slaughtering in one blow), but I never touched the... I used to eat the meat when it was cooked and that gave me nightmares! <laughs> I thought, 'Oh dear, what am I going to do?'. But when I got married I don't know what happened... The words I can remember that as I was going in the car when they just take you after the marriage ceremony, my father said, 'Your husband's brothers, treat as your own brothers; and your husband's sisters are like your sisters, and your father-in-law and your mother-in-law is just like me and your mum.'

Satish returned several times in her interview to the advice her father had given her at the time of her parting at the wedding, remembering it as the only occasion when she had ever seen him cry. This advice was something she had tried to embody throughout her marriage. She had moved into a large extended family household with her parents-in-law, her husband's elder brother and his wife, and all of her husband's other siblings. Although the family was similar to her own, in other ways it was different. In a reverse of Kirat's inhibitions about speaking English, Satish found herself using much more Punjabi in her marital than in her natal home – something she regretted, as she had a love of the English language that came not only from her ease with it but also from the schooling she would have liked to continue:

My mother-in-law bless them, didn't speak a lot of English at all. My sister-in-law didn't speak a lot of English, she could understand and she was broken English because she'd come over from India when she was 9. So that's the part that I was different; I had so much in me and I... and the other thing was I had a child in the first year and a child in the second year, so everything went out of the window! <laughs>

As this extract suggests, her account of the early years of her marriage was dominated by the five children who came quickly. It took 2 h of

narrating her life history for her to be able to speak openly about the difficulties of those early years living in a large extended family and in a fairly small house. There were many people's needs to juggle, her own children, those of her sisters-in-law and her sisters-in-law themselves and Satish described it as a situation ever prone to combustion. It was many years, years spent raising her five children, eventually moving out of the joint household and into a larger house, before she was able to return to education as a mature student, and then, begin work as a nursery assistant.

I became my own person years after, *years* after. Then I did say to my husband that I would like to work and he said, 'Yes, you've got time on your hands, why don't you work then?'

She described adult education and employment as the achievement of her full potential, the fruition of deep-seated desires. But at the same time, she was careful to try to make us understand that she wasn't judging her earlier life negatively – the life where she was so 'entangled' with other people and their needs – as this was a way of life she had accepted, and how she continued to conduct herself.

Now I've become what I really want in my life. I've achieved it but marriage and things I've been very, very fortunate but your own character can only come because we lived for in-laws, this, this, this... the whole status, a whole way of life we lived for and within each other... you're so entangled that you don't... It's not like nowadays everybody does what they want, when they want to do it, then you did it because it had to be done. And if you were happy you were fortunate! <laughs> So I was one of the fortunate ones because it didn't drag me down too much but it was a way of life that we accepted.

Satish told us she counted herself very lucky that her grown-up children were all living nearby and had not scattered as had happened to many other mothers she knew. Having said that, one of Satish's daughters had actually married and settled in Bristol. Satish had been introduced to her daughters' in-laws at an event at a temple in Bristol when she had been back visiting her parents. Satish now strived to give her daughter the

same warm welcome that her mother had always given her when she returned to Bristol:

I used to look at mum and think, 'I don't know how you did it really.' I really, really appreciated my mum because sometimes, once or twice, I used to say – you know when you get frustrated when you're a teenager and things? And... in my heart I knew I didn't understand my mum, but when I was married I thought, 'How did you do it mum? How do you give us such a welcome?' Golden teacups and when we went, mum used to keep this gold tea-set... and mum always used to say '*Ji aaya nu*' (welcome), always give us things and always give so much of herself. That's how... I don't think I'm 10% of what my mum was, but my mum was a magnificent person.

Satish covered a much a shorter distance in her marriage than Kirat's long-distance journey between Punjab and Britain, in spatial and in social terms. But in the same way that Kirat longed for her periodic returns to Punjab, Satish told us how she had longed for her twice-yearly returns to Bristol.

14.4 Concluding Discussion

Kirat and Satish's life and times are very different, spanning different eras of international migration, different national backgrounds and different social locations in Britain. Kirat's life history allows us to appreciate the ways in which international marriage migration makes for great turbulence, the difficulties of getting used to a new country, language, culture and social milieu. Her status as a recent immigrant fixed her within a matrix of ethnic and racial difference and exposed her to structures of racism not only in the public domain but also, worked into family life in her marital home, as she described with her husband and his siblings' derision of her lack of fluency in English. Her life history also brings out her difficulties adjusting to domestic life in a new family that was geographically at a great distance from her natal home. Abraham (2008) notes the isolation experienced by Indian immigrant brides in the United States; 'in perception and in reality, a woman feels that she is emotionally and socially alone, economically constrained and

culturally disconnected' (p. 314). This is an apt way to describe the early days of Kirat's marriage. She struggled to develop intimacy with her husband, constrained and required by visa procedures to spend 6 months apart and on separate continents whilst her husband gathered the pay-slips he needed to sponsor her spousal migration, inhibited by the linguistic differences between them, her Indian upbringing put down by him and his siblings. Kirat countered her emotional and social aloneness by forging a good relationship with her mother-in-law, who pushed her into the open and supported her to gain independence through education and skilled work. But other international marriage migrants are less fortunate. In other cases of women marriage migrants in our studies, the great distance between the two countries can make it very difficult for women to access support from their natal families, with – in the event of marital conflict – divorce one result, and the forced sustaining of unhappy or even abusive marriages another (Qureshi 2016a, pp. 82–5, 116–8); immigrant women may also be constrained by their in-laws from work, or expected to work but then to give their earnings to their husbands or in-laws (Qureshi 2016b, pp. 1221–5). Yet in other ways, the differences between Kirat and Satish's life stories seem to be differences of degree, the emotional and social isolation of the international marriage migrant blending into that of the cross-regionally marrying bride (Chaudhry 2016, 2017, 2018) or into that of the exogamously-marrying North Indian Hindu/Sikh woman compared to her South Indian or Muslim counterparts (Dyson and Moore 1983; Karve 1993; Mandelbaum 1986; Jejeebhoy and Sathar 2001). Satish's 6 h journey from Bristol to Peterborough was daunting for her as was Kirat's journey from Punjab to Britain. Satish too longed for her natal family and struggled to assert herself in her marital home. The circular movements she made between her marital and her natal homes were similar, if more frequent and less costly, to those that Kirat had strived for in her marriage.

These life histories present a challenge to long-standing assumptions about the forms of migration that count, which as Silvey (2006) observes, have been based on a gendered hierarchy of scales 'in

which "larger", "higher" scales, such as the national and international, were coded as masculine arenas, and "smaller" scales, such as the household and the body, were largely ignored and implicitly coded as female' (p. 67). The life histories show how problematic it is to try to separate marriage migration from economic migration. Both women ended up finding great satisfaction in work, although their movements were ostensibly about other things. Despite the differences in the experience of international and internal migration, that they may share emotional texture and moves over small distances can also be deeply felt. This is what we feel is so promising about the concept of 'translocalism' (Brickell and Datta 2011; Datta 2013). It offers us a way out of the pernicious indexing of the figure of the migrant to otherness, and allows us a way to appreciate the commonality and normalness of being attached to multiple places.

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“Where Husbands Find Jobs and Women Go to School”: Gender, Employment and U.S. Refugee Resettlement of Burma-Origin Families

Pilapa Esara Carroll

As survivors of war and persecution, persons with refugee-status begin new chapters in their lives when resettled to third-party countries like the US. Since 1975, three million refugees have arrived to the US with authorized status and a pathway to citizenship (Office of Refugee Resettlement n.d.). The integration of these future citizens has been actively studied, with attention focused on their economic adaptation and ways of measuring the relative abilities of various groups' initial resettlement. The economic focus is due in part to the 1980 Refugee Act's programmatic goal of economic self-sufficiency as quickly as possible (Refugee Act 1980). How do refugees adapt, given the local circumstances of their resettlement and the State's expectations? How might constructs of gender, which affects the U.S. population in terms of employment options and income (Dept. of Labor 2017), affect the experiences of refugees and their families? What issues might be revealed by an ethnographic understanding of refugee resettlement and integration as gendered processes?

Integration can be defined as the process through which a foreign newcomer adapts, ideally participating in all realms of society from the economic to the social as a full citizen who feels

safe and culturally included (Ager and Strang 2008). Census-based reports (Capps et al. 2015; Kallick and Mathema 2016) indicate that most persons of refugee-origins do fulfill federal resettlement expectations over time – meaning that they join the labor force and show decreasing usage of public assistance. One's gender categorization and associated household duties affects economic resettlement outcomes. Based on a survey study, the Office of Refugee Resettlement (ORR 2017) reported in their FY 2015 Annual Report to Congress that after 2 years in the US, male respondents of refugee origins were employed at rates on par with the native population. Female respondents' employment rates, despite increasing slightly with longer times of residence, did not match the rates of the native female population. In terms of labor participation rates (LPR), which include those employed and those looking for work, males of refugee origins had higher rates (72.7) than their female counterparts (43.9) in the 5 years preceding the study (ORR 2017:25). While this gender disparity is reflected in the 2015 LPR rates for the general US population as well, the degree of difference between men and women was higher amongst the refugee respondents. Education, child care, disability and old age were noted in the report as reasons for why refugee respondents were unemployed, but without contextualization as to how and why such factors negatively affected women rather than men (ibid: 26).

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The contexts for this gender disparity amongst N. American refugee populations is varied, dynamic and complex. Potocky Tripoldi's studies of various resettled refugee populations in the US, using census and survey data, indicates that education, gender and household composition are key predictors of economic status (2003, 2001). It is widely acknowledged that English language proficiency, as a component and related outcome of education, can be a predictor of employment (ORR 2017) and of maintaining employment (Hou and Beiser 2006). Language acquisition as an integration outcome, like employment, is similarly gendered. Hou and Beiser (2006) found that among Southeast Asian refugees in Canada being female or being elderly increased one's likelihood of lacking language proficiency. Women and the elderly in this longitudinal study were less well-educated upon arrival than their younger or male counterparts. This coupled with their "relative lack of opportunity" to learn or be exposed to the dominant language, and their greater likelihood of being "isolated by circumstance" exacerbated their adaptation experiences (ibid: 155–57). This has long-term implications for the integration of these women and their families.

The gender disparities present in two major domains of refugee integration – employment and English-language acquisition – emphasize the need and value of a gender orientation to this topic. Gender¹ is a socially-constructed process that orients and shapes human behavior and thoughts, and thus, cannot be equated with a dichotomous variable (Mahler and Pessar 2006:29). It also intersects with other forms of social difference (i.e. sex, race, ethnicity) and dialectically engages within and between social groups (i.e. between majority and minority-status women). This has led to ample theorization on the relations between hierarchy, power, and gender inequality by feminist researchers (Blumberg

1991; Chafetz 1991; Glenn 1991; Moore 1994). A focus on gender necessarily entails an examination of how people engage with personal and structural constraints. Ethnographers (Gomberg-Munoz 2011; Ong 2003) have demonstrated how government policies are not neutral and can have gendered and racializing effects upon specific migrant groups. For instance, Aihwa Ong's ethnography (2003) on Cambodian refugees during the 1980s highlights how household gender roles were impacted internally by the loss of authority faced by once-authoritarian unemployed male household-heads and externally by state policies of public assistance and resettlement, which favored women. I draw heavily from Ong's research and her emphasis on the interplay between structural constraints, individual desires, and familial needs in the ensuing discussion.

By applying a gendered lens to the topic of refugee integration, my work departs from migration studies which conceptualize resettlement narrowly as a process of socio-economic incorporation. These studies often utilize frameworks which focus on either human capital, social capital or some combination, and explain economic outcomes like odds of employment, in terms of demographic traits, and pre- and post-migration variables like education level, or host-country language proficiency. It is widely acknowledged how gender affects the economic status and mobility of individuals (Blumberg 1991; Chafetz 1991; Mahler and Pessar 2006). Amongst scholars of refugee populations, there is a growing consensus of how social inequalities of all types including that based on gender and others, can concretely affect the integration domains of education, employment, housing and health (Poteet and Nourpanah 2016:xiii). In studies of refugee economic adaptation, gender is often treated as merely a demographic trait, an independent variable with homogenous and thus self-explanatory effects (DeVroome and Van Tubergen 2010; Potocky Tripodi 2001; Strand 1984). Perhaps because these studies model complex macro processes, their discussions of inter-subjective micro-processes of gender are placed in the background. The sidelining of gender reduces the potential for raising questions of structural

¹Drawing on Moore (1992:14), if Sex comprises culturally-accepted notions of what differentiates between bodies, then Gender refers to that set of collective and variable social constructions placed upon those differentiated bodies.

violence and power, thereby naturalizing its effects, and limiting the potential to theorize about the maintenance or reproduction of such human conditions. The interplay between gender, employment and education within the lived experiences of resettled persons with refugee origins remains poorly understood and in need of further analysis.

In contrast to immigrant groups, who may obtain permanent residency status and authorization to work in the US, refugees are admitted based on humanitarian grounds and are given financial assistance and cultural orientation services. Although refugee populations do adapt over time, referring to such integration markers as employment and eventual citizenship, reports indicate that certain populations within the cohort of arrivals in the past decade may be struggling more than those in the past. For instance, an analysis of U.S. Census Bureau data on recent refugee cohorts (FY 2004–2013) found that persons from Somalia, Iraq, Burma, Bhutan and Liberia often reported lower levels of literacy and English proficiency upon arrival, which equated to lower incomes in the U.S. (Capps et al. 2015). These pre-resettlement traits for persons from Burma, Bhutan, Somalia, and Liberia were due in part to their protracted displacement contexts where temporary asylum in refugee camps extended for some into years or decades (ibid: 15–16). Additionally, recent cohorts have also encountered a changing resettlement-context, with the country recovering from recession, rising anti-refugee sentiment, and the Office of Refugee Resettlement being charged with an expanded mandate but limited resources (Nezer 2013).

My exploratory ethnographic research with Burma-origin² refugees considers the resettle-

ment and integration experiences of a significant recent group. To document their adaptation experiences, I used participant observations at a refugee outreach center, and interviews with service providers and the refugee-origin clients. The study spans a 3–4 year period, as I sought to learn how the adaptation needs of this group might change over time. Persons from Burma constitute a major proportion of recent refugee arrivals to the nation and to New York State, where this research was based. From 2010 to 2016, Burma ranked consistently among the top three refugee sending-countries (Dept. of State 2017). The mid-sized northeastern city where the research occurred, began receiving refugees from Burma in 2008. According to the local resettlement agency, by 2014, a total of 926 Burma-origin refugees had been officially resettled there. This is a sizeable local refugee population, second only to persons from Bhutan (personal communication 2015). I first interviewed 12 persons of refugee status using a purposive sample seeking maximum variation in 2011–2012³ and then reconnected with this group and their spouses, when willing, in 2014–2015. Altogether, I interviewed 14 people,⁴ often with an interpreter, and learned about the adaptation circumstances of 12

sons in Burma (The Border Consortium 2014). At that time, the US was wrapping up its program for Burma-origin refugees in Thai camps having resettled over 73,000 persons since 2005, in one of the largest resettlement programs (Tan et al. 2014). Despite, the 2011 election of the country’s first civilian President and a 2015 cease-fire agreement between the government and rebel groups, human rights abuses against minorities, particularly Muslims are still reported (British Broadcasting Corporation 2017).

³Lacking access to an adequate sampling frame, I recruited participants from a community outreach center favored by refugees from the target country of origin. I had been a volunteer English-language tutor prior to the start of fieldwork and was a familiar face. One of the major limitations to recruitment was the limited availability and quality of interpreters. In the second round of interviews, I was unable to locate two of the initial interviewees.

⁴The persons interviewed identified with five nationalities or ethnic groups, and spoke seven different languages or dialects. The group also showed a range in terms of gender (assigned by interviewer) with five men and nine women, and age (at the time of first interview) from 22 to 46 years.

²The country of Myanmar, here referred to as Burma, once comprised of kingdoms marked by fluid ethnic identities. The possibility of a federated union of states, after independence from Britain in 1948, was shattered by the assassination of General Aung San. Civil wars and insurgencies, backed by world powers, have fostered violence and division for decades. The repressive counter-insurgency campaigns of military regimes since the 1960s have resulted in continued economic decline, political instability and mass displacement (Lemere and West 2011). As of 2014, there were about 110,000 internally displaced per-

households. It should be noted, that despite the small size of this group, there are important distinctions based on language dialect, ethnic categorization, and place of asylum (e.g. refugee camp or foreign city) that space constraints do not allow me to explore.

I will begin by sketching out connections between employment, English-language education, and gender as an introduction to readers new to the topic of refugee integration. Next, I will illustrate how the economic behaviors of case-study participants were directly impacted by their English-language (i.e. education) capacity and that of other household members, as well as collective familial needs. I found that both employment and care-work during and after resettlement was a negotiated and relational process, that is significantly influenced by institutional policies and interactions with others within one's familial, and social networks. This discussion serves to emphasize the gendered nature of integration, characterized by the presence of state-funded placement and assistance services. Overall, the purpose of this chapter is to pinpoint salient contextual factors that may contribute to variation in experiences of U.S. integration, and to generate questions for future research.

15.1 Adapting to a New Land

How do persons of refugee status adapt to the US over time? This was the research question I had in my mind when I first interviewed “Naw Paw Say”⁵ in 2012, about her first months in the U.S. After a decade in a Thai refugee camp, Naw Paw Say arrived in 2010. The process of starting a new life in a foreign country was and continues to be challenging for Naw Paw Say and her husband, both of whom speak little English (personal interview 2012; personal interview 2014). Although refugees are eligible to receive limited vocational and English-language instruction

upon arrival, Naw Paw Say was unable to take advantage of these opportunities due to childcare responsibilities. Her husband studied English at a school for adult students, referred to here as the “refugee school.”⁶ After several months, he obtained a job, something Naw Paw Say stated she would like to do too were it not for her need to provide childcare and her lack of English language capacity.

Most of the interviewees found that learning a foreign language, competing in a new labor market emerging from recession, and finding some degree of social mobility were long-term projects. In the meantime, like their urban-core neighbors, they often constituted part of the working-poor who remained reliant upon public assistance. The mix of cash assistance and other possible benefits that many of these interviewees initially received was not enough for some to cover non-food necessities (i.e. electricity, phone, etc). This is an unfortunate circumstance generally experienced by the working-poor, during the time of this study (Cooper 2016; Jacobs et al. 2015). Refugees, however, arrive with impoverishing debt, due to their airfare loans, which they must begin to repay within 6 months of arrival (Refugee Travel Loan Collections n.d.; Wescott 2015). Their financial situation is further complicated by desires to send remittances back to family members who remain displaced.

The government expectation that refugees will become immediately self-sufficient soon after arrival is challenging given that for some, their prolonged stays in refugee camps necessitated submission and forced dependency upon bureaucratic entities (MacLaran et al. 2016; Ong 2003). I was told that in Thai refugee camps, residents are usually restricted from leaving the camp and from seeking employment without authorization. Within the camp, wage-earning options are few. “Naw Kee La”, for example, mentioned how

⁵In order to protect the confidentiality of interviewees, names have been changed and minor components of their stories have been modified.

⁶It should be noted that the interviewees did not refer to the school as the “refugee school.” Since their references would identify the school, I use this label to distinguish between the official educational option and the informal ones offered by neighborhood nonprofits, to be described later.

camp residents who found laborer positions in nearby villages did so covertly under threat of the penalties for being caught. She and other interviewees with agrarian skill-sets and little formal education faced difficulties in the local U.S. labor-market where permanent full-time positions for unskilled labor were few and the pay is minimum-wage.

Naw Paw Say's experiences and that of the others interviewed flesh out the possible contexts in which resettled mothers, in particular, might be absent from the job market or constrained in their access to employment, due in part to their roles as primary caregivers. By the time we met for their first interviews, these women had been in the U.S. past the 3-month period in which refugees receive governmental assistance (technically, the period of "resettlement").

Their time in the U.S., at the start of the study, ranged from 5 months to 4 years with most having been resettled for less than 2 years. At that time of first interview, none of the eight women were employed whereas most of the four men were. If considering employment in the U.S. prior to the interview, three of the women had been in the labor-force previously. However, these positions were part-time or seasonal (in two cases) and in another case, the woman stopped working due to pregnancy. The men also had stories to share regarding their search for permanent employment. Each, initially, could only secure temporary positions and struggled to find full-time work. These men, like the women, were often employed as manual laborers or machine operators, finally settling into low-wage positions in the local manufacturing and construction sectors, or retail and housekeeping in the case of a few women.

The work-first approach of U.S. resettlement prioritizes immediate employment even if it is temporary, resulting in potential gaps in income, or does not make full use of the refugee's qualifications, reducing their potential contribution to the workforce, had they been given time to obtain professional certifications and licenses. Educational provisions are granted not for its own sake, but to facilitate a person's job readiness and to help them secure employment. Few

refugees arrive with their prior wealth intact, and thus almost all are reliant, at least initially, upon the State. In keeping with federal expectations of self-sufficiency, newcomers who are not actively employed must show progress towards becoming employed, and thus their first months in the US involve full-time enrollment at the refugee school, which provides vocational training along with English-language instruction. Just over half of the women I interviewed had attended the refugee school by our first interview, and all of the men. For the other women, based on our interviews, it is probable that they were exempted from employment-oriented activities, because they were the primary caregivers for an eligible dependent.

For those women who had ever attended the refugee school at the time of first interview, only two of five were able to remain a student for more than 6 months continuously. They cited a range of reasons for leaving school including finding employment, and familial reasons like pregnancy or a child with a prolonged illness. Enrollment for most of the men I interviewed and the husbands I heard about was similarly brief, a matter of months. Like the women mentioned, most of men left school for employment and in a few instances, familial obligations. In two instances, husbands had to stop both schooling and jobs, due to poor health. The language component of the refugee school curriculum is secondary to the vocational training. From comments made regarding their time spent there, it's clear that most appreciated their teachers and the time spent on language, but few felt that they had substantively gained language skills during their short periods of study. While working with native speakers can improve one's language skills, most employed-interviewees worked in non-skilled low-wage positions which did not require language proficiency or provide significant language exposure.

For men and women, their schooling was often cut short, but they did not "drop out" due to a lack of motivation or ability. Their reasons complied with the work-first mandate or qualified for exemptions. While I did not specifically ask which of the interviewees relied on public assistance during the research period, during the

interviews, their participation in federal programs or interactions with case-managers and Department of Human Services (DHS) officials were often brought up. From their own anecdotes, all were initially participants in a public assistance program, Temporary Assistance for Needy Families (TANF) or the Supplemental Nutrition Assistance Program (SNAP), otherwise known as food-stamps, and thus subject to a work-mandate unless exempt.

The lack of access to educational language and employment opportunities for these wives more so than husbands led to each having different experiences of initial transition and adaptation upon arrival. A few of the women I interviewed and a couple of the men mentioned feeling socially isolated and immobile early in their resettlement. I heard stories from the women in particular who were afraid to leave their homes, because the landscape was unfamiliar, the weather (particularly in the winter) was foreboding, the transportation system was confusing and their neighborhoods were dangerous. Such experiences may not be unique as Bouyer's life-history-based study (2012) found that social isolation as well as lack of interactions to support ESL learning were salient for her two female ESL refugee-student cases. Additionally, Thanh Tran found that "English language skills increase social adjustment directly, and self-esteem and psychological well-being indirectly," based on a sample of Vietnamese refugees (1988:750).

Oftentimes, it was the male household head, necessitated by his schooling or employment, who first learned how to navigate the new physical and social landscape with the help of a neighbor or relative. These opportunities outside the home to potentially learn and socialize also provided these men with a greater understanding of the native cultures, and realms through which they could build their self-confidence and cultural competency. Meanwhile, the mothers with newborns especially, initially felt isolated and immobile. While isolation allowed them to feel safe, it also made them more dependent upon others, not only husbands and children, but others in their social networks including their assigned

case managers with whom they had limited access, typically only 3 months.

When I reconnected with ten of the original 12 interviewees, everyone was partnered in heterosexual marriages and the intervening years had added an additional child or two. Due possibly to the choice of recruitment site and interpreter-recruiters available, the interviewees were at a stage in their lifecourse when they were focused on family formation and had pre-school-aged dependents. While an expected part of lifecourse, parenthood held particular implications for women as child-bearers, expected primary caregivers, and as refugees, whose access to certain resources and benefits were time-limited to their first 3 months in the U.S.

At the start of my research, all the men were working, or enrolled at the refugee school. In contrast, several of the women had been employed or refugee school students previously, but at the time of first interview, none of the women⁷ were engaged in such activities. Did this gender disparity remain 2–3 years later? Of the three men I initially interviewed and reconnected with, three had been employed initially and remained so at the second interview, reporting mostly continuous employment in the intervening years. This also held for the one husband I interviewed at the later date. Among the seven women I had initially interviewed and reconnected with, five were employed later as well as the one wife I interviewed at the time of reconnection. The wife had spent the first 2 years of her resettlement as a primary caregiver. This implied that after a period of 2–3 years, well past the official period of resettlement, most of the women I interviewed were able to obtain jobs and to directly contribute to household goals for economic security.

The women I interviewed were their families' primary care-givers, regardless of whether they were employed or attended school. According to the limited literature on this topic, this appears to be in keeping with what is documented on pre-displacement household divisions of labor and accustomed gender roles. Despite differences

⁷Except one woman, who I did not re-connect with, because she had reportedly moved.

among the various nationalities and ethnic groups in Burma, generally, the family is a central social unit and males are typically household heads who wield authority and decision-making control, (Barron et al. 2007). Couples are reported to work together, particularly in rural contexts, although women in most groups are expected to take on the additional chores of housework and caregiving (ibid). However, as Errington and other scholars have pointed out, there may be backstage aspects to women's status and decision-making that occurs within the "private" realm of the home (1990). For instance, among the Karen, decisions are said to be made jointly by couples, though publicly such authority is said to belong to husbands (Barron et al. 2007). Historically, until the 1960s, among the Sgaw Karen in Northern Thailand, females were spatially limited to their homes and villages, as a matter of protection and convenience due to their caregiver roles, while males could travel freely in keeping with their public roles in maintaining community order and interacting with outsiders (Hayami 1992). Despite these differences, married couples traditionally adhered to a flexible division of labor and an ethos of role complementarity, that was bolstered by traditions of matrilocal post-marital residence (ibid). More recent scholarship has noted how some Karen women, in situations of displacement, have held public leadership roles typically reserved for males (Cusano 2001; Oo and Kusakabe 2010).

Although I did not interview people about their gender role perceptions specifically, the details of their daily lives and work histories pointed to a default acceptance of patriarchal divisions of labor that identified men as primary breadwinners and women as primary caregivers. An exchange with Naw Kee La, illustrates these views on gender roles. I had asked about her thoughts on U.S. resettlement, and rather than mention her children's rights to an education, as many others did, Naw Kee La brought up the benefits for parents. She recommended resettling to the US, because husbands can find jobs and women, like her, can go to school. Embedded in this sentiment is an expectation of both educational and economic opportunity, as well as an

acceptance of men as primary income-earners. An additional expectation, emphasizing the value of education and the minimization of economic barriers to it, was also shared, which presented the education of primary caregivers like herself as worthwhile.

The potential fluidity of roles within the interviewees' household divisions of labor was revealed by collecting data over time. During the later interviews, many of the women had added primary income-earner roles to their pre-existing primary caregiver roles and thus managed a double-burden. Others had worked in countries of asylum, stopped for family formation reasons, and then began income-generation again when their children were school-aged. These instances suggest that reports of refugee women's lower labor force participation, in terms of the interviewees, depended upon when you asked. The critical question revolved around timing, and how the absence of some primary caregivers from formal language classes and employment at the start of their integration processes led to gendered adaptation experiences, with some wives experiencing a greater sense of isolation and language barriers than their employed husbands.

15.2 Benefits and Constraints of Refugee Status

Being a refugee with a resettlement agency as one's sponsor provides initial benefits that other authorized migrants do not receive, such as a case-manager to greet you at the airport, and assistance in procuring housing, medical care, and employment as well as cultural orientation.

However, the acceptance of this status involves a loss of autonomy and self-determination as refugees are initially reliant upon humanitarian and later resettlement service providers to meet their basic needs. They are not independent in deciding matters that affect their personal and familial welfare from employment to housing and childcare. All of the interviewees were initially dependent upon their resettlement service providers to navigate a new culture, but only a

few were able to become economically self-sufficient by the end of this study.

Appreciation of the U.S. and the local resettlement agency coupled with their own notions of cultural etiquette meant that few of the interviewees would criticize or even hint at any negative outcome from their resettlement. Yet, my questions did bring up anecdotes which revealed the stress of circumstances that felt beyond their control or hard to decipher. For example, a resettled refugee's inability to initially choose where one lives and with whom, has particular implications for primary caregivers as this example makes clear. When Naw Paw Say arrived in the US, she, her husband, and kids had been placed in an apartment together with three younger siblings. Later, these extended family members were moved by their case-manager into their own apartment. This affected Naw Paw Say's carework, the household budget and her mobility, as the one brother was a potential income-earner and a street-wise escort, while the sisters appeared to have provided additional child support.

When I met Naw Paw Say, a year or so after this event, her daily activities continued to revolve around her pre-school-aged children, and she was dealing with another change in her support network. Her recent move to a safer neighborhood and a more energy-efficient building had the unintentional consequence of leaving her spatially isolated from her former base of kin-support. She felt separated from other family members, who no longer lived within the same apartment complex. This affected her daily practices and overall sense of happiness (personal interview 2014). Even though resettlement administrators try to place refugees in areas where there are sources of mutual assistance and appropriate resources, rental property availability and rules, and welfare accounting may not allow extended families to reside permanently as households. While Naw Paw Say was able to change residences as she wished, initially her place of residence, household composition and spatial proximity to other family members were not in her control.

Household composition and familial networks are acknowledged factors in adaptation and economic status. The fact that refugees have limited

initial control over such factors holds particular consequences for their access to social networks, and their familial and social roles. For instance, Allen (2009) looked at the social networks and economic earnings of Sudanese and Somali refugees, comparing those who arrived via family reunification (indicating an assumed reliance on familial networks) and those who came via the resettlement program (a reliance on service providers). While Allen could find no statistical effect on the income levels of men with more co-ethnic ties (e.g. reunification cases), over time there was a negative effect on the incomes of women, who came via reunification. The gender role obligations of the co-ethnic network and cultural labor-pooling expectations kept those women involved in unremunerated work rather than formal employment. For women resettled under family reunification in Allen's study, their participation in familial and social networks mediated some of the disadvantages of being a foreign newcomer, while at the same time impacting their abilities to seek employment and their individual income levels. For the interviewees' all of whom eventually married and were enmeshed within their household contexts, their access to family and co-ethnic friends who might lighten their carework load, or enable a former-caregiver to become an income-earner were constrained.

What is clear is the manner in which the economic activities of individuals within a household context are relational, inter-dependent, and not solely individual projects, autonomous from structural limitations. For instance, when I reconnected with Naw Kee La (personal interview, 2014), she was not employed, but had recently been enrolled in the refugee school for a brief period of time. She was mandated to attend the refugee school and was given funds to cover childcare expenses, while also continuing to receive rent assistance. She had been enrolled for 3 months when her husband's efforts to find full-time employment were realized. As quickly as everything seemed to come together for them, it began to fall apart. The change in her husband's employment status affected the family's eligibility for public benefits. For Naw Kee La this

meant the retraction of childcare tuition assistance and ultimately, the end of her schooling. Here Naw Kee La’s care-work was contingent upon her husband’s employment, and vice-versa.

All the adults within a household using public assistance are subject to the work-first mandate. Naw Kee La’s initial exemption was based on whether her husband fulfilled the mandate, and other requisite financial, programmatic, and household composition requirements. For instance, recipients of TANF, who are caregivers of newborns are exempt for 12 months, unless they have used up their 12 month total lifetime limit, in which case they may have 3–6 months of exemption (NYS Office of Temporary and Disability Assistance 2009). The complex contingencies are numerous. For example, Naw Kee La’s enrollment into the refugee school, as a stepping-stone to employment and an acceptable work-activity, depended on a variety of factors related to the employment and income-level of other household members, namely her husband. All of this would have been subject to the assessment and approval of a DHS affiliate who develops a customized employment plan for all program participants.

In her ethnographic study of refugee women in western New York, Koyama (2014) provides nuanced details of how the interactions associated with job training, applications and actual employment were permeated with gender and ethnic-based stereotypes that affected perceptions of who was “employable,” and what was appropriate women’s work, on the part of service-providers and employers. This had a gendering effect upon the workers themselves, whose negotiated identities, familial roles and workplace behaviors and experiences were all implicated by this positioning. In this way, a mother’s access to educational or employment options is not only contingent upon the options presented to her spouse and other family members, but as part of the working-poor, such economic behaviors are heavily dependent upon the calculations of program eligibility, mandate compliance, and assessments of employability made by others.

On the surface, refugee resettlement and the public assistance programs that newcomers rely upon appear gender-neutral, and yet the implementation of these programs has gendered and gendering effects. The experiences of Naw Paw Say and Naw Kee La, in particular, demonstrate some of the benefits and constraints of being resettled to the US as a refugee. Factors that may have mediated their care-load like household composition or spatial proximity to family members was not initially within their control. Who had to work or go to school, and who was exempt was also not perceived to be in their control, though it often supported culturally familiar household divisions of labor. Although these two interviewees tried their best to manage the varying gendered constraints of their households along with their initial refugee resettlement circumstances, and work-first expectations, the language barrier and the usually brief duration of their language instruction, if any, served to compound their challenges of adaptation.

15.3 Caring in a Work-First Society

Although most of the women I interviewed were employed when I reconnected with them several years later, a focus on those persons who remained out-of-the workforce highlights the particular challenges faced by primary caregivers and their families, in a context that prioritizes immediate employment. The fields of “work” and productivity are rationally defined in the US as separate from the social field of caring, the realm most commonly associated with women and femininity. Lynch and Lyons (2009) persuasively argue that though caring necessarily exists in the private sphere, where workers are produced and maintained, it is not valued in the public sphere. The authors emphasize how caring is in fact not private at all, as the State is heavily involved in regulating the paid work day, and the amount of time that people can devote to care-work as well as controlling the redistribution of public resources devoted to care (2009:78). This

is apparent in the gendered role that work-first mandates and public assistance programs played in the resettlement and integration processes of the refugees interviewed.

The three interviewees who remained out of the work-force later in the study highlight the ways in which caring and productivity are hard to reconcile, particularly for low-waged capitalist workers of foreign and refugee origins. For instance, they expressed an interest in eventually getting a job once their caregiving load lessened, usually when their youngest was school-aged. Although focused on caring, they were still interested in accessing educational opportunities and self-improvement, even when registration at the refugee school was not an option. These women and others pursued educational desires by attending free English-language classes at community-based sites like a library or outreach center, for inconsistent periods of time. At a popular outreach center, classes were offered in an informal space that allowed for lap babies and playing toddlers. On some days, a pre-school class was scheduled at the same time to further assist students who needed a way to combine learning with caregiving. These informal classes were usually taught by volunteers⁸ (oftentimes retired professionals or college students), not always trained in teaching speakers of other languages, and often without a set curriculum.

The interviewees did not distinguish between the formal education provided by the refugee school or the informal kind at these community sites, viewing each as interchangeable educational options. For primary caregivers, the more casual environments of these informal educational options with the flexibility to drop-in or to leave as desired, coupled with on-site childcare assistance (in the form of children's programs), created supportive learning environments that allowed their students to retain control over their time and to remain adaptive to changing circumstances (like weather or a dependent's needs). Additionally, for these interviewees the

community-sites were within walking distance, whereas the refugee school would have required navigating and paying for public transportation, and contending with a bus schedule that would limit their flexibility.

While public assistance programs acknowledge the presence and needs for primary caretakers in eligible households, their work-first mandate can be problematic, because exemptions for caregivers are temporary and based on external assessments. As detailed above, exempted caretakers are eager to learn if they can do so in a fashion that allows them to fulfill their caregiving obligations. Naw Paw Say, in particular, mentioned an intention to transition to outside work once her youngest was school-aged and to learn English in preparation (personal interview, 2012). She told me about her mother-in-law, who was enrolled at the refugee school and her great idea. What if they traded places? The mother-in-law had poor eyesight. She'd prefer to watch the grandkids and allow Naw Paw Say to learn in her place. This way, Naw Paw Say could eventually get a job. Is this possible or not, Naw Paw Say asked rhetorically, she didn't know. She left that up to her nephew, who presumably spoke better English. When I interviewed Naw Paw Say 2 years later, she continued to expressed a desire to attend the refugee school, but still had not had the chance to enroll (personal interview, 2014). She had heard rumors that the school's admissions officer would be against it. Anyways, someone at DHS had reportedly told her that persons who had been in the U.S. for more than 3 years were ineligible. Having done her best to understand an esoteric system, she instead focused on her efforts to attend informal English classes, on and off, over the course of several years.

There comes a point when mothers on public assistance, like Naw Paw Say, reach the limit of the work-mandate exemptions, but this shift in status was not easily understood, especially for persons with limited English proficiency and no formal education. At our last interview, after she had been in the US for over 3 years, Naw Paw Say revealed that in fact, DHS had found her a "job" not too long ago, at a new-to-her community site which also offered English-language classes to refugees

⁸One of Naw Paw Say's teachers at a community-site (in 2012) was a certified teacher from the refugee school, which had started a new outreach program to minimize transportation issues.

(personal interview, 2014). They sent her two notifications, asserting that she needed an outside job. She was at a loss for what to do because they had not given her money for child care. One of her job duties was to provide childcare for the other refugee clients receiving English instruction. As part of her work routine, she too was able to take an English class, scheduled at a time when there were fewer kids at the Center, with other workers in her position. She had brought her pre-schooler to work with her, and this created conflicts with her supervisor and the termination of the position, much to her frustration and embarrassment.

Naw Paw Say's narration of past events reveals confusion and misunderstanding of the various policies and programmatic constraints placed upon her as someone of refugee origins and a public assistance recipient. This was despite the fact that during the time of research, the local DHS branch had partnered with the local resettlement agency to handle refugee cases, ensuring access to interpreters. What Naw Paw Say did not realize is that anyone regardless of income level or immigration status can enroll at the refugee school, which is free through the local school district. If she were not exempt from the work-first mandate, enrollment at the refugee school might have qualified as an appropriate work-activity, and in that case, she would have been given partial or full childcare assistance. As it turns out, Naw Paw Say's "job" was actually a kind of apprenticeship, a qualified work-activity referred to as the Work-Experience program (WEP). According to procedure, she would have been given childcare assistance and advisement on possible childcare providers. It is unclear if she understood how to follow through with the process of obtaining childcare, and if a childcare provider was available for the times she needed.

Local case managers have told me that Burma-origin refugees strongly value kin-based childcare, and that many mothers are uncomfortable and sometimes adamantly resistant to leaving their children with strangers. I was not aware of any interviewees, including those persons in dual-income households and those independent of public assistance, who had ever used non-kin-based

childcare. This may be because it was not culturally favored and also because it was a luxury service for persons struggling to make ends meet. For instance, one of the mothers who remained out-of-the-workforce, mentioned at our first and last interviews how she preferred to take care of her children, enjoying the time she spent with them, and how she couldn't afford day care, even if she wanted it. A common concern for interviewees using public assistance was how changes in the employment of a spouse would affect a family's overall eligibility for benefits. As we saw in Naw Kee La's case, mentioned earlier, the ambitious desire to improve one's economic situation by working more hours or earning more, could be counter-productive, when it resulted in less public assistance, a move that could feel penalizing especially if the new income earned was not enough to cover the bills. I also knew several couples who prioritized the income-earner role for both spouses as well as kin-based childcare. As a consequence, they juggled day and graveyard shifts in order to provide their own childcare, sacrificing sleep and time together as a family unit.

While Naw Paw Say may on the surface appear reluctant to "work", in terms of employment, could she also be viewed as a responsible mother, someone who expended effort and creativity to fulfill obligations as a caregiver (and public assistance recipient)? Someone who was also motivated to improve herself via informal language classes and to cultivate her future employability, on her own? It goes without saying that the determination and effort needed to physically carry a baby and to walk a pre-schooler down dangerous streets under varied weather conditions, on time, is substantial. In other words, the discussion here is not on intent or desire. While in any sub-population, there will be persons who would prefer not to earn an income, in this case, the issue appears to be about timing, access and the separation of caring out of the field of production. Although her position as a public assistance recipient limited her ability to do so, Naw Paw Say's actions may reflect a desire to determine the timing of her transition back to work, and the manner in which she accesses care

for her children. Had her “job” supported the caring aspects of her existence, in a manner that was culturally appropriate to her, would she have lost this opportunity to gain vocational training? Might her own desires for future employment and the work-first mission underlying public welfare programs be mutually realized by finding adaptive and innovative solutions to the fact that workers are also parents and family members?

15.4 Conclusion: Creating a Foundation for Future Integration

The interviewees highlight the ways in which gender, as a relational and integral aspect of human existence in relation to caring and production, can be contradictorily acknowledged and minimized in a work-first environment, where value is narrowly associated with income generation. Over time, I saw how the interviewees tried to reach their own goals of financial stability and programmatic goals of economic self-sufficiency while contending with equally strong desires to build families and to safeguard their children’s well-being. These priorities often led to wives being primary caregivers, and sometimes not pursuing employment or formal educational opportunities for years after arrival and resettlement. Husbands, in turn, were often primary income-earners and given the work-first mandate for public assistance recipients; they were not always able to pursue educational opportunities either. The focus on gender suggests that such practices are not merely products of gendered household divisions of labor, but also the policies and practices of resettlement and public assistance programming, which constrained and limited the economic behaviors of the interviewees. Particularly, the work-first mandate while not gender-specific was often implemented in gendered and gendering ways.

This research asks several questions worthy of further research.⁹ First, is this gender differ-

ence in employment and formal language education a pattern, applicable to most persons of Burma-origins as well as other refugee groups, beyond those interviewed? Second, if a lack of language instruction yields low English-language proficiency, how might women, as primary caregivers, be disadvantaged during resettlement and beyond? Are there long-term implications for the integration of these persons and their families? The interviewees often spoke of language education as desirable and many of the mothers viewed language-proficiency as key to becoming employed. Given the priority that these families had on family formation and kin-based childcare, and the temporary nature of the caregiver’s exempt status, the absence of primary caregivers from formal educational programs or the workforce while necessary may have unintended effects. Under a work-first policy, a pattern of husband’s immediate employment (and minimal language instruction) paired with a wife’s delayed employment and language training, may reduce the chances of either person gaining language proficiency with potential integration consequences. The finding that family members may impact each other’s language proficiency is not new. For instance, Chiswick, Lee and Miller’s census-based study of newly-arrived husband-wife-based immigrant households to Australia found that children lowered a mother’s likelihood of being proficient in English while having no effect upon the father’s language skills (2005). My research provides insights into the potential obstacles, that newcomer mothers, as primary caregivers and as persons of refugee status, face in terms of language acquisition. The importance of familial context, especially as it played out for the interviewees, warrants future attention on how the effects of continued limited English proficiency for working-aged adults in a refugee-origin household are variously distributed and managed by its members, including children and youth who may be utilized as interpreters.

research project, “Supporting Adult Refugee Students,” builds upon this work, and addresses some of the questions presented here as topics for future research.

⁹With financial support from the Ruth Landes Memorial Fund, a program of the Reed Foundation, Inc., my current

The timing of when language acquisition efforts are concentrated is important. Hou and Beiser's study (2006) of Southeast Asian refugees in Canada suggests the importance of post-migration English language instruction on eventual English-language proficiency. They found that while demographic variables such as age and pre-immigration achievements, like prior formal education, determined language proficiency early in resettlement, over time post-migration opportunities and personal efforts mattered more. This supports Fennelly and Palasz's (2003) study, which also found that the biggest gains in language acquisition occurred within the initial years of arrival. The delayed access to education that the mothers in this study experienced may negatively affect their ability to acquire English language proficiency in the long term. How might primary caregivers be excluded from formal educational opportunities, which do not meaningfully accommodate their caring obligations in ways viewed as appropriate? Does a familial need for an additional income-earner fall on adolescent dependents, broadening the effects of parental lack of English proficiency? These questions reassert the value of taking into account the relational and holistic orientation embedded in a gendered approach when analyzing the complexities of integration as they occur in dynamic local contexts.

The effectiveness and promise of the current refugee resettlement program could be strengthened, by paying greater attention to ways in which resettlement leads to eventual integration, focusing on the links between gender, education and employment during and after resettlement. The two mothers featured in the chapter reveal how obstacles related to the lack of access to formal education and resultant limited language proficiency, along with work-first mandates which set the timing for when formerly-exempt caregivers must join the workforce, are not always effective or supportive, particularly when the continued caring obligations of income-earning caregivers are not acknowledged.

The interrelated importance of resettlement and public assistance have lead scholars to consider how each could better facilitate the eco-

nomie self-sufficiency, possibly by modifying when and how they support formal education opportunities. For instance, Ong (2003) argues how limits on refugee education and the flexible nature of low-wage work increases refugees' vulnerability as members of the working-poor. In her case-study, Cambodian refugees in California were socialized to accept low-paying "dead-end" jobs as a kind of "servant-class" (2003:232). The proposition, that refugees are channeled exclusively into minimum-wage jobs with little potential for increasing their human capital and breaking free of the poverty line, has also been argued by other social scientists working with more recent refugee cohorts (Keles 2008; Warringer 2007). How might the severity of these gender and class-based structural inequalities related to language and education access, and the segmentation of the labor market be minimized, if educational and employment options better accommodated the schedules of working caregivers, or if primary caregiver's work were financially compensated? Potocky Tripoldi has suggested the need for expanded benefits which would support all workers' human capital, not just refugees, such as employer flex time, on-site child care at educational institutions, and individual educational savings programs linked to matched-donor contributions (2003:86).

In conclusion, the persons I interviewed highlight various interdependencies of the human condition, and the need to acknowledge gender, and its correlate caring, in any analysis of economic behaviors. Here, the phenomenon of women's lower labor force participation is ethnographically fleshed out and situated within a specific refugee resettlement context. I have detailed how income-earners and care-givers, among those interviewed, were subject to different gendered expectations of work, in their families and within state-funded programs, and given varying levels and types of institutional support during the resettlement process. By discussing employment in connection to education as key domains and core activities of resettlement, I aim to broaden the discussion on labor force participation as a resettlement outcome, and to spotlight the gendered effects of resettlement practices and

policies upon it. Ultimately, the more that we can identify the complex and intersecting factors at play during resettlement and the transition to citizenship, the better our understanding of integration and the variation experienced by different refugee groups over time.

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Part V

Families & Marriage



Women's Happiness in Contemporary China: The Relevance of Unpaid Work

Ieva Zumbyte, Susan E. Short, and Nancy Luke

Over the past several decades, China has witnessed rapid transformations that include unprecedented rates of economic growth, poverty reduction and improvements in human development outcomes (Brockmann et al. 2009; Easterlin et al. 2012). Notably, this growth has not been accompanied by increases in subjective well-being. Chinese ratings of life satisfaction—often referred to as happiness—are little changed, or are reported to have shifted downwards (Easterlin et al. 2012; Li and Raine 2014). Scholars have attempted to explain this apparent paradox by observing that the transition from a socialist to a market economy has also been associated with rising unemployment, increasing feelings of economic insecurity, and a shrinking social safety net. These developments can contribute to anxiety and new concerns about the security of work and livelihoods that in turn depress people's life satisfaction (Easterlin et al. 2017; Knight and Gunatilaka 2010).

Against this backdrop, there has been a surge in interest in the factors associated with happiness in China. Until recently, much of the research

on happiness has focused on the U.S. and other western societies, and on individual-level characteristics, especially income and other economic factors. With respect to China, recent research has emphasized material living and labor market conditions, with little consideration of nonmarket factors, including unpaid work. Further, gender is notably absent. In the 2017 World Happiness Report (Helliwell et al. 2017), an entire chapter is devoted to happiness in China, but the word “gender” does not appear. Meanwhile, this same report points out the importance of family life to happiness and observes, “the things that matter most [to happiness] are those that take up most people's time day after day, and which they think they have, or should have, some ability to control” (Helliwell et al. 2017:61).

In this study, we connect the scholarship that analyzes happiness, focused largely on economic factors, with research that investigates implications of the gendered division of family work. Specifically, with a focus on married women, we explore the association between unpaid work and life satisfaction. Housework, a common form of unpaid work, takes up a large amount of Chinese women's time. On average, women spend about 22 hours on housework per week. Their contributions to housework are three to five times those of men (Dong and An 2015; Yang and Short 2017). Housework, and the share of housework women do relative to their spouses, could be negatively or positively associated with their happiness. On

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the one hand, greater amounts of time spent in housework, an activity often perceived as tedious and onerous, could diminish women's happiness. On the other hand, to the extent that housework is a marker of a good wife and mother and shapes women's identity and status positively, this form of unpaid labor could enhance women's overall life satisfaction.

The study of subjective well-being is now an established area of research. Life satisfaction has been used as an aggregate indicator of quality of life and as a policy objective across societies (Diener and Suh 1997; Western and Tomaszewski 2016). Yet, prior research on women's subjective well-being in China has been limited to women's marital satisfaction or to women's overall satisfaction in urban China without investigation of housework (Oshio et al. 2013; Qian and Sayer 2015; Qian and Qian 2015). In this analysis, we draw on time use data from the 2009 and 2011 China Health and Nutrition Survey (CHNS) to examine how total housework hours and the share of total housework married women undertake in urban and rural China are associated with their happiness.¹ Significantly, in addition to individual and family factors, we consider the normative housework environment by examining how women's housework share compares to that of other women in the larger community. We carry out our analyses separately for urban and rural women in China, under the assumption that these processes could differ by context.

16.1 Background

16.1.1 Theoretical Underpinnings: Linking Housework and Life Satisfaction

Opposing theoretical arguments suggest that housework and life satisfaction could be positively or negatively associated for women. One

view in the literature holds that, since housework takes a considerable amount of women's time, it could negatively affect women's life satisfaction. Studies that investigate the link between housework and women's marital satisfaction or other measures of well-being suggest several mechanisms for this negative relationship. For example, performing large amounts of routine and repetitive housework has been linked to depression in women (Golding 1990; Glass and Fujimoto 1994; Barnett and Shen 1997). Further, women who have to juggle paid employment and housework are especially likely to report stress, burnout, poor physical or mental health, which can reduce life satisfaction ratings (Duxbury and Higgins 2001; MacDonald et al. 2005). Housework can also influence women's subjective well-being through their perceptions of fairness about the division of family tasks (Pleck 1985). The share of housework women do relative to their spouses could be perceived as fair or unfair, given women's attitudes and life circumstances (Thompson 1991). Women who perceive their situation as "unfair" have poorer psychological well-being (Lennon and Rosenfield 1994) and lower marital satisfaction and happiness (Greenstein 1996).

However, the relationship between housework and individual happiness could also be positive. Perceptions about housework, and the evaluation of housework in terms of fairness, can depend on individual gender ideology and context. Women who embrace a gender ideology that is characterized by a male breadwinner/female homemaker model are more likely to see caring for the family and home as women's responsibility (Lachance-Grzela and Bouchard 2010). For these women, an unequal division of housework is not viewed as unfair (Carriero and Todesco 2017) because their performance of housework reflects their competence as a wife and mother (Bianchi et al. 2000). Consequently, some scholars observe that doing more housework and a larger share of the housework enables women to display their feminine identities (Erickson 2005; Greenstein 1996), which could be positively related their life satisfaction. This class of explanation is sometimes called gender display.

¹We use the terms of "subjective well-being", "life satisfaction" and "happiness" interchangeably, as is usual in this literature, though we acknowledge that the meanings differ (Brockmann et al. 2009; Qian and Qian 2015).

With respect to the importance of context, previous research has found that women may not be unhappy with a disproportionate share of housework because they do not compare themselves with their husbands. Instead, women compare the share of housework they do with other women like them and what is normative in their communities (Thompson 1991; Nakamura and Akiyoshi 2015). These comparisons could mediate their perceptions of fairness, which in turn shape women's life satisfaction. Furthermore, differences in women's share of housework relative to other women in the community could have a negative, positive or no association with happiness, depending on the meaning and interpretation of such work within a specific normative environment. For example, women who do a larger share of housework than other women in the community might be happier than those doing a smaller share if they believe they are meeting or surpassing desirable expectations for women in the community.

16.1.2 Family Life and Women's Subjective Well-Being in China

Women have carried a dual burden of market and domestic work in China for decades. High rates of female employment are a legacy of the socialist era, when the regime promoted equality between men and women in terms of contributing to the construction of the socialist system (Bauer et al. 1992; Short et al. 2002). Work units, or *danwei*, helped to alleviate some of women's domestic responsibilities through state-sponsored child care, for example. Nevertheless, considerable gender-specialization was retained in the private sphere (Ji et al. 2017).

Since the onset of market reforms in the 1980s, rapid socio-economic transformations have affected work and family life. Rather than improving conditions for women and creating greater equality between women and men (Higgins et al. 2002; Hu 2008), men have been more likely to capture new entrepreneurial and wage labor opportunities and the highest-ranking

and highest-paid positions (Chen 2005; Entwisle et al. 1995, 2000). In contrast, women's attachment to the labor market has become more tenuous. Many women have lost their jobs due to downsizing of state firms, and those who continued to work were more likely to occupy lower-paid and temporary positions (Jacka 1997). Women have also become less desirable employees due to their reproductive responsibilities and need to comply with regulations requiring certain provisions for female workers (Zuo 2016). As a result of these developments, many women have begun to de-emphasize career advancement, and some have "returned to the kitchen" as housewives (Jacka 1990; Parish and Busse 2000; Hu 2008).

With respect to family life, women continue to perform most of the housework and child care. For example, based on a large-scale time use survey in 2008, Dong and An (2015) show that women spend nearly three times more hours on housework and child care per week than men, 22.3 hours per week for women versus 8.1 hours for men. Furthermore, "ancillary" services have been cut from the *danwei* system, including child care. The privatization of child care has reduced its availability and affordability, and placed the responsibility more solely on women. Given the continuing pressures on women's time for paid work and domestic labor, we might expect that an increased amount of housework and a greater share of housework relative to husbands would be associated with lower life satisfaction.

Despite ideals of equality promoted by the socialist regime, many scholars of China observe a high degree of gender specialization in the family (Qian and Qian 2014; Zuo 2003; Zuo and Bian 2001), a pattern that appears to have been reinforced during market reform. During the last decade or more, the share of men and women subscribing to breadwinner/homemaker expectations has increased (Attané 2012), and multiple studies suggest that many men and women embrace the breadwinner/homemaker model (Zuo 2003, 2016; Song and Luke 2014; Sun and Chen 2015; Wang et al. 2016). For example, in interviews with couples in Beijing, Zuo and Bian (2001) found that both husbands and wives

believed that men's family role is tied to market work, while women's was tied to domestic labor, even though women's employment was considered equally important. Furthermore, women who were career-oriented tended to be criticized as "selfish," "nonfeminine," and "irresponsible to household needs" (Zuo and Bian 2001). In another study, Kim et al. (2010) interviewed couples in urban China and found that, irrespective of income level, men and women expected women to perform the majority of domestic labor and sacrifice for the family more than their husbands. In contemporary China, family is still a highly valued and central institution, and for women being a good mother and wife is a key aspect of their individual identity (Riley 2012). These prevailing norms, with their emphasis on gender-specialization within the family, lead to the expectation that more housework and a greater share of couple housework would be positively associated with women's life satisfaction.

Few studies link gendered work to life satisfaction in China. Qian and Qian (2015) find that traditional views regarding the breadwinner/homemaker model are strongly associated with both women's and men's life satisfaction, suggesting that women's greater performance of housework—a gendered behavior—could be positively associated with their happiness as well. In a study of housework specifically, Qian and Sayer (2015) find that women's share of housework is not significantly associated with marital satisfaction in urban China. The authors argue that this is consistent with the previous qualitative work of Zuo and Bian (2001) and Zuo (2014), who claim that women in reform-era urban China are increasingly oriented toward the domestic sphere, so that the disproportionate amount of family chores is not seen as unfair. No studies we examined investigated directly how women's unpaid housework, including both absolute and relative hours, is related to their happiness. Nor is there research on how the usual, or normative levels of housework are associated with happiness, drawing on the idea that women compare their housework situations to those of other women in the community.

16.2 Data and Methods

We analyze data from the China Health and Nutrition Survey (CHNS). The CHNS is a panel survey conducted jointly by the Chinese Academy of Preventive Medicine, Beijing, and the University of North Carolina at Chapel Hill. The survey has been carried out nine times since its inception in 1989. The survey includes approximately 4400 households, in 228 communities, across 12 provinces from northeast to southwest: Heilongjiang, Liaoning, Beijing, Henan, Shandong, Jiangsu, Shanghai, Hubei, Chongqing, Hunan, Guizhou, and Guangxi.

The CHNS includes detailed social, economic, and health data at the individual, household, and community levels. Importantly for this effort, beginning in 2009, the CHNS asked all adults to rate their life satisfaction. Our analytic sample consists of married women ages 20–50 from the 2009 and 2011 CHNS waves, 3445 observations for 2622 women.

The outcome of interest is life satisfaction. In the CHNS, women's life satisfaction is assessed with the question, "How do you rate your life at present?" Five response categories were offered: very good, good, OK, bad, and very bad. We code this variable as good life satisfaction (very good and good) or not (OK, bad, and very bad). We collapse the categories to highlight substantively meaningful distinctions and to address the skewed nature of responses (only a small fraction of the sample reported bad or very bad life satisfaction).² Other studies use a similar approach for measuring happiness (e.g., Qian and Qian 2015). A substantial body of research has confirmed that responses to life satisfaction and overall happiness questions are meaningful, reliable and reasonably comparable among groups of individuals (Easterlin 2003).

We are particularly interested in how women's engagement in housework is associated with their overall happiness. To measure housework, we rely on time use data. In the CHNS, the survey

²We also conducted analyses using ordinal forms of the dependent variable (collapsed into three categories or retained original five) and found similar results.

respondents were asked whether they shopped for groceries, prepared and cooked meals, washed and ironed clothes, and cleaned the house. If they engaged in such activities, they were asked to report the actual time spent by activity in the week prior to the survey. Women's housework hours are measured as the sum of weekly time spent on shopping, cooking, washing and cleaning. Men were also asked to report their engagement in housework activities, and we measured men's housework hours in a similar manner. Women's share of the couple's housework is measured by dividing the wife's housework hours by the combined housework hours of both spouses.

Our analysis also takes into account how women's share of the couple's housework compares to that of other women in their communities. For each woman, we construct a z-score for housework share based on the mean share and standard deviation of housework share (excluding the index woman) for her province, treating rural and urban areas separately. Individuals' z-scores capture relative housework share, which quantifies the number of standard deviations the individual's own housework share is above or below the reference group mean. In population research, z-scores are commonly used when measuring children's growth and nutritional status or to reflect relative deprivation (e.g., Eibner and Evans 2005). In adopting this approach, we aim to assess "relative housework."

We also include controls for characteristics likely to be associated with both housework and happiness. As consistently found in happiness studies, age and subjective well-being are defined by a U-shaped relationship (Knight and Gunatilaka 2010; Graham et al. 2017). Younger and older people are happier with their life compared to those in the middle-age category. Therefore, we include age and age squared terms to capture this curvilinear relationship. A health variable indicates whether the respondent was sick or injured during the last 4 weeks. As in other research, we expect that poor health is negatively associated with subjective well-being (Graham et al. 2017; Knight and Gunatilaka 2010). In addition, given the importance of social

safety nets and health care for individual happiness in China, as suggested by Easterlin et al. (2017), we include an indicator for having health insurance or not.

Education, income and employment are generally positively associated with happiness (Easterlin et al. 2017). Yet, the relationship between these variables and subjective well-being is not straightforward across studies in China. Graham et al. (2017) find that people with higher levels of education (i.e., above high school) tend to report lower life satisfaction scores than those who have high school or less education. This finding may be because education raises people's expectations and ambitions, and these higher expectations are harder to fulfill in contemporary China (Clark and Oswald 1996). However, Jiang et al. (2012) find that education in urban China is not significantly related to happiness.

In this analysis, women's education is classified into four dummies: primary school or less, middle school, high school and college education. Women's occupation, which also captures formal work involvement, is classified into dummies: not working, farmer, ordinary worker, and administrator. We measure occupational categories rather than wages because they allow us to capture both wage and non-wage employment, which is essential for an analysis that spans urban and rural China with its mix of wage, non-wage agricultural, and informal sector activities. We also include a measure of total real household income (logged). Household income has been found to be positively related to life satisfaction, but with a diminishing effect at higher levels in China (Graham et al. 2017).

In addition, husbands' education and market work are plausibly related to both unpaid work and women's happiness. Accordingly, we also include measures of husbands' education and occupation. At least one study suggests that husbands' employment is more strongly associated with women's happiness than their own employment, consistent with the importance of men's breadwinning role in China (Qian and Qian 2015).

We also include other family factors found to be associated with women's life satisfaction,

such as the presence of children in the household (dummies for children aged 0–6, 7–12, and 13–19), and weekly hours spent on child care (Stutzer and Frey 2006). Children may increase women’s satisfaction with life; however they also require care and increased financial burden, potentially reducing satisfaction (Zimmermann and Easterlin 2006). We also include a variable indicating the presence of any grandparents in the household. Grandparents, and especially grandmothers, can make significant contributions to housework and childcare, or if they are in need of care themselves, increase women’s unpaid work (Chen et al. 2000; Short and Sun 2003). Additionally, we control for *hukou* status (dummy for urban *hukou*). Having a rural *hukou* and living in urban area is expected to be negatively associated with women’s life satisfaction, because rural registration may restrict access to schooling, health care, and other benefits in urban areas. At the community level, we include a variable indicating the share of the labor force engaged in agriculture. Finally, all models include provincial dummies.

16.2.1 Analytic Strategy

We first present descriptive statistics for the variables in our analysis. Next, we present logistic regression estimates from two specifications that assess the relationship between women’s housework and their life satisfaction. In the first specification, we consider life satisfaction as a function of women’s total housework hours and their share of the couple’s total housework hours. To investigate whether a woman’s life satisfaction could also be shaped by the normative context surrounding housework, in the second specification we estimate life satisfaction as a function of the total housework hours and a z-score that represents how her share of housework compares to that of other women in the community. All analyses are conducted separately for rural and urban areas, and standard errors are adjusted to take into account clustering at the individual level, as some women are observed twice. In addition, analyses are conducted to assess the robustness

of results. Specifically, models are re-estimated using a three- and five-category measure of life satisfaction, and an ordinal logistic regression approach.

16.3 Results

Table 16.1 shows descriptive statistics for the variables used in the analyses. Overall, women report a high level of life satisfaction. Over 50% of women report having good or very good life satisfaction, with around 43% reporting it is OK, and about 5% rating their life satisfaction as bad or very bad. Notably, women’s evaluations are similar across urban and rural areas. Women do most of the housework, on average 19.3 hours per week and 83% of couples’ total housework. As expected, the distribution of education and occupation varies across urban and rural areas. In urban areas, women have higher levels of education on average, are more likely to have a formal wage and are less likely to report farming than their rural counterparts. About 22% of women have at least one child under age 6, and approximately one fifth and one third have a child aged 7–12 and 13–19, respectively. Approximately 36% of couples live with at least one paternal or maternal grandparent.

Table 16.2 shows results from the logit models predicting married women’s life satisfaction in the form of odds ratios. Model 1 suggests that in urban China, neither women’s unpaid housework hours nor their share of housework relative to their spouses is associated with their happiness. However, in rural areas, both the absolute number of housework hours and the share of housework shapes women’s life satisfaction, though the share of housework is weakly significant. A one hour increase in women’s housework is associated with 1.7% lower odds that she reports good life satisfaction. At the same time, net of the number of hours of housework, a 10% increase in housework share increases the odds of women reporting good life satisfaction by 5%.

Model 2 introduces the idea of normative comparisons, how the share of housework women do is related to that of other women in the com-

Table 16.1 Summary statistics for married women ages 20–50, CHNS 2009 and 2011

	Urban		Rural		Total	
	Mean	SD	Mean	SD	Mean	SD
Dependent variable						
Life satisfaction						
Very good	0.187	0.390	0.152	0.359	0.163	0.370
Good	0.322	0.467	0.362	0.481	0.349	0.477
OK	0.437	0.496	0.435	0.496	0.436	0.496
Bad	0.047	0.212	0.044	0.205	0.045	0.207
Very bad	0.007	0.083	0.007	0.083	0.007	0.083
Independent variables						
<i>Housework by woman</i>						
Hours of housework (per week)	19.98	12.92	19.00	9.99	19.33	11.05
Share of housework relative to spouse	0.777	0.267	0.854	0.219	0.828	0.239
Control variables						
Age	39.60	7.13	39.55	7.57	39.57	7.43
<i>Woman's education</i>						
Primary school	0.153	0.360	0.317	0.465	0.262	0.440
Middle school	0.360	0.480	0.458	0.498	0.426	0.494
High School	0.280	0.449	0.171	0.376	0.207	0.405
College	0.207	0.406	0.054	0.227	0.105	0.307
<i>Woman's occupation</i>						
Not working	0.286	0.452	0.152	0.359	0.196	0.397
Farmer	0.154	0.361	0.505	0.500	0.388	0.487
Ordinary worker	0.377	0.485	0.266	0.442	0.303	0.460
Administrator	0.183	0.387	0.078	0.268	0.113	0.316
<i>Presence of children in the household</i>						
Children aged 0–6	0.183	0.387	0.232	0.422	0.216	0.412
Children aged 7–12	0.193	0.395	0.199	0.399	0.197	0.398
Children aged 13–19	0.279	0.449	0.312	0.464	0.301	0.459
Hours of child care (per week)	5.35	16.73	6.86	18.83	6.36	18.17
Hukou (urban household registration)	0.643	0.479	0.264	0.441	0.390	0.488
Injured/sick in last 4 weeks	0.123	0.329	0.115	0.319	0.118	0.322
Presence of parents in the household	0.349	0.477	0.368	0.482	0.362	0.481
Household income (logged)	9.34	1.17	9.06	1.11	9.15	1.14
<i>Husband's education</i>						
Primary school	0.110	0.313	0.194	0.395	0.166	0.372
Middle school	0.354	0.479	0.497	0.500	0.450	0.498
High School	0.329	0.470	0.228	0.419	0.261	0.439
College	0.206	0.405	0.082	0.274	0.123	0.329
<i>Husband's occupation</i>						
Not working	0.172	0.378	0.046	0.209	0.088	0.283
Farmer	0.123	0.329	0.422	0.494	0.323	0.468
Ordinary worker	0.493	0.500	0.408	0.492	0.436	0.496
Administrator	0.212	0.409	0.125	0.330	0.154	0.361
Medical insurance	0.900	0.300	0.950	0.219	0.933	0.250
Proportion of workforce in agriculture	17.40	30.48	38.74	30.31	31.66	31.98
N	1143		2302		3445	

Note: Province and year statistics are suppressed

Table 16.2 Estimated odds ratios (OR) from logistic regression models of good life satisfaction on housework: Married women ages 20–50, CHNS 2009 and 2011

	Model 1				Model 2			
	Rural		Urban		Rural		Urban	
	OR	SE	OR	SE	OR	SE	OR	SE
Hours of housework	0.983***	0.005	1.009	0.006	0.983***	0.005	1.010	0.006
Share of housework relative to spouse	1.528*	0.372	0.731	0.209				
Share of housework relative to other women (z-score)					1.105**	0.056	0.898	0.066
Age	0.924	0.061	0.819*	0.094	0.924	0.061	0.821*	0.094
Age squared	1.001	0.001	1.003*	0.002	1.001	0.001	1.003*	0.002
Woman's education (ref. primary school)								
Middle School	1.138	0.129	1.080	0.245	1.138	0.129	1.073	0.243
High School	1.163	0.199	1.572*	0.413	1.162	0.199	1.565*	0.411
College	0.938	0.288	1.588	0.545	0.938	0.289	1.576	0.541
Woman's occupation (ref. not working)								
Farmer	0.741*	0.123	1.094	0.319	0.741*	0.123	1.095	0.320
Ordinary worker	0.860	0.137	1.006	0.188	0.861	0.137	0.998	0.187
Administrator	1.236	0.313	1.564*	0.409	1.239	0.314	1.557*	0.407
Hukou (urban household registration)	0.965	0.145	1.072	0.210	0.968	0.146	1.067	0.209
Injured/sick in last 4 weeks	0.760*	0.111	0.624**	0.135	0.760*	0.111	0.624**	0.136
Medical insurance	1.919***	0.428	1.333	0.314	1.919***	0.428	1.331	0.314
Presence of children in the household								
Children aged 0–6	0.945	0.144	0.902	0.237	0.944	0.143	0.901	0.236
Children aged 7–12	0.868	0.110	0.938	0.202	0.867	0.110	0.940	0.203
Children aged 13–19	1.008	0.110	0.903	0.156	1.008	0.110	0.900	0.156

Hours of child care	0.999	0.003	1.002	0.006	0.999	0.003	1.002	0.006
Presence of parents in the household	1.102	0.118	1.056	0.173	1.100	0.118	1.060	0.174
Household income (logged)	1.244***	0.068	1.347***	0.110	1.243***	0.068	1.348***	0.110
Proportion of workforce in agriculture	1.001	0.002	1.003	0.003	1.001	0.002	1.003	0.003
Husband's education (ref. primary school)								
Middle School	1.535***	0.198	0.931	0.229	1.536***	0.198	0.932	0.229
High School	1.532***	0.249	1.237	0.340	1.532***	0.249	1.234	0.338
College	1.888**	0.512	1.773*	0.617	1.887**	0.512	1.768	0.615
Husband's occupation (ref. farmer)								
Not working	0.664	0.176	1.943**	0.654	0.664	0.175	1.937**	0.652
Ordinary worker	0.769**	0.099	1.509	0.433	0.767**	0.099	1.522	0.437
Administrator	1.264	0.256	1.229	0.402	1.259	0.255	1.238	0.405
Constant	0.069**	0.090	0.237	0.529	0.095*	0.124	0.180	0.403
N	2,302		1,143		2,302		1,143	
Pseudo R ²	0.101		0.132		0.102		0.132	

Note: *or* – odds ratios; *se* – standard error; *ref* – reference category

* $p < 0.1$; ** $p < 0.05$; *** $p < 0.01$. Standard errors clustered at the individual level; estimates adjusted for province, and year (2011)

munity, operationalized using z-scores. In urban areas, both total housework hours and the share of housework relative to other women are not statistically significant. In rural areas, the association between total housework hours and happiness remains negative as in Model 1 and the share of housework women do relative to other women is positively related to happiness. In other words, women who report doing a larger share of the couples' housework compared to that of other women in the community report higher life satisfaction in rural China.

The associations between control variables and life satisfaction are as expected, and similar to other studies that have examined marital or overall happiness in China (e.g., Qian and Qian 2015; Graham et al. 2017). Age is related to happiness, but its association is U-shaped, with happiness lowest among the middle-aged group, though it is significant only in urban areas. Education is not related to life satisfaction as observed by Jiang et al. (2012) in other work on China. Women's occupation also seems to matter little. The only exception is that in rural areas, being a farmer compared to not working is associated with more negative ratings of life satisfaction. As expected, recent ill health (women reporting being sick or injured in last 4 weeks) is negatively related to life satisfaction and having health insurance is associated positively. Urban *hukou* status is not significantly related to happiness reports in either rural or urban areas. Presence of children and hours spent on childcare have no association with women's happiness. Household wealth contributes to the odds of reporting higher levels of happiness.

Notably, husband's socio-economic status is associated with women's happiness. This result is consistent with Qian and Qian (2015) who use a different data source and report strong spousal effects on women's happiness in China. We find that the higher husbands' education level, the more likely women are to report good life satisfaction. The direction of the association is consistent across urban and rural areas and is statistically significant for the rural sample. Further, in rural areas, having a husband who works in farming is associated with higher life satisfaction compared

to women whose husbands are ordinary workers. In urban areas, wives are happier when their husbands are not working, compared to those whose husbands are farming.

16.4 Conclusion

In this study, we explore the association between unpaid work performed by married women in the household and their subjective well-being. Specifically, we look at how women's absolute hours of housework and their share of housework relative to their spouses are related to life satisfaction, or happiness. In addition, we examine woman's housework share situated in a normative context, in this case the typical share of couples' housework for women in the community. We find that for rural women, total hours of housework are negatively related to life satisfaction, while the share of housework women perform relative to their spouses is positively related, albeit this relationship is weakly significant. Further, we find that the social comparisons women make within their rural areas are relevant for their happiness. The higher the share of housework compared to other women in the province, the higher the odds that women report good life satisfaction. In urban China, none of these associations between absolute, relative, or community-level housework and happiness are statistically significant. Notably, our results also indicate that socio-economic variables are related to women's subjective well-being, a result consistent with prior research. Higher levels of education, household income and good health are positively associated with women's life satisfaction. Taken together, these results suggest that gendered family work matters for subjective well-being in addition to socio-economic factors.

Our results underscore the importance of day-to-day activities, or time use, for life satisfaction. While we focus on unpaid labor, and housework in particular, we note that many day-to-day activities are gendered, and research on happiness could expand to include a more detailed consideration of time use and the amount and types of

particular activities individuals do each day. Socio-economic factors and time use are intertwined, and both can change rapidly in transition economies.

Our findings suggest that while higher hours of housework are associated with less happiness, a higher share of housework is related to greater happiness for rural women. The negative association between housework hours and happiness is consistent with the idea that housework can be experienced as routine, involving tasks that are physically and mentally taxing. The limited use of modern household appliances in some parts of rural China may contribute to the physical demands of housework. Meanwhile, the positive association between women's share of couple housework and happiness suggests that though demanding, housework, perhaps because it plays a significant role in affirming women's important and expected contribution to family well-being, can be satisfying for women.

Dramatic social and economic change has swept across China in the era of market reform. During this period, competitive labor market conditions, disadvantaging women more than men, have converged with the remnants of Confucian thought, entrenched importance of the family institution, and re-emerging ideologies of breadwinner/homemaker marriages that serve to sustain gender inequalities at home. Significantly, our analyses do not find that the gendered division of family work is associated with lower life satisfaction for women. To understand why, we need to turn to the motivations, meanings and rewards Chinese women attach to work and family time.

In rural China, many women may not view family work in terms of equality and fairness; instead, they may see that marital equality revolves around cooperation and harmonious relationships (Zuo 2004). In her research on marital roles in rural Guangxi, Zuo (2004) finds that both wives and husbands perceive their unequal gendered division of labor as fair or more than fair, despite women's dual burdens of agricultural and domestic responsibilities. Zuo argues that family is seen as a collective unit, and marital obligations include conforming to culturally

influenced gender roles. Hence, while on average rural women in our study do experience lower life satisfaction when laboring in domestic chores, it could be that they embrace and accept their high share of family work, because they view it as an appropriate contribution to family harmony and well-being.

The significant relationship between unpaid work and rural women's life satisfaction is dependent on local context. We are among the first to examine how the normative context surrounding housework, as represented by the activities of women in the community, is associated with life satisfaction in China. In so doing, it is our goal to shift attention from individual-level gender ideology considered in most research to the normative environments that can give rise to such expectations. Normative ideas about gender are rarely fixed, however. As structural factors such as the organization of work and the availability of high-quality day care change, and ideologies related to being a good wife and mother shift, it seems likely that patterns of unpaid work will change, too. Such societal transformations will affect both men's and women's unpaid work (Hook 2006).

In this analysis, we find no significant relationship between housework and life satisfaction in urban China. The urban sample is smaller, so insufficient power may play a role. At the same time, we observe a negative coefficient for the association between housework share and happiness, in contrast to the findings for rural China. This result raises the question as to whether the opportunities for jobs, marriage and social norms could operate differently in urban contexts. Further, whether women's evaluations of housework are positive or negative, gender inequity within the family, to the extent it embeds women in a system of patriarchy, may also disadvantage them in the labor market (Zuo 2014).

A few limitations are worth noting. First, we do not observe key variables of interest, such as women's wages or time spent on formal work, which could be related to the share of housework women do and shape their life satisfaction. We attempt to mitigate this omission by capturing the

time demands and potential earnings using women's occupation type, yet non-trivial unobservable factors may remain. Second, we do not address the issue of causality; it could be the case that happier women perform more housework, especially if they have greater autonomy and thus flexibility regarding their personal time. While we note these caveats, we also note that this paper argues for greater attention to time use, including unpaid work, on theoretical grounds. This analysis provides additional indication that research in this direction may be fruitful.

Finally, our findings have broader implications for investigating the connections between family work and subjective well-being. Social scientists working in the area of gender and family often adopt an individual-oriented "equity" lens through which they organize and interpret patterns in social life related to family and well-being. A common implicit assumption is that inequity is detrimental to happiness, health, and well-being. While this assumption is derived from theory and supported by numerous studies (Graham and Felton 2006; Oishi et al. 2011; Pickett and Wilkinson 2015), a narrow focus on equity may obscure understanding of the complex processes in play. Our findings suggest that gender equity in the family has implications that are attached to normative ideas about a happy family life, expectations that are shaped by experience embedded in a history and local institutional context. Future research on women's life satisfaction should take into account their time use and the rewards and meanings attached to both paid and unpaid work.

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Gendered Support for Older People in Indonesia: A Comparative Analysis

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In the last three decades gender has become a prominent theme in interdisciplinary population research, to which anthropologists have made major and often critical contributions, notably programmatic statements (e.g. Greenhalgh 1994; Obermeyer 1995; Riley and McCarthy 2003), collected papers (e.g. Bledsoe et al. 2000) and in-depth studies (e.g. Basu 1992; Bledsoe 2002; Johnson-Hanks 2006). As demographers in this period have turned their attention increasingly to the consequences of demographic transition, recognition has also grown of how gender relations influence the impacts of population ageing, as well as being influenced by them. The vast body of data from survey programmes carried out by international organisations and governments has become the obvious ‘go to’ source used both for documenting gender differentials around the world and

for building population models that track ageing and provide a basis for policies that may address their impacts. Yet a significant gap remains between recognition that gender differentials can be an issue and mainline analytical approaches. As Adioetomo et al. remark, demographic models of age structural imbalance thus far treat gender implications as a given (Adioetomo 2006:370). More specifically: while the growing preponderance of older age groups is recognised as an influence on gender equity, notably because women are overrepresented as carers, and that changing gender roles influence, in turn, the capacity of societies to cope with growing older cohorts, these issues are a primary object neither of prevailing demographic ‘dividend’ models (e.g. Bloom et al. 2003; Mason and Lee 2004), nor of those addressed to intergenerational transfers (e.g. Caldwell 2005; Frankenberg and Kuhn 2011).

Anthropological demographers have begun to contribute critical studies here too (e.g. Aboderin 2004; Kreager and Schröder-Butterfill 2008, 2010), although as yet there is remarkably little attention to the considerable variation of gendered care and support arrangements as they affect the lives of older people at sub-population levels, i.e. below standard national survey units and models based on them.

This chapter takes up the theme of gender preferences in older peoples’ lives, examining not only what elders prefer in the way of care and other support from their networks, but the

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reality of limitations on their hopes and expectations. Unlike much of the literature on care, we thus take the perspective of the older person, rather than examining gender equity and differentials from the perspective of the carer. As we shall see, issues of measurement arise in comparing constraints on support and their consequences, and survey approaches on their own often obscure late life vulnerabilities. The first part of this chapter addresses these issues in two steps. The first step reviews common problems arising from survey data, most of which are not unique to research on gender or ageing but which are rather a consequence of reliance on conventional statistical units. The second step then discusses ways in which standard units, such as households and cohorts, are employed as proxy variables for purposes of analysis and modelling. Proxies can make key players and their relationships invisible, and it is important to understand how this happens and what distortions ensue. Brief case studies of Indonesian elders and their networks in three communities are then introduced in the second part of the chapter to provide specific examples of the kinds of relationships that structure older people's gender relations and how severe limitations may arise from them. The case studies build on a more general contrast between Javanese and Minangkabau communities which illustrates the importance of variation between major cultural groups in the way gender interacts with population ageing. Attention to such variation is useful because it provides a contrast to analysis based on conventional statistical units which, because they neglect gendered constraints, give a very partial account of age structural impacts. Instead, we see how local surveys prepared and analysed on the basis of ethnography open up an alternative approach in which the importance of gender roles and preferences can be placed in the context of evolving network and other sub-population relationships. More particularly, on this basis we can then explore whether older people's gendered preferences for care are (or are not) realised, and how and why these outcomes occur.

17.1 The Disconnect: Gender and Ageing

That national level surveys often indicate inequalities between men and women is hardly surprising. Thus, in Indonesia, women's disadvantage is found in 'independent' variables like the number of years of education they receive, their income stream, whether they participate equally in formal sector employment, enjoy equity in marriage choices, and have equal access to pensions (Malhotra 1991; Rudkin 1993; Adioetomo and Eggleston 1998; Kevane and Levine 2003; Samosir et al. 2004). The accumulative effects of these differences as they may shape generational relations between elders and their adult children are, of course, complex. Education, income, marital equity, and pensions all have an important bearing, for example, on the support daughters may or may not be able to provide for their parents, or the needs of either older or younger generations for support. This matrix is especially important in Indonesia where many ethnic and religious groups give particular emphasis to daughters' roles in providing care (Schröder-Butterfill and Fithry 2014). Daughters, however, are usually not alone in their support roles. National surveys confirm that elders get practical assistance from both sons and daughters, and that women participate extensively in intergenerational material transfers, leading some commentators to conclude that gender differences in support provision for older people are "practically non-existent" (Frankenberg and Kuhn 2011, p. 27). Should we therefore conclude that the several life course disadvantages shown to affect women are simply irrelevant where giving or receiving support late in life is concerned?

17.1.1 Households or Networks?

Trends in co-residence provide another example of a survey variable that has attracted much attention in the literature on ageing, as declines in co-residence are often assumed to reflect changes in traditional family values and support arrangements which have favoured elders living with an

adult child. Increased migration of both sexes may make such arrangements less likely, the inference being that elders are then more likely to be left without adequate support, and consequently suffer poverty, loneliness and isolation. Co-residence would, in this view, appear to be an indicative variable for such old age vulnerabilities, especially in circumstances in which younger men and women both frequently participate in migration. International compilations of data on this issue, however, have come to view co-residence as an at least ambiguous proxy for elderly vulnerability (e.g. Palloni 2005), and it is not difficult to see why. As Hugo (2015) and Knodel et al. (2007), and other Southeast Asian demographers have shown, migration as a one-off and permanent move to a distant place is not the norm: temporary and return migration are much more common; many migrants live in places near to their elders; and improvements in communication (notably, cell phones) now make daily contact a matter of course. As family historians have long recognised, a life course perspective is essential: whether children are resident or non-resident may simply be a function of normal stages in individual and family life cycles, not a breakdown in family relationships (Berkner 1972). As the wider literature on migration in Southeast Asia confirms (e.g. Hoang and Yeoh 2015), the decision to move, whether internal to a country or transnational, is not just an individual's. He or she generally remains part of family and kin networks, and this entails a web of potential support relationships: financial support from parents or other kin to make the move; the local availability of siblings and kin who can provide care, if necessary, for elders, while the person is away; the prevalence of 'skipped generation' families in which grandparents raise their adult children's children; and the overriding theme of remittances, seen as part of a 'network of obligations', and crucial not only for material support but for personal and family reputation (Kreager and Schröder-Butterfill 2015). The significance of gender enters into all of these relationships as cultures assign moral value to whether one or another sex is more appropriate to migrate, provide care, take financial responsibility, and so forth.

Once we begin to consider ageing and gender as bound up in network relationships, we run up very quickly against a fundamental limitation of survey indicators: in surveys, households are taken as the principal and sufficient sampling unit, not networks. The rationale underlying household-based surveys is driven by the need for comparable results across a wide range of cultures and communities, which is indeed important on both scientific and policy grounds. The household is attractive as a standard unit because it provides a convenient and ostensibly discrete entity, a single composition of members occupying one space at a specific point in time (or, if a panel survey format is employed, for a sequence of assumed discrete space and time points). Survey methods are designed to ensure that an individual can only be a member of one household, and of the limited and fixed set of relationships ascribed to it in a survey or census schedule. The standard procedure is to interview the household head, and perhaps some other household members who stand in what, by Western conventions, are unambiguous classificatory relationships to the head (usually spouse, son, daughter).

Of course, households are commonly not discrete in this way at all. Their composition is subject to change as members participate in relationships that involve them and their families with other individuals, households, kin, affines, and community groups. A given individual may participate in a number of social groups over differing durations, contributing or receiving resources in labour, income, and care, depending on their own changing needs and those of other group members. Ageing and gender relations provide an obvious case in point where, as noted above, movement within and between communities and states activates a network of obligations in which the sharing and redistribution of resources is decided according to the differing composition of networks and the changing needs of members who reside in different households across the life course. As we shall see, in Indonesia as elsewhere, regional and cultural sub-populations have different network norms, and this alters the demands that can be made on different genders. In some major ethnic sub-

populations, children have primary responsibilities not to their mother and father, but to their mother and her brother, and these vary by children's gender and differing geographical movement. In other major sub-populations the norm is that all children should be supportive of their parents, but the division of this labour evolves informally with immense variation from one network to the next. Older and younger members' ability to conform to expected gender roles may vary accordingly. Idealising the household as a closed unit, as is done in surveys, means that such network relationships may only be captured incidentally, if at all, and that son, daughter, parental and other roles are treated as always the same, when they are not.

Randall et al. (2011) have shown in their careful comparative study of household survey research that the ideal of rigorous comparability commonly breaks down both in the actual conduct of surveys and in their analysis. Often the household is not defined consistently from one survey programme to the next: it may be merely a co-residential unit, it may be taken as a production/consumption unit, and varying assumptions are made in different surveys about the marital and kin relations it encompasses. The authors' comparison of results from an extensive sample of surveys shows that it is very difficult to include all of these characteristics adequately and still assume that households are discrete co-resident units. The methodological requirement that an individual only be recorded once prioritises household residence; yet production, consumption, kin and marriage characteristics commonly involve members of other households and, indeed, longstanding relations of alliance between groups. Data collected on the 'every household is an island' assumption results, as Randall et al. show, in imbalanced sex ratios and age structures – particularly in younger cohorts – that cannot possibly be correct for the populations surveyed. In short: household members absent because engaged elsewhere are not being counted, even though their contributions to and involvement in their households of origin are critical. As they also remark, the survey assignment of residence often does not agree with local

perception, and the many issues of whether translation of questions in standard survey formats adequately capture local language and gender preferences also become an important consideration here. It is not only many normative relationships in a society that become invisible – the impossible sex ratios and age structures show that key people in these relationships simply disappear.

We can thus see why standard survey variables are coming to be recognised as at best highly ambiguous proxies for problems that older people and their families face, and for determining whether these problems have important gender dimensions. The significance of survey variables at the household level is subject to many network relationships in which households and their members are involved. Changing individual and household characteristics that surveys track, like residence, migration, education and income, are thus not 'independent' variables by which wider social and economic trends determine directly what people do. Such differences are, rather, mediated by the composition and structure of network memberships which shape behaviour (Kreager and Schröder-Butterfill 2007; Schröder-Butterfill 2005). Where people live, whether they migrate, go to school, and what jobs they can get are not independent of the social and economic connections a given person and his or her fellow network members have. Gender is, obviously, a fundamental element of such network composition and structure. This does not mean that household units should be abandoned, but they do need to be defined in ways that reflect local language and perception, and recognised as units *nested in the networks and other sub-populations in which behaviour is organised locally*. A combined methodology, enabling surveys to be guided by ethnography and checked against it, is necessary. Generalised statements of gender disadvantage or advantage based on single variables in standard formats, no matter how systematic the compilation on which they rely, can only take us a small part of the way to understanding whether and how gender differences actually impact on later life.

17.1.2 'Dividends' and Transfers: Genderless Modelling

We return to these issues in later sections of this chapter, but a brief outline should be given here of the two eminent demographic models noted in passing above – intergenerational transfers and demographic 'dividends' – since their reliance on standard survey variables has an important bearing on the extent to which gendered relations are considered. Attention to flows of support between generations as a potential causal factor in demographic and family adjustments was stimulated originally by Caldwell (1976), giving rise to a large body of research. His hypothesis was that prior to rapid declines in fertility the labour and other resources provided to older by younger generations is vastly greater than the support parental generations give to their children. The 'net flow of wealth' is therefore 'upwards' for most of history, and alters only with modern economics and social values that, in making children much more expensive, lead to prioritising 'downward' investment by parents and kin in a smaller number of them. Caldwell expressed scepticism that flows could be measured adequately; much of the literature has, however, proceeded to do so, and these data on the whole either flatly contradict his hypothesis or give only modest support (see, for example, reviews by Lee 2000; Kaplan and Bock 2001; Lee and Mason 2011).

Relying on standard household data, these studies generally follow the flawed methodology remarked above, making four assumptions that largely preclude consideration of gender variation. First, an absence of agreed socio-economic stratification frameworks in the data systems of most countries in the developing world, and the incomplete counts of ethnic diversity given in most countries' censuses, encourage analysis of household data at a national level as a whole and without reference to status and ethnic variation. In other words, differences between main constituent groups in a society that are likely to have an important bearing on gender norms and the functioning of family systems are not closely considered. Since the methodology gives priority to household heads, who are more likely to be men, the differing

situations of women in the social groups to which they belong are often understated, if not erased. As Indonesia is a Southeast Asian country in which women have traditionally had significant rights to property, divorce, and labour market participation (often contrasted to joint family norms in South and East Asia, e.g. Wolf 1990), this absence is likely to be particularly important with respect to the support they contribute to older generations. Second, the relation between households and the networks in which they are nested is not examined systematically, and indeed network data cannot be collected realistically if based only on the views of the household head.¹ This absence is closely bound up with a third: the hypothesis that it is sufficient to consider *only net flows* of intergenerational support. This eliminates changes in support between generations across the life course, and changing men's and women's capacities to provide support as they mature or reach their last years of life. How actual support relationships are shared within networks, and how this sharing varies and may be compromised, cannot be studied directly in a household survey format. In addition to the limitations already noted, a fundamental limitation of standard survey data on their own is that the information provided consists of reported behaviour unchecked against observation of whether norms are actually observed. Finally, models of intergenerational relations assume that children are evenly distributed across households, i.e. that everyone is in more or less the same situation with regard to resources in younger people, and only a couple's own children need to be considered. As we shall note, below, networks in different socio-economic strata vary in size, and hence their resources in younger members vary significantly. This can have radical impacts on the availability of younger

¹In the field research that will be described, below, in-depth interviewing repeatedly showed that different members of a network would give different accounts of events, relationships and the importance of different members of a network; taking any one person's account of its membership and functions over time is thus likely to contain biases; specifying the composition and structure of a network needs to rely on several accounts, and thus a network, as a small population, is an empirically driven analytical construct.

members of the 'right' gender to perform caring responsibilities. In sum, common sources of variation in social structures and cultures that specify people's practical ability to carry out expected gender roles and contributions to intergenerational support are at each of these four points excluded.

In contrast to this approach, Indonesian research which specifies the compositional demography of groups confirms that flows of support vary considerably within and between ethnic communities and across family life cycles within them; in contrast to the net flow approach, the presence of major upward, downward and balanced flows of support between generations can be found co-existing in all communities, and varies with socio-economic stratification, network size and composition (Kreager and Schröder-Butterfill 2010). If we are to build models of intergenerational support which take into account the importance of preferences for gendered care, whether and where these preferences are realised, and the constraints on women and men to accommodate these preferences, then people need to be located in the several population units – such as family networks and socio-economic strata – in which they participate. Actual processes of transfer need to be observed ethnographically and tested in local surveys, and models then designed to take account of these processes.

The economic demography of 'dividends' is addressed similarly to macro (usually national-level) changes in cohort size associated with recent fertility and mortality declines, both in the developed and developing world. As is well known, an ageing population carries potentially radical implications for future old age support and the impoverishment of younger generations: in many countries projections imply many fewer members of working age cohorts in the future, and in such circumstances it is simply unclear whether current economic well-being can be sustained while the increasing costs of elderly care are also covered. The dividend idea introduces a potentially hopeful strategy to address this imbalance, and is intended to encourage governments to plan ahead: where fertility and mortality decline rapidly there is a relatively brief 'window of opportunity' of roughly three decades in which the proportion of the population at working ages

significantly increases relative to child cohorts (which are much smaller, on account of fertility declines) and to elderly cohorts (whose numbers remain at lower historical levels because their numbers were reduced by higher mortality when they were young). The greater number of workers during the 'window', it is argued, can produce rapid economic growth if there is fast and big investment in infrastructural improvements (education, transport, industry, health systems, etc.) coupled with encouragements to individual saving – which both must take place before the large working age cohorts reach age 65 and over.²

Again, models do not rely on observation of major sub-population differences, and assume a uniform distribution of younger generation members. In place of the diversity of local population units, analysis treats cohorts (usually 5 or 10 year age groups), and dependency ratios (proportions in younger age groups relative to older ones) at the national level. While recent research has remarked that promoting gender equity is likely to be necessary if 'dividends' are to be realised, this remains a proposed agenda for research (e.g. Schultz 2009; Miller et al. 2016). In the Indonesian case, comparative research at national, provincial and local levels confirms that, for Indonesia as a whole, there will indeed be relatively fewer younger people, however the situation at provincial levels is very diverse. When compositional demography taking account of differences in wealth, social position, migration, and network memberships is carried out at the community level, major differences between constituent sub-populations emerge. Better-off elders are able to build larger local networks with many younger generation members for potential support purposes. As many as 60% of elders in the poorest strata may, in contrast, may lack adequate local networks (Schröder-Butterfill and Kreager 2005; Kreager and Schröder-Butterfill

²The model has been adopted by major international agencies, notably UNFPA, but remains controversial as its success as a policy instrument presumes countries can readily achieve low unemployment and under-employment, together with high levels of productivity per worker – none of which appear likely in much of the developing world. These aspects of the model are not considered here, however see Pool (2007).

2010; Schröder-Butterfill 2015). In other words, cohorts and dependency ratios cannot be adequate proxies for local population units and support relationships, as they do not track accurately the distribution of younger generations in different socio-economic strata and the networks that compose them – including the presence or absence of female members able to assume care roles, which is a key consideration. It is to this situation and its implications for older men and women that we now turn.

17.2 Ageing in Indonesia

Beginning in April 1999, a joint Indonesian and British research team has conducted a longitudinal ethnographic and demographic field study of three communities³ representing major Indonesian eth-

nicities (Javanese and Sundanese on Java, and Minangkabau on Sumatra). The communities (Kidul, in East Java; Wetan in West Java, and Koto Kayo in West Sumatra) are located in three of the five provinces that have, from 1990, had more than 7% of the population over the age of 60 (thus conforming to United Nations criteria of ageing populations).⁴ Comparative ethnographic study supported by random sample, panel surveys has enabled us to establish contexts and variations in family and community support for older people over time, and the advantages and disadvantages that may accrue in consequence to older men and women. Ethnography and local survey data together reveal similar patterns of socio-economic stratification in the three communities which have an important bearing on elderly wellbeing, notably by influencing the supply of children, kin network size and structure, and inter-generational exchanges.

This combined qualitative and quantitative methodology is a compositional demography which provides a major alternative, and often necessary complement, to standard survey and census-based approaches. The approach has arisen variously from historical demographic, anthropological, and evolutionary population research. Observation, attention to local environments, and to language are used to identify principal local population units, which then shape formal survey design and modelling.⁵ This enables any individual to be situated in the mul-

³Village data presented in this paper were collected in *Ageing in Indonesia, 1999–2007*, with the generous support of the Wellcome Trust, the Economic and Social Research Council, and the British Academy. The second phase of this research is being carried out under Australian Research Council Discovery Grant DP170101044 ‘Understanding Social, Economic and Health Vulnerabilities in Indonesia’, for which we are also grateful. In the first phase, Edi Indrizal and Haryono made major contributions to the field studies in Sumatra and West Java, respectively. The methodology of the project as a whole entails extended fieldwork of up to a year’s duration, together with repeat return visits. Semi-structured interviewing in the first phase achieved substantial coverage of the elderly, between 80% and 97% in the communities; repeated in-depth interviews were conducted with between 20 and 60 elderly in each site, complemented by in-depth interviews with one or more other adult family members in most cases. Collection of life histories enabled mapping of kin networks, checked by observation of exchanges over time. Fieldwork also made possible observation of local events, and enabled familiarity with problems and adjustments to changing circumstances that make up much of people’s daily lives. Randomised surveys of household economy and inter-household exchanges with 50 ‘young’ households and 50 ‘elderly’ households in each of the three communities then served two important functions: they substantiated differences in social and economic status within and between networks which shape family and community responses to older people’s needs; and they enabled quantitative analysis of the role of support from absent network members. Two survey rounds, in 2000 and 2005, were accompanied by in-depth follow-up interviews. Randomised health surveys were also carried out in both

rounds. This combined qualitative and quantitative methodology means that data were collected for many elderly respondents and younger family members in several forms (observation, surveys, semi-structured and in-depth interviews), enabling quality checks on data and the identification and exploration of network member’s differing interpretations of events and relations.

⁴Pseudonyms are used both for the communities and for individuals’ names in the case studies later in this chapter. In view of the similarity of Javanese and Sundanese family patterns, and for ease of reference, both communities on Java will here be referred to simply as Javanese.

⁵The anthropological demography of reproduction is the subject of the papers collected in Kreager and Bochov (2017); the intellectual background to compositional demography, and many of its uses across the human sciences, are the subject of Kreager et al. (2015); its potential importance for understanding aspects of climate and other environmental changes is sketched in Kreager (2011).

tiple groups which they recognise and in which they participate. In place of the several shortcomings of standard survey approaches reviewed above, the approach reveals the heterogeneity of local arrangements. This is critical to understanding how groups cope with ageing and try to carry out accepted gender preferences, reversing the limitations of conventional surveys by comparing stated and actual behaviour; situating households in kin networks and other relevant sub-populations; enabling survey regularities to be checked against in-depth case study data, and vice versa; including migrant group members in description and analysis; and documenting relationships in local languages and perception. In addition, key population units not locally recognised in standardised methodologies – notably, older people who have negligible networks or are for practical purposes childless – can also be specified quantitatively and qualitatively in relation to the life course processes that give rise to vulnerability.

The family systems in the two communities on Java are characterised by nuclear/bilateral patterns, whilst the Minangkabau population of Koto Kayo is matrilineal. Migration is a major factor in local population composition in all three sites. Proportions of older people's adult children reported in 2000 as no longer resident in the community (46%, 45% and 75%, respectively) give some idea of the active engagement of family networks in regional, national and international economies (Kreager 2006). Since most migrants are of younger ages, the level of migration tends to increase the proportion of the population aged 60 and over to 11%, 10% and 18% of the respective communities, a noticeably higher average than the 7% normal in their respective provinces (Ananta et al. 1997). Each community is characterized by a mixed family economy, drawing on income from migrants, from employment in local government, and from services and small-scale manufacturing, while also retaining the traditional economic base in agriculture and local markets. All communities are predominantly Muslim. Languages spoken in the home are respectively Javanese, Sundanese, and Minangkabau, with most speakers competent in

the national language, Bahasa Indonesia. Interviews were conducted in more than one language in each site.

As we shall see, variation in access to normative gendered care-giving in the three communities arises from the differing composition and other properties of their kin and family networks. Differences are likely to be exacerbated by the location of a given network in relation to wider community groups (notably the socio-economic strata to which networks tend to be allied) and demographic characteristics (groups differentiated by characteristic fertility, mortality and migration patterns). The principal contrast is between the matrilineal system of the Minangkabau and the nuclear family systems in the Javanese sites. These kin and family logics entail: (1) strikingly different norms of inter-generational support; and (2) a prescriptive emphasis on the position of daughters in the matrilineal system that has no equivalent in the less formal, preferential attitudes of the Javanese populations to gender. To begin with, a brief overview of findings from *Ageing in Indonesia* will help to define the contexts in which gender differences matter. Case studies then illustrate some key implications of local variations, and make clear the inadvisability of relying on survey data alone as a basis for modelling future policy needs.

17.2.1 Gender, Socio-economic Strata, and Networks in Javanese Communities

In Wetan and Kidul, preferred family arrangements entail a balance in which elders and their adult children are expected to be independent while maintaining mutual support in which elders commonly take a major role (Kreager and Schröder-Butterfill 2008). Couples later in life prefer to live on their own with at least one adult child living nearby, while regular contacts continue with children living away from the village. This pattern is realised in the great majority of families. While significant numbers in younger generations are absent on migration, kin net-

works experience a very small permanent loss of them: younger generation members who are out of contact, and not contributing materially to their family average one child or less per network (Kreager 2006). Where co-residence with children is found, this is often due to economic and social vulnerability in the young adult generation who in consequence remain dependent on their elderly parents or relations. Sometimes, what is at issue is merely the youngest child having not yet left home. If the older generation is widowed, it is sometimes preferred that a child remains living in the home. Dependence of the younger adult generation on the old is often associated with divorce or lack of employment; further dependence takes the form of 'skipped generation' households in which elders raise and pay schooling and other costs of grandchildren that their own children have left with them while working away from the community (Schröder-Butterfill 2004a). Co-residence, in short, is not generally indicative of elderly dependence, and commonly indicates the opposite.

Values of independence favoured by the Javanese have a double character which shapes many aspects of daily life. On the positive side, older people intend to remain active in family and social life until they die, and commonly do so. Gainfully employed almost all of their later lives, and sometimes assisted by small pensions, they remain net contributors to the family and network economy, even when the young adult generation is economically successful and there is no necessity. This continuing employment is a matter of personal and family reputation, since respect requires continuing participation in inter-generational exchanges. Analysis of the 2000 household survey in the East Javanese site showed, for instance, that two-fifths of all families with older members engage in balanced exchanges between generations ('balanced' here being not strict monetary equality in goods and services, but active involvement in reciprocal exchanges). In the 2005 survey round, this proportion had increased to nearly one-half (Kreager and Schröder-Butterfill 2008). Of course, as physical disabilities increase, elders' material contributions normally lessen, but even small

contributions are recognized to maintain the status quo. Part-time agricultural labour or factory work, and assistance in children's households, enable elders to participate as expected in family and community life and rituals. Even where the income gained or saved is small, this remains important for status. To take a common example, a very modest income enables elders to give small gifts of sweets to their grandchildren.

The negative side emerges where elders' declining physical capacity to make material contributions to their families coincides with overall family poverty. This usually arises where families have very limited networks, both in size and useful connections, and where they lack assets in land or other material resources. Households in lower socio-economic strata often face this predicament.⁶ A quarter of elderly people are net receivers of support from the younger generation, some 80% of whom are in poorer strata. In these cases, support is usually only provision of food and companionship, and there is no adequate safety net to pay for a health crisis. Even in families not facing poverty, an older member's physical frailty (particularly incontinence and an inability to carry out basic tasks of daily living) involves inevitable loss of reputation. The inability to contribute to family and wider exchanges leads to loss of social status, especially where families must resort to charity coming from outside the family.⁷ Normative values of independence and balance of generations, however much they may be esteemed, carry a real threat of vulnerability. Unlike joint family sys-

⁶Socio-economic strata in the three sites were defined by aligning economic differences revealed in the surveys with local terms of reference that people used in the course of in-depth interviews to describe their own and others' relative social position. No explicit scheme of social classification is normative in the communities, but four distinctions recur in everyday speech: (1) wealthy; (2) comfortable; (3) getting by; and (4) poor. A more detailed account of the strata is given in Kreager (2006: 8–9).

⁷Sophisticated community institutions in many cases exist to provide food and monetary support to the poor (Schröder-Butterfill 2007; Kreager 2009). This aspect of support is not differentiated in terms of gender, and thus falls outside the current topic.

tems in much of mainland Asia, or stem family systems in Thailand, Javanese family networks do not explicitly and normatively designate a particular child as responsible for elder care late in life or financial support for medical help. In Javanese communities, ties between elders and particular children, grandchildren or other younger kin are *preferential*: they evolve as part of personal relationships that develop over the life course, not as social norms deemed obligatory. One consequence of this preferential character is that ties on which people expect to depend may readily become vulnerable to the incidence of death, economic misfortune, or immoral behaviour occurring somewhere amongst the several network members, which may carry multiple implications for other group members, and the group's reputation as a whole. For instance, a father who provides for his family but is given to violence, elders tainted by past sexual improprieties or gambling or foolish expenditures, and many other kinds of behaviour considered disreputable, can all influence whether other network members in due course feel they need not contribute to an elder's late life support.

The preferential character of Javanese elderly support patterns gives a strategic significance to gender, especially to the role of spouses and daughters as carers. While this is reflected in ideal male and female role models, in practice the extent to which ideals can be realised depends on the composition of family networks and the actual carrying out of values of reciprocity expected to govern them. In a family system that emphasizes generational independence, spouses (male and female) are the primary source of assistance for livelihood and personal care. As in most societies, female longevity exceeds male, so elderly men are on average more likely to have a spouse on whom to rely. Serious male vulnerability nonetheless arises from inadequate networks – especially where there is a lack of female support in the network – as will be demonstrated in the case studies, below. The critical importance of network composition is also evident where elders lack daughters or daughters-in-law, as these are preferred carers alongside or instead of spouses. Historical factors affecting older gen-

erations (notably higher mortality of men and children during the wartime Japanese occupation, coupled with infertility due to the spread of STDs in that era, and widespread divorce) remain responsible for higher rates of childlessness amongst the oldest old (Schröder-Butterfill and Kreager 2005).

Measuring and interpreting the absence of children in Javanese society is obviously a central issue in understanding gender relations, given that support arrangements in later life are subject to gendered preferences. However, taking individuals or their households as the unit is again insufficient. This is because the network arrangements, as described above, enable the redistribution of younger members between families and households to perform labour services, care, contribution of resources gained on migration, and so forth. Taking the East Javanese village of Kidul as a case in point, three sorts of childlessness need to be distinguished in relation to inter-generational support: demographic childlessness, or the percentage of women and men in the village who have no children either because they never had any, or lost all of their children to mortality; *de facto* childlessness, where factors like divorce, alienation, handicapped children, and all children migrating and ceasing contact, result in no children for support purposes; and actual childlessness, that is, the combined effect of the first two types *less* the subsequent gaining of children via adoption or remarriage to a spouse with children (Schröder-Butterfill and Kreager 2005). In Kidul, one in four elders (26%) were demographically childless in the 2000 round of survey and ethnography, which is significantly higher than the usual demographic index of infertility of 3%. A further 5% were *de facto* childless, bringing the total in the community to 31%, that is, nearly one in three elders. Fortunately, when adoption and remarriage are included, this figure falls to 17.7%. However, differences of socio-economic status strongly affected recourse to the latter solution: childless elders in better-off strata have been much more likely to be able to find nieces or other female kin to adopt, explicitly with the intention of their providing personal care and companionship in later life; while actual

childlessness in the top two strata improves to 11% and 6%, the situation in the lower two strata worsens to 22% and 60% (Schröder-Butterfill and Kreager 2005).⁸

For elders with children, the preferred residential pattern, in which some children are in the village or live close by, while others reside at greater distances, provides a second and potentially crucial back-up for widows, widowers, the unmarried, and frail elderly couples. Intimate personal care is provided normally by daughters or daughters-in-law, and elders in almost all cases will express a preference for having a daughter living near to them. The advantage of the ‘some near/some away’ residential pattern is that in most cases, a number of members of a family network can be found to provide meals, companionship, or personal care – but arrangements are often mutable, depending on who is available.⁹ A kind of division of family labour enables children and sometimes other kin to share support responsibilities – some providing food or companionship because they are at hand to do so, others making less continuous contributions during visits or emergencies (such as contributing to hospital costs). The reality, nonetheless, is that levels of migration and alienation within the family network make primary or exclusive reliance on daughters impossible for many people, some or all of the time.

17.2.2 Gender, Networks and Socio-economic Strata: Minangkabau

Minangkabau society developed a sophisticated migration-based economy over a century ago,

making it an integral part of the wider South East Asian economy. Koto Kayo is typical of traditional Minangkabau communities, having a local economic base in agriculture with almost 90% of households drawing an important part of their subsistence from rice and other locally grown foodstuffs, whilst many also engage in cultivation of crops for a wider market, like coffee and cinnamon (Indrizal 2004). Most of the village’s wealth, however, owes to labour migration (*rantau*) associated particularly with trade in cloth across the Indonesian archipelago. Upwards of two-thirds of older people’s adult children are away from Koto Kayo at a given point in time (Kreager 2006). *Rantau* is at once a commercial strategy for generating wealth for the individual, the lineage, and the community. It is also an essential *rite de passage* on which individual and family reputations rest. Young men who do not establish themselves successfully on *rantau* cannot attain full respect and position in the community. With time, flows of migrants from the community have established resident communities linked by lineage networks to Jakarta, Bandung and other major cities, which facilitate successive generations of new migrants’ integration into successful trade and other employment. Women now also participate in *rantau* movement, not only as property owners and wives, but as traders in their own right. Networks facilitate flows of remittances and support for local community projects, not only strengthening family status but building ties through local Islamic and political associations. The Minangkabau became ‘transmigrants’ – i.e. a people with a permanent material and cultural basis in more than one place in the Indonesian archipelago – long before global movement patterns made that term an academic specialism.

Close identification of individual, family and community identity with *rantau* results in a very different normative structure of inter-generational relations than observed in the Javanese communities. Elderly parents commonly rely on a combination of remittances and local practical support, rather than having to continue to work. Contrary to the Javanese sites, such dependence in later life is a source of satisfaction and respect.

⁸The incidence of childlessness has a longer history as a general demographic pattern in Indonesia, as the provincial data in Hull and Tukiran (1976) show; as a neglected demographic of much wider significance outside of Indonesia, see Kreager (2004).

⁹Employing non-family members to provide care for elderly parents is considered shameful, although bringing in poorer, more distant kin to provide services (and quietly providing the material incentives to do so) is an option available for some better-off families.

Where Javanese elders emphasize their own continuing contributions, even where they are also receiving material support from children, Minangkabau elders stress contributions of the younger generation, even where local agricultural income means they would be comfortable on their own. Support from several children is expected, both as an ideal and in practice. For two-thirds of elders, net inter-generational exchanges flow predominantly upwards from the younger generation. Nephews and nieces play important roles as is appropriate in a matrilineal society. The 2005 round of the household survey indicates how this process continues for the oldest old: nine-tenths of elders over age seventy are in receipt of support which relies in whole or part on *rantau*-generated income (Kreager and Schröder-Butterfill 2008).

The strategic importance of gender, as in the Javanese sites, is conditioned by relative socio-economic status and the size and constituency of networks. However, gender plays a much more profound role, as would be expected in a matrilineal society. The 4.8 million Minangkabau form the world's second largest matrilineal population. The organization of descent and inheritance follows prescriptive rules in which rights and property pass from mothers to daughters. Women take major roles in the management of family affairs in conjunction with their brothers. Men look to their sister's children as heirs, although they are also likely to have strong (if less formalized) ties to their own children. Normative preference is for the senior female to live in the matriline's ancestral home (*rumah gadang*), with the daughter who will succeed her. The husband of the senior female, and the daughter's husband, live as 'honoured guests' in the *rumah gadang*; their major family and material interests are in the property and *rumah gadang* of their sisters, and this gives them an inevitably ambivalent status in relation to their wives' matriline, especially as the senior female's brother may take the principal formal and practical role in decision-making. The prescriptive nature of matrilineal descent is perhaps most evident in the emphasis on links between mothers and daughters: a matriline without daughters faces no future, and kinship here is

referred to as 'lost' (*keluarga punah*). Sons cannot inherit and pass on property and, indeed, a matriline without daughters is considered childless no matter how many sons – and successful ones – it may have (Indrizal 2004).¹⁰ Childlessness affects 7% of older people, but a further 17% lack surviving female offspring (Indrizal et al. 2009).

The prescriptive character of matrilineal descent carries a number of structural entailments that can make gender differences problematic, both for men and women. One is a kind of de facto childlessness, a situation in which, for example, all daughters decide to remain permanently away from the community, preferring their lives on *rantau*. Although distant family members may be found to maintain ancestral properties, the lack of a daughter resident in the community and an empty *rumah gadang* is a disgrace. A second liability is the structural vulnerability of older men without wives, whether on account of divorce, the wife's death, or non-marriage.

While the prescriptive character of female descent gives rise to critical constraints in some matrilines, the situation is clearly easier in the majority of households where the continuity of the matriline is not endangered. A senior female without daughters may have a sister with daughters, one of whom is prepared (and will reap considerable advantages) to assume the mantle of senior female on the death of her aunt. Most daughters (who are not in line to become senior female) and sons are less constrained by the matrilineal rule; their residence away on *rantau* is less of an issue, assuming (as is the commonly observed norm) that their remittances, visits and continuing support for the family and community

¹⁰The contrast to patrilineal family systems lacking heirs underscores the prescriptive nature of matrilineal descent. Men without sons in a patrilineage may take further wives, either by divorcing the current wife or (where permitted) via polygyny, in order to obtain male offspring. A Minangkabau woman who may be fertile, but is unable to bear daughters, generally has no parallel option of obtaining daughters via remarriage. In contrast to Java, adoption is also not considered an acceptable solution (cf. Schröder-Butterfill and Kreager 2005).

keep them within the family orbit.¹¹ The pattern of ‘some children near/some away’, as noted in the Javanese communities, also typifies support patterns in Koto Kayo. Although daughters are fundamental to matrilineal ideology and practice, daily support for older people comes normally from both sons and daughters, varying according to their capacities and their point in *rantau* development. In this respect, inter-generational exchanges resemble the preferential pattern observed in the Javanese communities.

17.3 Filling in the Compositional Demography: The Example of Deficient Networks

Frankenberg and Kuhn’s observation, cited above, that gender differences in support provision for older people in Indonesia are “practically non-existent” was based on national-level surveys. We can now examine this assertion more carefully. As a statement of average tendencies it may be taken as broadly true: both daughters and sons actively engage in elderly support. Although elders commonly prefer their daughters’ care, this preference is not to the exclusion of children of both sexes being involved in overall support.¹² Support in later life is part of a long term, diverse set of exchanges across the life courses of several network members. Intergenerational support is flexible: contributions by sons, daughters and, where appropriate, their cousins, are likely to vary over time and in response to their own, as well as their elders’, circumstances. Continuing elderly support to younger generations often co-

exists with ‘upward’ support, notably where there are reciprocal flows responding to child-care, educational needs, and personal crises. Elders’ preference for daughters’ involvement, in short, is not pursued single-mindedly, or without due allowance for the preferences of daughters, sons, their partners, and other network members. To say that gendered patterns of support effectively do not exist is a radical and misleading simplification of a complex set of realities.

Of course, not everyone manages to have the children they prefer actually care for them in old age, or do so all of the time. Alternative arrangements are often necessary. This fact of life does not lessen the importance of the gendered values in question, and may arguably enhance their value. When we turn from norms to actual flows of inter-generational support, whether from sons or daughters, we turn to the question of how gender roles are in practice shaped by socio-economic status and network behaviour. Members of current elder generations who belong to better off strata and more successful networks are, particularly on Java, both more likely to have surviving children and to be better able to adopt young people successfully to look after them. In contrast, one of the several consequences of the prescriptive character of matrilineal succession in the Minangkabau case is that a lack of daughters cannot be alleviated by economic or social success. The following brief case studies are intended to illustrate how family systems run up against constraints on the availability of support, particularly where that support involves a normative gender preference. For purposes of discussion, we focus on case studies in which elders belong to lower strata and have negligible networks. We will consider, in turn: (1) coping with childlessness and de facto childlessness; and (2) male vulnerability in the absence of a spouse and/or children.

Vulnerability in Javanese, Sundanese and Minangkabau societies does not necessarily arise from a lack of own children, whether daughters or sons. Adoption (often of siblings’ children) has long provided an alternative in Java, and remarriage can also add children to an elder’s network on the island. In the Minangkabau case,

¹¹Between 66% and 93% of Minangkabau migrants contribute remittances or other support to their elders, depending on strata; the lower figure, which refers to the wealthiest strata, reflects the fact that at any one point in time only some children may be contributing; percentages for the other three strata are at least 87.5% (Kreager 2006).

¹²However, it should be noted that older Minangkabau men without wives, where they have reached physical disability that restricts carrying out basic life tasks, will express a preference for male personal care on account of cross-gender intimate care being taboo (Schröder-Butterfill and Fithy 2014).

the logic of the matrilineal system makes a sister's children equivalent to a woman's own children since they belong to the same matriline, can inherit ancestral property, and perpetuate both. Indeed, no distinction is made in kin terms between a woman's own children and the children of her sister, both being referred to simply as *anak* (child). Children will refer to their matrilineal aunts as *mandeh ketek* ('small mother', if the aunt is junior to the mother) or *mandeh gadang* ('big mother', if the aunt is senior). A woman without children can thus take a positive and respected place in the family as classificatory mother of her sister's children, and it is to these children that she will look for assistance should she need it (van Reenen 1996).

As noted earlier, problems arise in the Minangkabau case either where there are no daughters prepared to return permanently from *rantau* and assume matrilineal responsibilities in the *rumah gadang*, or where sisters also lack children. In the former, children's regular remittances and return visits to the village ensure adequate levels of material support for most elders. However, the psychological insecurity arising from an absence of children locally, and the threat of an empty *rumah gadang*, cannot be underestimated. This is felt particularly by elderly women whose daughters are all away, since they look to one of these daughters to take over the management and continuity of ancestral property. The case of Asnima exemplifies the paradox of, on the one hand, having many and successful children, while on the other, feeling lonely, vulnerable and 'childless' because none are locally available.

Asnima, aged seventy-five, is the youngest of eight siblings and the only sister. The matriline is prominent in wider kin networks, as its succession of clan headmen (*penghulu datuk*), now including one of her sons, shows. Asnima has several sons and two daughters, all of whom are married and living in migration sites. Her daughters married non-Minangkabau. The eldest has a successful permanent job in Jakarta; the younger daughter married an Acehnese and recently moved to Padang, three hours distant from Koto Kayo. At present, Asnima looks after the *rumah gadang* and family lands. She is financially secure, her children regularly remitting support, and she has income from

lineage rice land. None of this, however, addresses her fears about the future of her lineage in Koto Kayo. She often visits her children, but will not consider settling permanently with them. Living with a son is not, in any case, an option, since this violates Minangkabau norms and would reflect badly on her daughters. Her preference would be to raise the only granddaughter she has via her daughters in the hope that she would assume responsibility for, and live in, the *rumah gadang*, thus continuing the matriline and its status in the community. For now, Asnima occupies the ancestral home on her own. A young, unrelated woman sometimes keeps her company at night and helps her with cooking and care when she is ill.

Asnima's situation illustrates the conflicting impact of migration: positive because *rantau* guarantees continued support and social standing; negative because these strengths undermine the provision of preferred and socially acceptable care and co-exist with the genuine threat of the end of the matriline in the community. Her situation is not unusual. At the time of the 2005 survey, most ancestral homes were occupied, although some, like Asnima's, had few residents. In less prosperous communities, many *rumah gadang* have come to be abandoned and fall into disrepair. When frailty or ill-health makes personal assistance necessary, women like Asnima face a choice between two courses of action, both of which carry loss of self-esteem and public face: accepting help from a non-relative, or leaving the ancestral home to be with a daughter who has moved away.

A second example of a woman with many children who is left de facto childless is Rumiati, in the West Javanese research village.

Rumiati, a widow in her late 70s, gave birth to eight children. Of the eight one died in infancy, and Rumiati also lost an adult daughter in childbirth; she has raised the baby girl, and also a son of one of her other daughters. Despite steady work as an agricultural labourer, she has needed to sell half of the small plot of land she owned in order to help several of her children on transmigration to Sumatra and Kalimantan. A further sale provided a 'loan' (not repaid) to her granddaughter to help her start in business as a trader. The granddaughter was also given the larger half of Rumiati's house upon her marriage. None of the five children who left have ever returned or sent money, not even the daughter who left her first-born son in Rumiati's

care. One daughter now lives nearby, but is poor and relies on sharecropping the remainder of her mother's land. Rumiati's present income from agricultural labour continues to support her and her co-resident grandson who is still at school.

The absence of local, supportive children in both Asnima's and Rumiati's cases are instances of migration gone wrong from the older generation's point of view. Neither, despite providing substantial assistance to their children, have any child at hand to whom they can turn near the end of their lives. The two cases highlight important differences between Minangkabau and Javanese communities. In Java, parents expect to assist adult children in establishing themselves as economically independent, often to the limits of their ability. They also commonly provide assistance if crises emerge after children have left home. This norm, however, does not obligate children to provide reciprocal flows of support to elderly parents, as it does in Koto Kayo. In Koto Kayo young grandchildren were never left with grandparents, whereas in Java grandparents commonly take charge of grandchildren when the middle generation migrates, not uncommonly doing so in the absence of regular or adequate remittances (Schröder-Butterfill 2004b). This latter responsibility, however, provides Rumiati with compensation – a “daughter” in her home – and this can provide the modest assistance she may need in the form of cooked food or care in illness. Despite Asnima's much greater material wellbeing, her ability to organize her later life in a way that carries out her preferences and local norms has been completely undermined.

Turning now to examples of male vulnerability, the example of Jamain shows how Minangkabau elders whose lineage faces extinction, and who have failed to create adequate ties within the matrilineal system, experience severe insecurity and loss of status. They lack a safety net for support late in life of the kind that Minangkabau lineages in normal circumstances can provide.

Unusually for men in Koto Kayo, Jamain took part only briefly in labour migration and returned unsuccessful. His two marriages were childless, both ending in divorce. The second earned him fur-

ther disapproval because he married a woman from outside the village. Jamain has an older brother with four children, but of course their first loyalties are to their mother's matriline. It is to his sister and her offspring that a man normally turns for support, but unfortunately his sister was also childless and has recently died. Jamain has for support only a sympathetic neighbor, and rather less sympathetic fellow-villagers who unwillingly give him money for which he must beg. This markedly lowers his status and dignity as it deviates strongly from Minangkabau norms. A further lack of daughters in his extended family network means that Jamain's matriline is doomed to extinction. Since his sister died, Jamain lives in the ancestral *rumah gadang* and benefits from the production of family *sawah*. After his death, the land will fall to a distant, collateral line.

Jamain, in his unsuccessful *rantau*, his outsider marriage, and his begging, has consistently failed to observe male gender norms. While his sister's death has left him an income from family lands, a man living alone in a *rumah gadang* is a blatant sign of failure. His low status carries implications, in turn, for other possible lines of support an older person with no family network might ordinarily call upon. In Minangkabau kinship organization, connections may be traced to increasingly distant but inclusive units of kin, where necessary going back several generations to identify those with shared interests. Had Jamain conducted himself in a manner more consistent with Minangkabau ethos, members of such a collateral line would by now have stepped in to help. Equally, money sent back to the village by successful migrants, whether these migrants are related to Jamain or not, is distributed by the mosque and would have been more forthcoming. The prescriptive norm of female succession is thus complemented by several alternative avenues for elderly support, but this flexibility is only possible for individuals who have observed norms of status and gender across their life course.

A second case of male vulnerability in the absence of a wife and children comes from Kidul, in East Java.

Lubis has no children of his own, but acquired four stepchildren in two of his marriages, including two daughters. He also helped to raise two boys belonging to a neighbour. None of these stepchildren now

live locally. The family was very poor and without regular work, so that Lubis has no accumulated resources on which to rely. He receives small sums of money from one of the 'raised' boys, and occasional gifts from his stepchildren, which have helped him to get by. However, in 2002 Lubis's second wife left him to live with one of her daughters, leaving him to rely on a neighbour and a nephew (his first wife's sister's son) for his meals. The situation deteriorated when he fell and became bed-ridden. For a short time one stepdaughter visited and sent money, but day-to-day care was available only from the neighbour and the nephew. Neither was prepared to continue providing intensive support for long, especially as Lubis's condition worsened. Against his will he was taken to the home of a distant relative in a neighbouring city who, although possessing nominal rights to inherit Lubis's house, had not been in contact for many years. Lubis died shortly thereafter, and his wish to be returned to Kidul for burial was ignored.

Both Lubis and Jamain are examples of older men who reach the end of their lives with all but non-existent support networks. Poverty, unsuccessful marriages, and childlessness combine powerfully to limit their options. Although in Lubis's case numerous stepchildren of both sexes remained in his network, the kinds and levels of support they would actively provide effectively stopped at the point at which intensive care became necessary. In both cases none of the alternatives to having a wife or female child was sufficient, and the quality of care and the extent to which care could be sustained likewise lessened. Those who took responsibility for looking after Lubis, if only for a time, were those who happened to live nearby or to have a secondary tie to him. From the outside, the attitude of Lubis's stepchildren, or Jamain's brother's children, may seem uncaring. It is, however, a reminder of a fundamental characteristic of family support in all of these communities: support arrangements rest to a greater or lesser extent on relationships built up over time. Gendered and sustained care are conditional on the structure of ties a life course does, or does not, create. To the extent that men in Indonesian communities, as in many other parts of the world, are less likely to build enduring networks, their vulnerability tends to be greater.

17.4 Concluding Note

In this chapter we have outlined how older people's gendered preferences for care and support, and the extent to which they can be realised, depend on their participation in several sub-populations during their lives. More particularly, the ties and moral values built by elders' actions across the life course are integral to the family networks to which they belong, in combination with the socio-economic status groups in which networks are found. Differences in elders' network composition and size, together with differences of wealth and influence that locate a family's social and economic status in society, lead to considerable variation in outcomes, i.e. whether older people are vulnerable in their last years or are reasonably secure, and hence the extent to which they succeed in gaining the gendered care that is a cultural norm. Gender roles and identities, while fundamental to older people's perceptions of their situation and the patterns of assistance they give and receive, are not in themselves determinant of levels of support. Variation between as well as within communities is significant. Indonesian cultures do not configure gender in the same way, which we have summarized and contrasted very briefly as *preferential* (i.e. for support from daughters, in the Javanese and Sundanese communities) and *prescriptive* (the Minangkabau maintain a powerful gender ideology emphasizing female lines of descent, inheritance, and family management in which preferences regarding ongoing material support nonetheless rely on both sexes).

A second central concern has been to clarify how conventional survey methodologies employed in research on the developing world, and often used to typify gender equity by employing standard variables, may instead effectively decontextualize and erase actual gender relationships and their importance. This problem arises from the elementary fact that population units and variables employed in surveys are chosen in advance to conform to conventional policy units, rather than being developed on the basis of observation of relevant groups. Reliance on preconceived, supposedly uniform household entities

and stereotyped family relationships, and on cohorts and cohort dependency ratios, characterises major mainstream demographic and policy-related models addressed to the role of inter-generational relationships in the course of fertility declines and population ageing. These units and measures stand in lieu of the networks and socio-economic strata that structure values and behaviour, rather than enabling researchers to study them directly. As these conventions depend on reported rather than observed patterns of behaviour, they are of limited use for understanding local practice. That is: we need to understand how people act in response to practical limitations of resources and networks that often keep them from following their stated preferences for gendered care, what options may then be taken, and whether these successfully achieve their wishes. Perhaps most strikingly, survey data as analysed for prevailing theoretical models and policy purposes treat intergenerational relations as if younger members are evenly distributed, irrespective of gender, and such that all elders can be assumed to have their own biological children for support in later life.

By contrast, the combined ethnographic and demographic method, or compositional demography, followed here has shown how variation in local intergenerational networks and its implications for gender, both within and between communities, may be documented directly. The results, when compared to prevailing models and data conventions in the study of intergenerational transfers and cohort relationships, demonstrate how such conventions work systematically to erase the role of gender and the group identities and interpersonal relationships that shape people's ability to realise preferences for care. Family and kin networks in these three communities continue to work effectively in ensuring that most older people have a balance of younger members both close by and at a distance, thus at least potentially securing advantages of the wider economy for younger and older generations while maintaining normative support at older ages. There is not sufficient space here to demonstrate the considerable range of network structures and the resulting variation of outcomes for

older people, which has been shown elsewhere (Schröder-Butterfill 2015). We have noted, however, that radical differences in the success of networks distinguish socio-economic strata, which is most strikingly demonstrated by the higher percentages of older people without adequate younger generation support in poor and poorest socio-economic strata in the East Javanese field site. Taken together, the absence of key younger generation members in the networks of lower strata affects over two-thirds of elders in those strata.

As one of the purposes of comparative research is to help inform policy, and policies are often best directed to those who are socially and materially vulnerable or unable to follow normative preferences, we have chosen as examples four case studies from the three communities which demonstrate where networks fail and gender preferences cease to be realisable. Three (Rumiati, Jamain, Lubis) are examples of the intergenerational transmission of poverty: their networks are child poor as well as lacking in material resources. However, the three cases, taken together, reveal important variations in how such disadvantage evolves across the life course, and that what is at issue is not simply sheer material poverty. Jamain's childlessness, and his sister's, would not have necessarily precluded wider matrilineal networks from coming to their assistance had Jamain observed local norms of family reputation. Formally, Jamain's situation is similar to Asnima's: both face the extinction of their matriline in the community. While material circumstances for both elders are now secure (having not been for Jamain until his sister's death), their status differs radically on account of Asnima's having observed expected norms. Should her health fail, she is very unlikely to be without gendered care, although this will entail her moving to live with one of her daughters. The power of moral exclusion inherent in matrilineal succession – no resident daughter in the *rumah gadang*, or no daughters at all, mean the death of the matriline in the village – is prescriptive, i.e. absolute and inescapable, but this strong gender norm still accommodates gendered care where moral norms are upheld. Asnima's propriety thus

makes clear that late life outcomes are not simply driven by relative material resources. Her situation also makes clear that not all problems late in life can be solved by state policy interventions, short of a draconian attempt to alter Minangkabau family and kin values.

In contrast to Asnima and Jamain, both Rumiati and Lubis have children, either their own or via marriage. Both have worked and lived honourably, yet now lack resources in children. Rumiati's poverty was very likely a factor in most of her children deciding to leave on transmigration, as their prospects in the community for economic advancement were slender. Rumiati, observing normal expectations of intergenerational support, went to considerable lengths to help her children to leave. The preferential or non-binding character of intergenerational relations in Java has, sadly, allowed her departed children to neglect her. Even so, she retains a daughter to care for her. Lubis's situation once appeared to be similar: until his wife decided to leave, the presence of a spouse ensured that he would have female care within the family at the close of his life. Gender norms in Javanese communities which have long given women the choice of staying with a partner or not as they prefer, here worked dramatically against Lubis: coupled with his step-children's preference not to care for him, his network effectively disintegrated. While policy interventions, such as welfare provision, could in the cases of Rumiati and Lubis improve their material circumstances, this may not resolve a family's gendered care issues.

The varied outcomes of these four cases is a kind of warning of what is likely to be missing in the picture of intergenerational relations given in prevailing population models. As we have seen, crucial issues in the maintenance of gendered preferences for care in later life include sub-population characteristics that are absent from these models, with the result that important social groups and the individuals that compose them simply disappear from description and analysis. These issues include: differences in the actual availability of younger generations in family networks; differences of socio-economic status; network dynamics that redistribute younger generations between

family groups in space and time; network dynamics that allow younger members to make different contributions to support and care, in accordance with the changing needs of older and younger generations; and the importance of normative gender preferences and the extent to which the fore-mentioned issues allow them to be realised.

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Demographics of Gay and Lesbian Partnerships and Families

18

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18.1 Introduction

The field of sociology has long suffered from a lack of focus on issues of sexuality. Although the social sciences, from their conception, “assumed a natural order linking sex, gender, and sexuality,” classical sociologists neglected the concept of sexuality in their work (Seidman 1994: 167). Indeed, it was not until after World War II, when issues of sexuality rose to the forefront of American society that sociologists increasingly focused on the study of sexuality and, more specifically, sexual orientation (Seidman 1994). Despite the growing focus on homosexuality during the postwar era, Risman and Schwartz (1988) observe that studies of sexuality remained on the backburner throughout much of the twentieth century. With this history, it is perhaps to be expected that the field of demography, which has been slower to embrace studies of gender (Riley 2005; Riley 1999) and race (Saenz and Morales 2005), would not yet have placed the demography of sexuality into its mainstream.

The majority of demographic articles that do mention some aspect of sexuality or sexual orientation are those that focus on sexual behavior as it

relates to sexually transmitted infections (e.g. Baumle 2013; Schiltz 1998; Ericksen and Trocki 1994; Smith 1991). Sexual orientation, therefore, has been introduced into the field of demography primarily through its connections to sexual behavior (rather than identity or desire) and, in turn, reproduction. It is noteworthy that so little demographic work has been done in the broad area of sexuality, given its tie to fertility outcomes.¹

More recent research exploring demographics of sexuality, however, shows that sexuality affects demographic outcomes well beyond specific studies estimating the odds of contracting sexually transmitted infections (see e.g. Baumle et al. 2009; Baumle and Compton 2011; Baumle and Poston 2011; Compton 2015; Gates and Ost 2004; Walther and Poston 2004; Black et al. 2000). Sexuality results in differential outcomes on a number of issues that are fundamental to population study, including migration, fertility, morbidity, and other areas (see e.g. Baumle 2013; Baumle et al. 2009; Gates and Ost 2004). We believe it is important, therefore, for demographers to consider the effects of sexuality on demographic factors, as well as how sexuality intersects with other demographic characteristics – such as gender – to shape outcomes.

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¹Riley (1999) makes a similar observation regarding the surprising exclusion of feminist perspectives from demographic study, given the strong focus on reproductive behaviors in the field of demography.

To this end, this chapter explores the role of one aspect of sexuality, sexual orientation, on family demography outcomes. In particular, we examine demographics of partnered relationships and marriages, as well as demographics surrounding parenthood of LGBT-identified individuals. This chapter provides a foundation for integrating studies of gender and sexuality when considering family outcomes.

18.2 Same-Sex Unmarried Partnered Relationships and Marriage

Family studies research has consistently maintained that unmarried cohabiting couples are less stable, or less likely to remain together, than married couples. Further it has been argued that there are many benefits to marriage, including those related to access to economic and health benefits, and overall levels of satisfaction and happiness. This literature seems to be based on the marriage construct as the ideal type (see e.g. Biblarz and Savci 2010; Brines and Joyner 1999; Allen and Demo 1995; Rosenfeld 2014; Cheng and Powell 2015), but there is also a great deal of evidence that supports the notion that there is something unique to being married that benefits individuals (Waite and Gallagher 2000). We might expect this marriage benefit to be experienced irrespective of one's sexuality – meaning that there would be demographic differences between married and unmarried same-sex partners based on marital status. However, access to legal marriage has been limited within the United States to states with marriage equality until the recent Supreme Court decision that rendered marriage equality a national right. In addition, there is still a large subset of the LGBT population that may not value marriage as an institution, given critiques of the heteronormativity of marriage and married life. (Baumle and Compton 2017).

Family studies literature has frequently cited higher instability and lower commitment measures when comparing same-sex couples with different-sex married couples (Kurdek 2004, 2005). Research indicates, however, that most

lesbians and gay men look for the same relationship qualities as heterosexuals: to be able to spend time together, share intimate feelings, have an equal relationship, and monogamy (Kurdek 2004, 2005; Allen and Demo 1995; Rosenfeld 2014). In addition, gay and lesbian couples self-report the same relationship quality levels as heterosexual couples (Starbuck 2002; Biblarz and Savci 2010). In addition, Rosenfeld (2014) found that couples with marriage-like commitments had stable unions regardless of state-level marriage recognition and were statistically indistinguishable from their cross-sex counterparts on relationship dissolution rates. These findings suggest that same-sex and different-sex couples are not so dissimilar in terms of their ideal characteristics, perceived quality, and stability. However, same-sex couples do have to deal with external stresses stemming from heterosexist norms and homophobia, lack of social privileges and family support, and variation in lack of full access to legal rights (Baumle and Compton 2017). These differences, coupled with methodological issues in research, may be sources of some of some of the findings of greater instability measures for same-sex relationships.

Within the social sciences, we have long recognized how methodological decision-making can affect survey research outcomes. This is particularly the case for small populations. Small errors in small subsamples can lead to greatly distorted patterns and affect empirical results overall (Cheng and Powell 2015). Related to LGBT families, methodological issues in research including but not limited to biases toward heteronormative family structures, comparative sample sizes, and differences in coding, may greatly affect measures and inferences made regarding same-sex relationships and families.

It has been argued that much of the work on same-sex relationships is inherently flawed methodologically in that it compares all same-sex couples with married different-sex couples. Same-sex couples may organize their relationships and lives differently – some as unmarried partners and some as married partners, which would affect outcome measures (Baumle et al. 2009). In fact, it has only been since the 2008

American Community Survey (ACS) data and the fully released 2010 Census² that we are able to really consider and compare same-sex unmarried partners to same-sex married partners. This section draws primarily on ACS and census data to explore some of the existing demographics on the prevalence and characteristics of same-sex unmarried and married relationships.

18.2.1 Prevalence of Same-Sex Unmarried Partnered Relationships and Same-Sex Spouses

Developing an estimate of the prevalence of LGBT individuals in partnered or married relationships has been challenging, historically, due to data limitations. Few large, nationally representative surveys exist with which to capture the size of the gay and lesbian population, much less its coupled population. Estimates, however, from several studies suggest that approximately 24% of gay men and 43% of lesbians are in a coupled relationship (Gates and Ost 2004). Further, surveys indicate that the level of interest in legal marriage by gay men and lesbians is high. In a 2003 online survey of 748 gay, lesbian, and bisexual adults, approximately 78% of the respondents indicated that they would seek a legal marriage if they were in a committed relationship (Egan and Sherrill 2005). Similar findings of over three-quarters of LGBT respondents indicating an intent to marry have been found in other large, non-representative surveys (Henry J. Kaiser Family Foundation 2001; D'Augelli et al. 2007). Studies assessing marriage rates in states that permitted legal marriage prior to national marriage equality found that approximately 42–67% of same-sex couples in the state had entered into legal marriage, with the expectation that the proportion married would grow given additional time (Badgett 2009).

The U.S. Census and American Community Survey data provide greater insight into the numbers of gay men and lesbians who are living in committed relationships within the United States. Beginning in 1990, the U.S. Census Bureau added the category of “unmarried partner” to its descriptors of the relationship of household members to the householder (i.e. “person #1” on the census form). The “unmarried partner” category is meant to designate “a person age 15 years and over, who is not related to the householder, who shares living quarters, and who has a close personal relationship with the householder” (U.S. Bureau of the Census 2004). The category was added in order to gather more data on cohabiting individuals in the U.S., and has since been used in the 2000 and 2010 censuses, as well as the American Community Surveys (conducted annually, which replaced the census long form questionnaire). Although the unmarried partner category was not necessarily intended to capture data on same-sex partners, individuals could designate someone of the same sex as their “unmarried partner.” In this manner, a wealth of data on same-sex partnerships in the U.S. has been generated.

It is important to note that these census data had weaknesses because individuals identifying themselves as being in a same-sex unmarried partnership could be cohabiting, or might be legally married (or consider themselves to be married). Until recently, if individuals of a same-sex couple identified as spouses on Census Bureau forms, the Bureau changed their relationship to “unmarried partner” (Simmons and O’Connell 2003). This was done in compliance with the federal Defense of Marriage Act which stated that federal designations of marriage are limited to opposite sex spouses; key provisions of the Defense of Marriage Act were struck down by the Supreme Court in 2013, which resulted in changes in data editing by the Bureau. Prior to this time, however, media and outreach campaigns through LGBT groups such as the Human Rights Campaign encouraged same-sex couples to designate their relationship as “unmarried partner” in order to “be counted” (Compton 2011; Gates 2010). After the 2000 and 2010 cen-

²There has also been a great deal of discussion and commentary surrounding the 2010 Census data estimates (see: Leff 2009; O’Connell and Lofuist 2009; O’Connell and Feliz 2011).

Table 18.1 Census counts and estimates of unmarried partners and married spouses, 2000 and 2010

	Census 2000		Census 2010		% Change in preferred estimates 2000–2010
	Counts	Preferred estimates	Counts	Preferred estimates	
Unmarried partners	341,014	314,052	552,620	514,735	63.9
Married spouses	253,377	44,338	349,377	131,729	197.1
Total	594,391	358,390	901,997	646,464	80.4

suses, the U.S. Census Bureau released limited tabular data that summarize both the counts and selected characteristics of same-sex unmarried partners and same-sex spouses. The counts of these two groups are presented in Table 18.1 for the 2000 and 2010 U.S. censuses (U.S. Census Bureau 2011). The table reflects two types of counts: the actual count from the Bureau's Summary Files, and then a "Preferred Estimate". Critics of the U.S. Census numbers have long noted that the same-sex unmarried partner counts undoubtedly include some heterosexual couples, given that some individuals incorrectly mark their sex on the census forms (see e.g. Gates and Steinberger 2009). While sex has a low rate of miscoding, nonetheless small errors made within the larger population can dramatically increase the number of same-sex unmarried partners captured in the census data; the same-sex unmarried partner population is small, and thus can be easily contaminated by heterosexual couples who have mislabeled the sex of one partner (O'Connell and Feliz 2011). When releasing data on the 2010 Census figures, then, the U.S. Census Bureau generated revised estimates of the unmarried partner counts that attempt to compensate for the contamination (see O'Connell and Feliz 2011 for details regarding procedures for generating these estimates). As of 2016, the Bureau changed question formats in order to include both different-sex and same-sex options for the married and unmarried partner options within the relationship response question; these responses can be cross-checked with the sex responses for both parties in order to reduce measurement error.

Table 18.1 presents the actual counts from the 2000 and 2010 censuses, as well as the revised estimates. According to the "preferred estimates," approximately 650,000 households in the U.S.

were classified as same-sex unmarried partners or spouses. Accordingly, there are about 5.5 same-sex households per every 1000 households in the U.S. (Gates and Cooke 2011). Approximately 20% of these households designated their relationship as "spouse," which was later edited by the Census Bureau to "unmarried partner" (according to the editing policy discussed above). It is important to note that this cannot be interpreted to mean that 20% of same-sex couples living in the same household represent themselves as married. Given the Census Bureau's past policy regarding recoding individuals, along with awareness of the Defense of Marriage Act, couples might have elected the "unmarried partner" category even if they felt the "spouse" category was more accurate (see e.g. Baumle and Compton 2014, 2017; Walther 2013; Gates 2010). Indeed, this is the case even for some individuals who were legally married in their state of residence or in another state at the time of the Census (Baumle and Compton 2017; Gates 2010). Thus, this is undoubtedly an underestimate of the proportion of same-sex couples who view their relationship as a marriage.

The revised estimates indicate a dramatic change in the numbers of same-sex couples identifying on the U.S. Census, with the 2010 estimate reflecting an 80% increase from 2000 in the total number of couples identifying as same-sex unmarried partners or spouses. Those designating themselves as same-sex unmarried partners increased by approximately 64%, whereas those designating themselves as same-sex spouses increased by a whopping 197% (Table 18.1). It is certainly possible, and perhaps likely, that the numbers of those living in a same-sex household actually increased between 2000 and 2010 due to changes in social acceptance of LGBT relation-

ships and, concomitantly, to earlier same-sex couplehood entered into by younger generations. Further, changes in state-level marriage laws between 2000 and 2010 resulted in a greater number of legal same-sex marriages, which would explain part of the increase in those identifying as same-sex spouses.

An actual increase of same-sex unmarried partners or spouses, however, cannot fully explain the observed increase. For example, O'Connell and Lofquist (2009) note that the count of married same-sex spouses in the 2007 ACS was over four times the number of legal marriage licenses and registered domestic partnerships or civil unions that existed in the U.S. Further, state-level data from the 2010 Census indicate that a relatively high proportion of same-sex couples identified as spouses in states that do not recognize same-sex marriage, such as Mississippi, Louisiana, Arkansas, and Oklahoma (all with over 21% of same-sex couples identifying as spouses) (Gates and Cooke 2011). An actual increase in legal unions, therefore, cannot entirely account for the rise in reports of same-sex spouses. Undoubtedly some portion of this increase is due to greater knowledge of the "unmarried partner" category for same-sex couples, as well as greater willingness to designate oneself as LGBT on a governmental form. Further, media campaigns encouraged couples to also include stickers or other indicators of sexual orientation and marital relationships on the census forms (Compton 2011). These campaigns, alongside increases in social tolerance for the LGBT population (Smith 2011), could have further increased the number of couples willing to designate their relationship as a marital one.

18.2.2 Characteristics of Same-Sex Unmarried Partners and Same-Sex Spouses

As noted in the introduction of this section, most research on same-sex couples in the U.S. has considered all same-sex couples as a single couple type. However, there is strong evidence that this is a flawed assumption, given the differences

in characteristics between those that identify as unmarried partners and those that identify as spouses (Baumle et al. 2009; Fields and Clark 1999).

For example, in one of the first studies conducted on the editing process of the 2000 Census data, Fields and Clark (1999) used data from two sites to compare couples reporting a spousal relationship to those indicating an unmarried partnership. They found that same-sex couples who self-identified as married in the census were different from those that self-identified as unmarried partners on numerous characteristics. Respondents who identified as married were more likely to be older (above 40), white, have children in the household, and to have indicated that they lived in the same house 5 years ago, while those who identified as unmarried were more likely to have had some college and to have both partners currently employed (Fields and Clark 1999). Their findings suggest that editing procedures may be combining heterogeneous groups of same-sex couples.

In *Same-Sex Partners* (Baumle et al. 2009), we drew on the 2000 Census data and determined that same-sex unmarried partners fall between married heterosexual partners and unmarried heterosexual partners on many measures of commitment and inter-dependence – such as home-ownership, the presence of children in the household, and the presence of single-earner households. For instance, it appears that same-sex couples have greater financial commitments and dependence on one another than do heterosexual unmarried partners, although these appear to be less than those of married different-sex households. On average, same-sex couples exhibit a greater degree of financial commitment to one another than do unmarried heterosexual couples and, for lesbian couples, an equal degree of commitment when it comes to having children in the household (Baumle et al. 2009).

Drawing from Fields and Clark (1999), we argued that this could indicate that the single category of same-sex unmarried partners is likely capturing both types of same-sex relationships within the same category. Those couples that identify themselves as "married" might be more

similar to heterosexual married couples, whereas those who identify themselves as unmarried cohabiters might have characteristics more similar to heterosexual cohabiting partners. Thus, the differences we observed between the couple-types could be attributable, in whole or in part, to this methodological problem, rather than to a true difference in couple characteristics based on sexual orientation.

Only recently, however, have we been able to explore this question further. The 2008 American Community Survey (ACS) data released from the U.S. Census Bureau includes the first official estimates for the number of same-sex couples who self-identified as being a “husband” or “wife,” in addition to making available their demographic characteristics (see Table 18.2). Using these data, demographers are able to make comparisons between same-sex spouses, same-sex unmarried partners, different-sex spouses, and different-sex unmarried partners.

We begin by exploring comparisons between same-sex spouses and different-sex spouses. Gates (2009) found that same-sex spouses are quite similar to their different-sex counterparts on many characteristics, including average age, education level, income level, home ownership, and whether they are in an interracial relationship. However, they do differ on child-rearing and employment rates, where same-sex spouses are less likely to be raising a child in their household and less likely to be in a single-earner household compared to different-sex spouses (Gates 2009). We suspect the extra barriers to parenthood for same-sex couples could explain these differences, along with the lack of access to social and symbolic resources as “married” couples compared to their different-sex counterparts. For example, many same-sex spouses lived in states that did not recognize their union from other states where they were legally granted. In these states, it might have been important for both spouses to remain employed in order to have access to health care and retirement benefits.

While same-sex spouses may appear to be quite similar to different-sex spouses in the 2008 ACS data, the opposite is true for same-sex unmarried partners compared to their different-

sex unmarried counterparts (Table 18.2). Same-sex unmarried partners are older, more educated, have greater average household incomes, are more likely to both be employed, and are more likely to own their homes (Gates 2009). Conversely, they are less likely to have children in their household compared to different-sex unmarried partners. Same-sex and different-sex unmarried partners are, however, similar with regards to their rates of being in an interracial relationship (Gates 2009).

Taking a closer look at the two types of same-sex couples, the 2008 ACS data indicate that same-sex spouses do in fact differ from same-sex unmarried couples (Table 18.2). While there is an approximately 50/50 split in unmarried partners by sex, those who designate themselves as spouses are more likely to be female than male (56% of spouses are female and 44% are male). Further, they are almost twice as likely to be raising children than their unmarried counterparts (Gates 2009); this is notably the case for men, with 34% of those designating themselves as spouses raising children, as compared to only 7% of male unmarried partners. Same-sex spouses are also older by an average of 8.5 years and less likely partnered with someone of a different race compared to same-sex unmarried partners. Overall, spouses have less education, are less likely to be in dual-earner households, and have lower average household incomes than unmarried partners (Gates 2009). However, same-sex spouses are more likely to own their homes. The differences in socio-economic characteristics, along with the higher likelihood of raising children, could be indicative of greater interdependence between same-sex spouses compared to their unmarried counterparts, as would be more expected in a marital relationship (Baumle et al. 2009).

These findings regarding variation across couple types from the 2008 ACS data indicate that it may be methodologically inappropriate to include all same-sex couples as one homogenous group when making comparisons with married and unmarried different-sex partners – irrespective of whether they are in actuality legally married or symbolically replicating marriage.

Table 18.2 Characteristics of same-sex spouses, same-sex unmarried partners, different-sex spouses, and different-sex unmarried partners, 2008

		Same-sex partners			Different-sex couples
		All	Male	Female	
All house-holds	Total	564,743	270,600	294,143	61,341,135
	Spouses	149,956	65,764	84,192	55,692,136
	Unmarried	414,787	204,836	209,951	5,648,999
Average age	Total	46.2			
	Spouses	52.4	50	54.3	49.7
	Unmarried	43.9	44.6	43.2	37
Both partners college degree	Total	30.6%			
	Spouses	21.7%	22.0%	21.5%	21.1%
	Unmarried	33.8%	33.7%	33.9%	9.8%
Both partners employed	Total	63.5%			
	Spouses	45.5%	51.3%	41.0%	51.6%
	Unmarried	69.9%	70.4%	69.5%	61.6%
Average	Total	\$107,277			
Household income	Spouses	\$91,558	\$98,730	\$85,956	\$95,075
	Unmarried	\$112,960	\$129,607	\$96,719	\$65,685
Home-owner	Total	72.8%			
	Spouses	77.2%	74.6%	79.2%	82.5%
	Unmarried	71.3%	71.7%	70.8%	45.2%
Inter-racial couple	Total	11.2%			
	Spouses	7.1%	8.5%	6.0%	5.9%
	Unmarried	12.7%	14.1%	11.4%	12.0%
Raising children	Total	20.5%			
	Spouses	30.5%	33.9%	27.9%	43.2%
	Unmarried	16.8%	7.4%	25.9%	43.1%

Adapted from Gates (2009)

The ACS data also indicate some gender differences between female and male same-sex couples, although for the most part couples are demographically alike (Table 18.2; Gates 2009). Unsurprisingly, female couples, both married and unmarried, had lower household income averages than their male counterparts. Female spouses are older and it is less likely for both spouses in the relationship to be employed compared to their male counterparts. However, female unmarried partners are similar in age and have similar rates of dual earner households in comparison with their male unmarried counterparts (Gates 2009). Male couples, both married and unmarried, are more likely to be in an interracial relationship than are female couples. With regards to child-rearing, rates were similar for all female couples. However, male couples whom indicated a spousal relationship were almost five times more likely to be raising children in their homes com-

pared to male unmarried partners. Just over one-third of male spousal couples reported raising a child in their home (Gates 2009).

18.2.3 Legal Recognition and Dissolution

As highlighted in the above sections, the legal landscape related to same-sex marriage has played an important role in our understanding of same-sex couples. Even with the passing of federal marriage recognition, family law remains in flux as a result of cultural and legal lags which can shape whether individuals marry and the implications of marriage for their relationships and for parental rights (Baumle and Compton 2017). Nonetheless, the recognition of national marriage equality and increased entrance into marriage by segments of the LGBT population

produces questions regarding the prevalence and duration of same-sex marriages.

There are limited data available for tracking same-sex dissolutions. According to Badgett (2013), in states that have the data available, rates of annual dissolution for same-sex couples are slightly lower at 1.1% on average, than those of their different-sex counterparts at 2%. Badgett predicted that federal marriage recognition would result in more individuals opting into same-sex marriage, which could mean that same-sex couples will begin to resemble their different-sex counterparts with regard to marriage rates (Badgett 2013). However, we have been unable to longitudinally track such rates with larger nationally representative datasets due to data limitations.

Regarding same-sex partnerships, the Scandinavian countries are over a decade ahead of the U.S. Denmark was the first country in 1989 to introduce registered partnerships to same-sex couples, followed by Norway in 1993, and Sweden in 1995 (Andersson et al. 2006). Andersson and his colleagues (2006) provide an overview of marriage and divorce patterns in Norway and Sweden, drawing on longitudinal information from the population registers (which include all persons in partnerships) of each country from the time of the registered partnership inception until 2001 for Norway and 2003 for Sweden. These data span 8 years from each country's registered partnership inception. They found that characteristics of partners and their patterns of divorce are rather similar in same-sex and different-sex marriages. For example, having a large age differences between two partners, whether same-sex or different sex, elevates the propensity of divorce. Likewise, there is an increased risk in divorce when one partner is foreign-born (Andersson et al. 2006).

Compared to different-sex marriages, however, risks of divorce appear to be considerably higher in same-sex marriages – 50% higher for male couples and 167% higher for female (Andersson et al. 2006).³ However, the excess

risk of divorce of same-sex partnerships may be a result of differences in composition of the different groups. For example, same-sex partnerships frequently include at least one foreign-born partner, which is related to a greater risk of divorce, and are less likely to include children, which tends to be associated with lower divorce risk. When estimating models for childless couples only, Andersson and his colleagues find that the excess risk of divorce tends to disappear for gay partnerships (Andersson et al. 2006). This would suggest that parenting or the presence of children in the home may be an extra obstacle to divorce – an obstacle more prevalent among different-sex couples. This would further support claims regarding the lack of differences in couple types based solely on sexuality.

18.3 Demographics on LGBT Parenthood

As previously noted, there have been very few demographic studies specifically addressing same-sex families, or the children of gay male and lesbian parents. This is largely due to the lack of quality data addressing these subjects. There are relatively few quality surveys from which to conduct representative and reliable demographic analyses on same-sex partners and their children; and to date, most research has been largely descriptive and limited to summaries of various parenting rates and general demographic breakdowns (Smith and Gates 2001; Logsdon et al. 2002; Simmons and O'Connell 2003). Census data permit the best exploration of the prevalence and characteristics of same-sex families.

18.3.1 Prevalence of Children in Same-Sex Households

Drawing on the 5% PUMS sample for the 2000 Census, there are 31,972 male same-sex partners and 32,756 female partners, for a total of 64,728

³Two important differences to note regarding these data compared to the U.S. data are that the majority of same-sex partners in these countries are more likely to be male

and also are more likely to involve a foreign-born partner compared to their different-sex counterparts.

same-sex unmarried partners (Baumle et al. 2009). In these households, there are 30,973 other individuals, including 21,111 under the age of eighteen. Of those under the age of eighteen, 20,868 can be identified as children in same-sex unmarried partner households.⁴ Overall, 15% of male same-sex partners and 21% of female same-sex partners have children present in their household, with 8381 children in male partner households and 12,487 in female partner households. This rate is consistent with the 2008 ACS rates where Gates (2009) found that 20.5% of same-sex couples were raising children in their households.

On census surveys, the relationship between a child and the householder can be determined. Through this mechanism, we can assess whether children are biological, adopted, foster, other relatives, or non-relatives in relation to the individual identified as the householder. However, we cannot determine the relationship between the child and another member in the household, including the partner of the householder (Baumle et al. 2009; Baumle and Compton 2014). These data limitations restrict our full understandings of the relationships within the household, given that a child can be an adopted child of one partner and the biological child of the other household member. The selection of *the householder* in this scenario, thus, determines whether the child is classified as adopted or biological.

In the 2000 PUMS sample, approximately 85% of the male households and 78% of the female households reported having no children (Baumle et al. 2009). Children are the primary co-residents with same-sex partners (as compared to other familial or non-familial household members). Excluding the unmarried partners, the next five largest categories of people in the households

are: “children” at 21%, “other non-relatives” at 1.6%, “stepchildren” at 1.6%, “grandchildren” at 1.5%, and “housemates/roommates” which are just over 1% (Baumle et al. 2009).

The majority of the children in the sample are white; however, they are more racially and ethnically diverse than the same-sex unmarried partners in the sample. On average, children are 8 years old, with an education level between the first and fourth grades. The top five categories for the relationship of children to the households are: “children,” “adopted children,” “stepchildren,” “grandchildren,” and “other non-relatives.” These five categories account for just over 96% of all the children in these households. As detailed in the next section on “Routes to Parenthood”, children identified as the “children” of the householder likely include children who are the biological offspring of the householder. They may also be children from artificial reproductive technologies and/or surrogacy. In such a case, even if the householder did not contribute biologically to the birth of the child, he or she still might consider the child his or her “natural child.”

The “adopted child” category is most likely used by an individual who has engaged in the formal legal adoption of a child (in the past or during the current relationship), or who has adopted the child of their partner (Baumle et al. 2009; Baumle and Compton 2014). Children in this category could also be the natural born child from a previous heterosexual relationship or a child resulting from artificial reproductive technologies (i.e. in the case of a female same-sex couple, one woman might bear the child and the other might formally adopt the child). It is further assumed that the “stepchild” category refers to children of one partner who are from prior relationships – irrespective of type, whether heterosexual or same-sex.

The above-mentioned categories are the more easily reasoned and recognized categories, whereas the “other non-relatives” category poses a greater challenge because we are unable to ascertain the actual relationship between the children and same-sex partners. Past work has suggested that this is a reasonable category for children who have been informally adopted by

⁴243 individuals can be dropped because their indicated relationships are inconsistent with that of a parent/child relationship. These individuals appeared to fall outside the “child” category, either because (1) they were living as adults, as indicated by their assignment to the “head/householder” or “unmarried partner” relationship categories, or (2) their relationship to the householder was indicated as “housemates/roommates” or “roomers/boarders/lodgers,” suggesting a non-parental relationship.

the householder (Baumle et al. 2009; Baumle and Compton 2014).

In an analysis that draws on multiple data sources⁵ to depict a demographic portrait of LGBT parenting in the United States, Gary Gates (2013) finds that across couple types, same-sex couples are four times more likely to be raising an adopted child and 6 times more likely to be foster parents compared to their cross-sex counterparts (Gates 2013). Over one-third of LGBT adults indicated that they have had a child at some point and as many as six million children and adults have an LGBT parent. Overall, Gates found that over 125,000 same-sex couple households are raising just under 220,000 children in their homes (2013). Among LGBT adults under 50 years old, nearly half of the women and a fifth of the men indicate they are raising a child under the age of 18. Gates (2013) estimates that almost one-fifth of same-sex households include children and that spouses (those that indicate a married marital status) are more than twice as likely to be raising biological, step, or adopted children compared to their unmarried counterparts. LGBT parents are also more likely to be racial and ethnic minorities than their heterosexual counterparts.

Furthermore, children with LGBT parents are even more likely to be racial and ethnic minorities than those with non-LGBT parents (Gates 2013). Moreover, more than a quarter of same-sex couples raising children include children identified as grandchildren, siblings, or as “other” children who are related or unrelated to one of the partners. This “other” relative and nonrelative category is largely attributable to the difficulty discerning parent-child relationship drawing on Census data; the relationships of each family member to that of “person number one” are the only recorded relationships. As a result of varying context, marital and legal statuses, parent-child relationships may vary dependent on which partner is indicated as the householder (Baumle and Compton 2014).

18.3.2 Predictors of Children Being in Same-Sex Households

Most demographic research analyzing same-sex partners and their children has been largely descriptive – limited to parenting rates and general demographic breakdowns (Smith and Gates 2001; Logsdon et al. 2002; Simmons and O’Connell 2003; Gates 2013). In examining factors affecting the presence of children in same-sex households, it is important to consider both individual-level and contextual-level characteristics of same-sex partners. Individual level demographic characteristics of same-sex parents and their households (race, ethnicity, household income, age, previous marital status) could serve as important predictors of children in same-sex households. In addition, contextual characteristics, such as region of residence and whether households were located in a state with restrictive state-level family laws, could play a role.

Our model included the seven controls listed in Table 18.3 at the individual level and six controls at the state level. Table 18.3 depicts the direct effects of all individual-level and state-level variables on the presence of children in same-sex households.⁶ As shown in Table 18.3 under level-1 direct effects, we found female same-sex partners are about 1.33 times more likely to have a child in their household than are male same-sex partners, holding all other things equal. This means the odds of having a child present in the household are about 33% higher for lesbian same-sex partners compared to gay male partners. Also, racial or ethnic minorities are more likely to have children present in their households. The odds of having a child in the household are 66% higher for non-white individuals, compared to white individuals and 26% higher for Hispanics compared to non-Hispanics. Partners in households where children are present earn about 10% more than those who live in households where there are no children present.

⁵Data sources included the 2008/2010 General Social Survey, the Gallup Daily Tracking Survey, Census 2010, and the Census’s American Community Survey, 2011.

⁶We present the gamma coefficients in odds ratios form for each variable in our models. The odds ratio is calculated by exponentiating the coefficient (eb) while percent change is calculated (eb–1) * 100.

Table 18.3 Effects of individual- and state-level variables on presence of children in same-sex households in odds ratios^a

Level-1 direct effects	
Age	.97***
Sex (1=Female)	1.33***
Race (1=Not white)	1.66***
Hispanic (1=Hispanic)	1.26***
Previous marital relationship	2.43***
Log household income	1.10***
Education level (reference category is less than HS)	
Education level 2 (1=High School)	.89**
Education level 3 (1=Some College)	.63***
Education level 4 (1=Bachelor's Degree or Greater)	.53***
Education level 5 (1=Master's Degree or Greater)	.61***
Level-2 direct effects	
Pro-gay family Law (1=Present)	1.15*
Antidiscrimination Law (1=Present)	1.11*
Sodomy Law (1=Present)	0.96
Percent republican as of 2000	1.01**
Gay concentration	0.20***
Region (reference category is East)	
Region 2 (1=Midwest)	1.02
Region 3 (1=South)	1.12*
Region 4 (1=West)	1.04
Intercept	0.20***
N	64,728

Adapted from Baumle and Compton (2011)

* $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$ ^aNote that these models also included cross-level interaction effects

Also, higher levels of education decrease the likelihood of a child being present in the household. These results support prior findings indicating the importance of individual-level characteristics in predicting the presence of children in same-sex households (see Baumle et al. 2009 for more detailed discussion).

At the state-level, we found several other important predictors of children being present in same-sex households. These findings contradict some of what would be expected from previous qualitative work and cultural stereotypes. As reflected in Table 18.3, living in a state with antidiscrimination legislation increases the odds of a child being present in a household by approx-

imately 11%. This does conform to what one we would expect. However, the following findings do not. The presence of an anti-sodomy law was not a statistically significant predictor of children residing in same-sex household. The percentage of the population voting Republican in the 2000 presidential election and the percentage of the state's population who identified as same-sex partners did have a statistically significant effect, however, they are not signed in the expected direction. With every 1% increase in a state's population that voted Republican in 2000, the odds of having a child present in the same-sex household also increases by 1%, holding all other variables constant. Conversely, living in a state with a higher percentage of same-sex partners actually decreases the odds of children being present, by 80%. This may seem like a large amount, but the possibility of a sizable population shift is really quite small as the percentage of same-sex partners in a state currently ranges from only 0.22–1.29%. The region variable is insignificant with one notable exception where the odds of having a child in the household increase by 12% for partners who live in the South compared to partners who live in the East, controlling for the other individual and state-level characteristics. These findings support the notion that a “friendly” environment might increase the prevalence of children in same-sex households, but it does appear that negative laws are less powerful predictors. We also considered whether more family-specific laws, such as laws prohibiting gay men and lesbians from adopting, were predictors of children being present in same-sex households. The results are discussed in more detail in the next section on “Routes to Parenthood”, but follow a similar pattern regarding the stronger predictive value of positive laws rather than negative laws.

Overall, these analyses show the importance of considering both individual and contextual characteristics when examining outcomes for same-sex families, especially considering the current legal and political climate and controversies surrounding the LGBT population.

18.4 Routes to Parenthood

Given both biological and legal restrictions on parenting for gay men and lesbians, data suggesting a sizeable population of gay and lesbian parents raise questions regarding the paths to parenthood for these individuals. Several demographic analyses, as well as some qualitative research, have examined the manner in which children come to be in same-sex households. This section reviews some of the primary findings of these studies, highlighting the ways in which biology and the law are lesser obstacles than they might appear to be at first blush.

18.4.1 Prior Heterosexual Relationships

Children residing in gay and lesbian households are not necessarily children of a same-sex couple, or children adopted or birthed by a single gay or lesbian individual. Rather, many children within same-sex households likely come from heterosexual relationships. Some individuals might choose to have biological children with opposite-sex partners, outside of a romantic relationship. This could particularly be the case when laws or finances restrict the availability of adoption or insemination/surrogacy approaches to parenthood.

Further, a not insignificant number of gay men or lesbians have children from prior heterosexual relationships or marriages. Drawing on 2000 U.S. Census data, Baumle and colleagues found that one of the largest predictors of children being present in a same-sex household was whether a partner indicated a previous marital relationship on the census (Baumle et al. 2009; see also Baumle and Compton 2011). Individuals who indicated a prior marital relationship (i.e. “separated” or “divorced”) are approximately 2.5 times more likely to have a child in their household than those who indicated the “never married” or “not applicable” category (Baumle et al. 2009). While this result is not a direct indicator of how the children come to be in same-sex households,

these findings support the notion that many children present in same-sex households could come from previous heterosexual marriages.

This phenomenon, however, might change over time. As gay men and lesbians continue to come out at increasingly early ages, they may be less likely to enter into heterosexual marriages that produce children. Over the long term, then, biological or legal obstacles to childrearing could have greater potential to decrease the odds of gay men and lesbians having children.

18.4.2 Insemination or Surrogacy

In addition to biological children from heterosexual relationships, children in gay and lesbian households are also biological children generated through reproductive technologies. Women are more likely to turn to insemination using known or unknown donor sperm (Appell 2001; Baumle and Compton 2017). This approach is often economical, with the ability to do “at-home” insemination resulting in a low-cost approach to parenthood. If medical assistance is warranted, however, then insemination becomes a more costly route.

For men, surrogacy presents an option to have a biological child, either with donor eggs or using the egg of the surrogate (Davis 2011). Surrogacy, however, is very costly and thus not a viable option for many gay men. Further, surrogacy presents itself with more potential legal hurdles than do other routes to parenthood, which serves as a further deterrent.

No good estimates are currently available regarding the prevalence of either insemination or surrogacy use by gay men or lesbians.

18.4.2.1 Adoption and Fostering

Outside of biological means of having children, data suggest that gay men and lesbians also turn to adoption and fostering in order to become parents. According to the National Survey of Family Growth (NSFG), 46% of lesbian or bisexual women report having considered adoption as a route to parenthood; this contrasts with only 32% of heterosexual women who considered

adoption⁷ (Gates et al. 2007). Although adoption appears to be a commonly considered approach to having children, the proportion of gay men and lesbians who actually have an adopted child remains fairly low. Based on data from the 2000 U.S. Census, Gates and colleagues (2007) estimated that approximately 1.6% of same-sex households contain an adopted child under the age of 18. Data on the exact number of children adopted by gay or lesbian parents are unavailable, however Gates et al. (2007) used census and NSFG data to generate an estimate of 65,500 adopted children that are being raised in the U.S. by gay men or lesbians (either single or in couples); this accounts for approximately 4% of all adopted children in the U.S. Gates et al. (2007) also generated estimates of the number of foster children in the U.S. being raised by gay or lesbian parents. Based on data from the U.S. Census and the Adoption and Foster Care Reporting System, they concluded that approximately 14,000 children are being fostered by gay men or lesbians, representing 6% of all foster children. Further, same-sex couples are four times more likely to be raising an adopted child and six times more likely to be fostering children than their different-sex counterparts (Gates 2013).

Davis (2011) also drew on 2000 U.S. Census data to examine the adoption patterns of same-sex couples. She found that approximately 2.5% of all children in same-sex households were adopted children; this finding was consistent across gay male and lesbian households, and closely mirrored that of heterosexual unmarried partner households. Davis' results suggest some racial variation in adoption patterns. Asian female same-sex households had the highest percentage of children who were adopted, at 3.47%, with Black male same-sex households following at 2.7%. Asian male same-sex households reported the lowest percentage of children who were adopted, at 1.8%.

Adoptive gay and lesbian parents differ from adoptive heterosexual parents across socioeconomic factors. Gates et al. (2007) found that those same-sex households with adopted children

have higher socioeconomic status, as measured by income and education, than do different-sex married and unmarried households with adopted children. The mean household income for male and female same-sex households with adopted children is greater than \$102,000, as compared to approximately \$43,700 for different-sex unmarried households and \$81,900 for different-sex married households. Further, same-sex adoptive parent households have a higher median education level than do different-sex adoptive parent households; 76% of same-sex households have some college or more education, whereas 36% of different-sex unmarried households and 64% of different-sex married households have some college or more (Gates et al. 2007). As Gates et al. (2007) note, these findings are striking in that same-sex households raising children in general (irrespective of biological, adoptive, fostered, etc.) have lower levels of education and income than do their heterosexual counterparts (see also Baumle et al. 2009). This suggests that adoption is a route that is perhaps more accessible to same-sex couples with higher levels of education.

This is perhaps to be expected, as married heterosexual couples are the "preferred" family for adoptive placement (Davis 2011). Thus, one might anticipate that higher levels of socioeconomic status are required for gay or lesbian parents in order to counterbalance their sexual orientation during the adoption process. Nonetheless, national survey data suggest that adoption agencies are increasingly placing children in gay and lesbian homes for adoption or fostering (Evan B. Donaldson Institute 2006). A recent study by Brodzinsky (2011) found that "at least 60 percent of U.S. adoption agencies accept non-heterosexual parental applicants, and almost 40 percent have knowingly placed children with them." This finding emphasizes that adoption is an option for many gay men and lesbians.

Placements with gay and lesbian parents are often occurring despite state laws restricting placement of children in gay and lesbian households, suggesting that administrative agencies might be ignorant of the law or choose to overlook the laws during placement (see e.g., Baumle and Compton 2017; Hastings and Bissett 2002;

⁷The NSFG does not ask a similar question of men.

Riggs 1999). In 2002, an undercover news study found this to be a very common practice in the United Kingdom. Despite a 1976 statute which prohibits adoption by unmarried couples, reporters found that fourteen social service agencies contacted were interested in placing a child with a gay male couple (Hastings and Bissett 2002). The majority of the agencies indicated that they had placed children with gay and lesbian couples on prior occasions, and one noted that the agency advertised in a gay magazine. Although not commonly spoken of, findings such as this support the notion that informal adoption agency practices can provide a manner for same-sex couples to circumvent unfriendly policies. These administrative practices could bolster some of the numbers for gay and lesbian adoptive parents, particularly as attitudes toward gay parenting liberalize.

18.4.3 Effects of the Law on Gay and Lesbian Parenthood

In understanding the manner in which children arrive in same-sex unmarried partner households, it is important to consider whether legal restrictions or protections modify the preferred route toward gay and lesbian parenthood. State-level laws regarding adoption, surrogacy, fostering, or insemination could impose limitations on whether and how children come to be in same-sex households. In prior work, we explored this question, focusing particularly on an examination of the effect of positive and negative state-level laws on the presence of children in same-sex unmarried partner households (Baumle and Compton 2011). Drawing on 2000 U.S. Census data, we used Hierarchical Generalized Linear Modeling to examine individual and contextual characteristics that affect the odds of children being present in the household. In terms of prohibitive laws, we found that laws involved with bringing children into a household – including fostering, adoption, and surrogacy – did not have a statistically significant effect on the presence of children in the household. Specifically, the anti-gay family variable which included all negative

laws was statistically insignificant. Further, when we considered surrogacy separately, we found that there was no statistically significant effect of anti-surrogacy laws on the presence of children in the household. On the other hand, we found that laws limiting second parent adoption *did* have a statistically significant effect on the presence of children in the household, resulting in a decrease in the odds of children being present. Based on these findings, we suggest that individuals might pay more attention to restrictive formal laws when considering establishing a flow of legal rights between parent and child (i.e. second parent adoption), but less so when actually becoming parents (i.e. surrogacy, insemination, adoption, etc.).

We also examined whether laws that prohibited discrimination based on sexual orientation (i.e. “positive laws”) for gay and lesbian parents had an effect on whether children were in same-sex households. Given that the same states had both pro-adoption and pro-second parent adoption laws, we were only able to consider a consolidated measure of pro-family laws. Further, due to the limited number of pro-surrogacy or fostering laws, we could not consider the effect of these laws separately. We found that pro-family laws did have a statistically significant, positive effect on the presence of children in the household. We are unable to determine, however, whether that effect was likely derived from adoption laws or second parent adoption laws, or a combination thereof. Based upon our findings from the negative family law models, however, we suggest that the pro-second parent adoption laws could be generating the greatest contribution to the statistically significant effect.

Such an interpretation would also be compatible with literature suggesting that individuals become informed about the law, and are more likely to rely on formal law, for outcomes involving property transference or gaining legal rights (Mather et al. 2001; Jacob 1992; Ellickson 1991; Merry 1990). A concern regarding obtaining legal rights via second parent adoption could provoke greater education on the law and migration in order to obtain legal rights. In addition, a desire for formal legal recognition of the family via sec-

ond parent adoption could motivate a reliance on formal law. Decisions regarding having children, on the other hand, may be more likely viewed as individualized, personal family matters.

Although analyses of the census data permit a broad assessment of how laws affect the presence of children in gay and lesbian households, this approach does not provide great insight into the actual decision-making process of gay and lesbian parenthood. We consider this question more directly in a qualitative follow-up to our analyses, which involves interviews with 137 gay and lesbian parents across the United States (Baumle and Compton 2017). This work provided some insight into why some anti-gay family laws have less effect on the presence of children in same-sex households than one might expect. First, many laws may not apply to children that were born of a prior heterosexual relationship – as stated above, the largest indicator of a child being present in a same-sex household. Second, there are numerous paths to parenthood available. Many couples may be able to navigate around anti-gay legislation or operate outside of it. For example, while a couple may not be able to adopt in one state as a couple, they may be able to as a single person, or can foster, or can employ insemination or surrogacy. Last, in practice laws are not equally called upon and enforced (Baumle and Compton 2017).

Following the legalization of same-sex marriage and the repeal of laws prohibiting same-sex couples from adoption, the prevalence of children in same-sex households and the routes to parenthood could experience a shift. This shift could be the result of both how children actually come to be in same-sex households, as well as how parents identify parent-child relationships on census surveys (Baumle and Compton 2014).

18.5 “The Motherhood Penalty” for Lesbians and Heterosexual Women

In addition to observed differences in family formation patterns, demographic research also suggests that gay men and lesbians experience the

effects of parenthood differently than do their heterosexual counterparts. One of these observed differences involves the effect of parenthood on employment outcomes, specifically, earned wages.

A number of studies over the past decade have examined the effect of sexual orientation on income. Drawing primarily on datasets such as the General Social Survey (GSS) and the 1990 and 2000 U.S. census data, these studies find that while gay men experience a wage penalty in employment, lesbians’ earnings are either not significantly different from those of heterosexual women (Klawitter 1998; Klawitter and Flatt 1998; Badgett 1995), or lesbians have a wage advantage that ranges from 4.5 to 30% (Baumle and Poston 2011; Baumle et al. 2009; Berg and Lien 2002; Black et al. 2003). Some have theorized that the lesbian wage advantage could be partially explained by work and family differences (Peplau and Fingerhut 2004; Berg and Lien 2002; Badgett 2003). If lesbians are more hesitant to interrupt their careers to have or to raise children, or if employers perceive them to be so, then their earnings should be higher than those of heterosexuals. Potential parenting differences, therefore, have tended to dominate the possible explanations of the lesbian wage advantage.

There are many reasons to believe that parenthood could play an important role in explaining the wage difference between lesbians and heterosexual women. Recent research examining the effect of motherhood on employment outcomes has found that parental status is an important predictor of women’s earnings. Findings suggest that there is approximately a 3–8% wage gap between mothers and childless women, after controlling for other relevant characteristics (Anderson et al. 2003; Budig and England 2001; Crittenden 2002). In fact, Budig and England (2001) found that the majority of the gender gap in wages can be attributed to lower earnings by employed mothers. Further, Peplau and Fingerhut (2004) conducted a study where subjects rated job applicants on measures of warmth and competency. Their findings show that parents received higher ratings on measures of warmth, regardless of sex or sexual orientation. In terms of competency,

however, motherhood resulted in a lower rating for heterosexual women, but did not affect competency ratings for lesbians.

Using 2000 U.S. Census data, one of the authors of this chapter took a closer look at the effect of parenthood on income for lesbian and heterosexual women (Baumle et al. 2009). Employing Ordinary Least Squares regression analysis to estimate the effect of having a child present in the household on income, Baumle found that the motherhood penalty is experienced primarily, if not solely, by heterosexual women. In fact, lesbians appear to experience a *motherhood advantage* that increases their wages by approximately 20%. Further, results from a Blinder-Oaxaca analysis support the notion that lesbians receive different returns to the presence of children in the household than do heterosexual women. Approximately 35% of the wage differential between lesbians and heterosexual women is attributable to differences in returns to child-rearing. This indicates that some of the lesbian wage advantage is attributable to heterosexual mothers being treated economically different than both lesbians and childless heterosexual women. Concomitantly, lesbian mothers receive treatment that differs from heterosexual women when they avoid some, or all, of the wage penalty associated with motherhood.

The results do not, however, provide an explanation for this pay differential. Prior research has indicated that lesbians are more likely to be in the labor force and to have dual-wage earners in the household (Baumle et al. 2009). This suggests that there might be some truth to the notion that lesbians are dependent on having both partners employed and, consequently, could be less likely to exit the labor force to raise children. If this is the case, then the fact that they do not experience a motherhood penalty would be understandable, as they would be more likely to have a stable employment history. Nonetheless, past research would suggest that employer stereotypes do play a strong role in the employment outcomes of lesbians, with lesbian mothers not experiencing a decrease in competency ratings in controlled experiments as do heterosexual mothers (Peplau and Fingerhut 2004). This suggests that assump-

tions are made even at the time of hiring regarding the effect that motherhood will have on the careers of women – and these assumptions differ – ased on sexual orientation.

18.6 Conclusion

Demographers are increasingly recognizing the importance of gender in analyses, not just as a possible predictor of demographic outcomes but as a fundamental shaper of demographic theories and models. We believe that sexuality plays a similarly important role, necessitating a reevaluation of what we currently understand about world populations. For example, gaining an understanding about sexual behaviors in Africa, including the gender and sexuality dynamics that shape them, has become increasingly important for generating policy regarding population health (Djamba 2013). Demographers will likely be called upon more in the future to understand the role of sexual identities, desires, and behaviors in generating population outcomes.

This chapter highlights some of the ways that sexual identity can affect household and family structures within the United States. Sexual orientation affects the rate of partnering, marriage and cohabitation patterns, and the presence and number of children in a household. The differences between same-sex and different-sex households has important consequences when considering questions such as social and economic support, particularly during old age; the health and economic benefits that accrue from legal marriage and that might be inaccessible to those who do not marry; and fertility predictors, including biological, economic, and legal limitations on parenthood.

In considering these, and other social and policy related issues, demographers will be limited by data availability. This is true in assessing sexual behaviors and desires, but particularly true for sexual orientation. Few representative datasets include a question on sexual orientation, and those that do are often limited by a small sample size of sexual minorities (e.g. General Social Survey, National Survey of Family Growth). This

makes an assessment of population differences across sexual orientations difficult for many key variables of interest.

The U.S. Census data have given demographers a large sample size, coupled with variables on several population outcomes of interest, but these data are also limited. They only capture sexual orientation via partnered status, thus unpartnered gay men and lesbians are excluded from analysis. Further, as previously noted, the data have problems in terms of contamination with heterosexual couples which requires adjustments, and with the inability to directly measure marital status of same-sex couples. There is some movement toward increasing data collection regarding sexual minorities on federal surveys. If implemented, these changes, coupled with changes in how relationship questions are posed on census surveys, could dramatically affect demographic inquiry regarding the LGBT population.

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Laura Dales

19.1 Introduction

Japanese women and men are marrying later and less, and marriage is no longer the universal norm it once was: in 1965, only 1.5% of men and 2.5% of women remained unmarried at age 50. By 2010, these figures had jumped to 20.1% for men and 10.6% for women (Hirayama and Izuhara 2008, p. 649; IPSS 2016). This chapter will consider the construction of marriage in social, economic and political terms, with relation to ideals of the family, employment, and marriage roles. The links between marriage, fertility, labour and population decline are central to this discussion: Japan is regarded as one of the more extreme examples of an ageing, low-fertility society (Jones 2007; Traphagan and Knight 2003). The connection of marriage to low fertility, and low fertility to population decline, therefore has a particular resonance in Japan.

To understand the implications of marriage and marriageability in a familist society, it is important also to address the implications of non-marriage, focusing on the increased proportion of the population living alone, and the increased proportion of adult lives lived outside marriage

(Ueno 1998, p. 117). This demographic includes the selectively unmarried, such as those who are ideologically anti-marriage, but also those who aspire to marry but legally cannot (namely, same-sex couples); widow/ers and those who are otherwise excluded from the marriage market.

It is also important to note that marriage delay and decline is not necessarily reflective of a decline in marriage aspiration: in fact, the articulated desire to marry has remained relatively constant among Japanese women and men over the last two decades, with almost 90% of single Japanese people reporting in 2010 that they ‘intend to marry someday’ (IPSS 2011). The gap between marriage ideal and practice is reflective of underlying tensions in gender norms, shifting notions of mature femininity and masculinity, and concomitant shifts in economic and political structures in the last decades.

In this chapter I begin by introducing the subject and providing a brief historical context of marriage over the last century. I sketch some of the various reasons for and implications of delayed and declining marriage, particularly addressing the expectations of husband and wife roles, and the promotion of ‘marriage-seeking activities’ (*konkatsu*). Finally, I suggest ways that marriage trends might be reframed in relation to other changes in the Japanese social landscape, including the increased visibility of same-sex relationships.

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19.2 Defining the ‘Unmarried’

The English terms “single” and “unmarried” are umbrella terms for individuals in a number of different situations: those who have never married; divorcé(e)s; single parents; gay and lesbian individuals who do not marry/cannot legally marry; those who live in de facto relationships; and widows and widowers. Similarly, Japanese terms are diverse and offer specific nuances. The most commonly used term for a single is *mikon*, “as yet unmarried”, a category which excludes divorcees and widow/ers.¹ Other commonly used terms are *dokushin*, *shinguru* (a transliteration of “single” into the Japanese syllabary), and the more colloquial *ohitorisama*, which might be glossed as “singleton” (Jones 2007; United Nations 2014). Significantly, none of these terms is a catch-all for the unmarried, rendering it difficult to capture those living “outside marriage” as a population. As Lahad observes, “singlehood is not a homogenous category of membership or social relations” (2016, p. 2). The diversity of the unmarried Japanese population complicates discussions of change around marriage trends, which are often rendered as a social problem.

Indeed delayed marriage and non-marriage, along with attendant low fertility rates, have featured prominently in discussions of hyper-aging and population decline in Japan, where more than 25% of the population is aged over 65 years and the total population has been declining since 2004 (National Institute of Population and Social Security Research, 2014). One-person households have increased, both numerically and as a proportion of the total population (Beppu 2010, p. 16). This increase primarily reflects the increased number of elderly people living alone, but also reveals trends towards urbanization, and the delay of marriage and subsequent formation of new households (NIPSSR 2012).

In this context, feminist and popular social commentator Ueno Chizuko argues that life

alone is an inescapable fate, particularly for women, since statistically they will likely outlive their husbands:

In a low birth-rate ageing population, the time that women spend “doing family” is contracting. Even if they have a spouse, given the average life expectancy, in most cases the husband will pass on first. At most there’ll be one or two children, and at some point they will leave home. If that’s the case, women need to prepare themselves, to obtain the know-how not just to “do family”, but also to live alone. If everyone, at some point, ends up alone, the difference is just whether you start preparing for it earlier or later. (Ueno 2007, p. 2)

Ueno’s observation suggests that any discussion of marriage must be foregrounded with an understanding of singlehood, its ramifications and its inevitability. While literature on end-of-life singlehood is particularly pertinent in an ageing society, the focus on singlehood as a natural and potentially extended period of life offers productive insight to discussions of idealized life course, femininity and masculinity across the broader Japanese population. However, before addressing these themes, it is worth examining the historical context of marriage.

19.3 Historical Context

Reflecting Chinese, Taoist and Shinto influences, marriage in prewar Japan was for middle and upper classes primarily an arrangement of the household (*ie*) enabling perpetuation of the family line (Blood 1967, p. 4). Decisions on marriage timing and partner suitability were subject to the authority of the head of the household, typically the most senior male, and rather than a conjunction of families, represented the recruitment of women into a male line (Blood 1967, pp. 4–5).

From the nineteenth century, marriages were commonly arranged by parents with the use of a match-maker or go-between (*nakôdo*) (Hendry 1981, p. 24). While marriages arranged by parents became less common in postwar Japan, “arranged marriage” (*miai kekkon*), negotiated by matchmakers, retained prevalence (Blood 1967, p. 12). While the term “arranged marriage” offers multiple connotations, it should be noted that in

¹*Shinguru mazā* (single mothers) are women who have children and are currently unmarried, but may be divorced or cohabiting with a partner.

the Japanese context *miai* then and now does not preclude the exercise of individuals' choice; rather it is "primarily the formal introduction of potential marriage partners to each other" (Blood 1967, p. 12). Thus instead of 'arranged marriages', it might be more apt to consider *miai* 'arranged meetings', which "minimise the trouble of looking for a partner by oneself" (Hendry 1981, p. 122).

The concept of marriage as a partnership between two individuals began to gain traction in early postwar Japan, fueled by notions of individualism and egalitarianism, but as Hendry notes, "love was an ideal to be sought in marriage but in practice opportunity was lacking and parental approval was still sought" (1981, p. 29). Further, marriage retained its symbolic connection to the *ie*: even in contemporary Japan, under Civil Law clause 750 married couples must share the same surname. In practice it is overwhelmingly women who change their surnames to their husbands' upon marriage, although they may retain their pre-marriage surnames professionally (Tanaka 2012, p. 234). In 2015 the Supreme Court ruled against the argument that the law contravenes the constitutional requirements for gender equality (Article 14) and the individual dignity and essential equality of the sexes (Article 24) (Japan Times "Supreme Court's surname ruling" 2015).

The urbanization of Japan from the 1960s, and the economic growth that continued throughout the 1970s, encouraged the shift from multigenerational household to nuclear household, ideally headed by the white-collar male breadwinner (salaryman) and his counterpart, the full-time housewife (*sengyō shufu*) (Tokuhiko 2010, p. 119).

Although the discourse of salaryman began to take form in the late nineteenth century, it was in the postwar decades that this model became hegemonic, and the "discourse of the salaryman/*sengyō shufu* family was embedded within both corporate ideology and the socio-political and economic ideology of the Japanese state" (Takeda 2008, p. 161). Since the late nineteenth century, Japanese women activists and feminists have challenged the conscription of women's bodies

into nationalist agendas of state-building, militarism and economic expansion (Mackie 2003). In the 1960s and 1970s, the identities of 'housewife' and 'mother' were used to mobilize women politically, at the same time that some argued for the socialization of domestic work to free housewives from un(der)paid labour (Mackie 2003, p. 134).

The professional (outside) work of the salaryman was enabled by the domestic (inside) carework of the housewife, resulting in model of heterosexual coupling that Edwards terms 'complementary incompetence' (1990, p. 120). While even at its peak popularity the salaryman/*sengyō shufu* model represented only a fraction of Japanese households—the majority of postwar Japanese women have always engaged in some degree of paid work—its idealized division of labour retains salience.

The housewife ideal remains resilient in part because it is tied to idealized femininity, specifically the nurturing and care that characterizes the full-time housewife's role (Long 1996). Furthermore, as noted above, women have gained social and political power through their identities as housewives and mothers (Alexy 2011; Borovoy 2005; Gordon 1997; LeBlanc 1999). The bond of women's authority to these roles makes it unsurprising that they continue to influence perceptions and expectations of marriage and wifehood.

Adherence (or aspiration) to the single-breadwinner or 1.5 breadwinner model has been reinforced by gendered expectations and social and economic structures beyond the family. Postwar social policy and employment practices that support the single breadwinner household have reified a 'traditional' gendered labour divide, whereby women provide domestic labour and care work that enables the core male workforce (Broadbent 2013; Lambert 2007, p. 26). For example, the spousal tax deduction cuts the taxable annual income of the household's main earner by 380,000 if the dependent spouse is earning 1.03 million yen or less per year. In practice, this means that married women are discouraged from full-time employment.

The promotion of particular kinds of gender relations and household structures in Japan since the postwar period has thus constructed the reproductive family as an official “‘absorber’ of economic and social risks”, relieving the government from the responsibilities and expense of this work (Takeda 2008, p. 161). Within this structure, women’s engagement in paid labor remains ideologically (if not practically) subordinate to their capacity to reproduce and maintain the family. The perception of marriage as a ‘safety-net’ for women reflects this dynamic (Dalton and Dales 2016, p. 12; Kimura 2013). Marriage holds the appeal of economic safety because women are economically disadvantaged by social security and corporate policies that privilege the male breadwinner household (Alexy 2011; Liddle and Nakajima 2004, p. 532; Takeda 2008, p. 154). The ‘safety-net’ function of marriage is magnified for women with children, who must balance paid labour participation with their domestic care work responsibilities, and for whom the financial risk of singlehood is even greater.

The gendered inequalities that make marriage a ‘safety-net’ for women remain substantial, suggesting that policy and legislative measures introduced over the last three decades have made insufficient inroads. While (unmarried) women’s employment was boosted in the 1980s, with the introduction of laws such as the Equal Employment Opportunity Law (1986), since the 1990s, the issue of women’s under-employment and unemployment has been subsumed by broader discourse on recession and crisis (Broadbent 2013). With the growing political weight of declining fertility and extreme ageing, Japanese feminists have convincingly argued that the subsequent promotion of gender equality over the last decades was politically strategic (Osawa 2000).

Currently women make up more than 42% of the total Japanese workforce, but participate at a lower rate than men: in 2012, 70–75% of women aged 25–60 were working, compared to 90–95% of men (Macnaughtan 2015b). A gender gap also exists in the proportion of regular and irregular workers: 75.3% of male workers are regular workers, while only 41.9% of women fall into this category (Macnaughtan, 2015b, 6).

Under Prime Minister Shinzô Abe, elected in 2012, the Japanese government has implemented policies—termed ‘womenomics’—ostensibly designed to address gender barriers promoting greater full-time female labour force participation. But, as many have noted, the policy does not address the gendered inequality on which the system is based (Macnaughtan 2015a). Similarly, pro-natalist policies such as the provision of subsidized childcare and maternity have not extended to restructuring to allow for flexible or family-friendly work practices (UN 2014, 25). At the same time, the expectation that (married) women will take up the bulk of unpaid caring work remains prevalent. According to a 2013 national survey, wives complete 85.1% of household chores, and husbands 14.9% (IPSS 2014). Nearly 45% of married women in the same survey believed that husbands should work outside the home while wives should remain at home.

Married women with children are directly and indirectly discouraged from full-time work: the same expectations that prevent men from taking up legal entitlements to childcare leave make it difficult for women to exercise their right to maternity leave (Maeda 2006). In 2010, only 1.4% of men took parental leave, while some 60% of Japanese women quit their jobs upon childbirth (Brinton and Mun 2015, p. 2; Takahashi et al. 2014, p. 101). Although medium and large-scale companies are introducing policies to encourage work-life balance, the benefits (such as parental leave) only apply to regular workers. Furthermore, parental leave is less a mechanism by which male workers might participate in parenting duties, than a way to ensure that female workers taking maternity leave can continue working full-time while bearing responsibility for primary care (Brinton and Mun 2015, p. 14). In a 2010 survey, nearly 20% of never-married women hoped to become full-time housewives, while only 9% intended to pursue this path; 31% hoped to manage both work and family throughout their life, but only 25% expected this to be possible (IPSS 2011, p. 16). This indicates a clear gap between ideal and anticipated reality for women in relation to combining family (marriage) and career. There is little incentive for

educated women who want a family to stay in the workplace, hence the failure of ‘womenomics’ to successfully attract educated women to full time work (Posen 2014).

Thus it is still predominantly women who are corralled into a domestic caregiver role, supporting men who work prohibitively long hours in rigid corporate structures, with limited flexibility for leave or alternative work styles (Brinton and Mun 2015, p. 19). While the expectation of a gendered split in paid and unpaid work signals resilient gender ideals, it is also a product of the realities of the labour market and gendered trends in employment.

The precarity of singlehood can serve as a push factor towards marriage for women. In addition to the gender wage gap—in 2013, 26.6%—unmarried women are much less likely to own their dwelling than their married counterparts and more likely to live in private rental dwellings or with their parents at all ages (Hirayama and Izuhara 2008, p. 641; OECD 2013). Divorced women with children fare even worse: while nearly 90% of single (divorced) mothers are in the labor force, 61% of these live in poverty (Shirahase and Raymo 2014, p. 564). Although the vast majority work, typically for more hours more per week than their married counterparts, they do not tend to have greater earning levels than married women (Shirahase and Raymo 2014, p. 551). This reflects the combined effect of the “limited earning capacity of the women who become single mothers, the relatively low-paying, non-standard jobs available to them, and the difficulty of balancing full-time work and parenting” (Shirahase and Raymo 2014, p. 564). The economic risk of singlehood, particularly when compounded with the costs of child-rearing, effects a particular disincentive to divorce.

19.4 Marriage and Fertility

Political concern at negative marriage trends has primarily addressed the issue of declining fertility. The long-term decline in total fertility started before World War II, and apart from a brief post-

war baby boom in the late 1940s, the TFR dropped dramatically in the 1950s, hovering around replacement rate until the mid 1970s (United Nations 2014, p. 15). After bottoming-out in 2005 at 1.26, the TFR increased slightly, to 1.4 in 2014 (World Bank 2015).

Given the demographic skew—the increased proportion of the population beyond their fertile years—it is not surprising that national fertility has declined. Further, the correlation between marriage delay and decline and declining fertility in Japan is well documented (Brinton and Mun 2015). Marriage remains “the necessary condition to ensure a suitable environment for children” (Hertog 2009, p. 154). While extramarital births account for an increasing proportion of births in many countries (including low-fertility countries), in Japan the percentage is almost negligible: in 2010 only 2.15% of babies were born outside of marriage (IPSS 2012). The increase in ‘shot-gun weddings’ over the last three decades, from around 8% to more than 30% of marriages, suggests both the tenacity of the nuptiality-childbirth connection, and the degree to which social mores on pregnant brides have loosened (Raymo and Iwasawa 2008, p. 261).

However, the decline in fertility is not only the result of a marriage decline: among married couples, both the ideal and intended number of children has declined (Suzuki 2009, p. 88). Beyond delayed marriage, other significant factors in fertility decline are the sizeable costs relating to child birth, childcare and education, the bulk of which must be borne by parents (IPSS 2011, p. 9). Furthermore, while marriage remains the safest economic choice for women who want children, the increase in single-mother households—a 55% growth between 1993 and 2011—suggests that marriage is not a watertight guarantee (Shirahase and Raymo 2014, p. 549).

19.5 Marriageability

Shifts in marriage trends in Japan, as in the west, reflect cultural shifts in notions of marriageability. What makes men and women desirable as marriage partners, and relatedly, what makes

marriage desirable and/or successful, reveal broad as well as culturally-specific shifts in notions of the family, adulthood and romantic love (Beck and Beck-Gernsheim 1995, 2002; Coontz 2005).

The qualities that make individuals marriageable and marriage-minded—along with the circumstances in which prospective partners meet—have shifted considerably since the post-war period. Since the 1960s, class endogamy, a decreased age-gap between women and men, and the increased expectation of partnership encouraged the ideal of companionate marriage, or “friend-like couple” (Dalton and Dales 2016). In addition to the respective material contributions of men and women to the household, there appears to be a gap in gendered expectations of the marital relationship (Dalton and Dales 2016). Emotional compatibility has emerged as an important factor in discourses surrounding finding a marriage partner, especially for women (Cook 2014, pp. 40–41; Tokuhiko 2010, p. 112). Some scholars also argue that women are more interested in egalitarian relationships than men (Ueno 1998, p. 118).

The desire to marry is affected by variables including education and employment status. For men particularly, the desire to marry is higher among full-time employees and self-employed and family business workers, compared to part-timers, temporary employees and the unemployed (IPSS 2011, p. 2). Men may feel obliged to put off marriage until they have professional ‘security’, and women hesitate to think of male suitors as potential marriage partners unless/ until they have financial security (IPSS 2011, p. 5). In both instances, financial security is defined in terms of full-time ongoing work, excluding non-regular (temporary and fixed-term) and part-time workers, adhering to the expectation that men will be the sole, or primary, breadwinner of the family. Online dating sites typically enforce these normative expectations of men’s marriageability, with most requiring that male members be regular employees, and many requiring male members—but not female—to indicate salary range on their profile (Dalton and Dales 2016, p. 9). For some men, the financial

obligation inherent in marriage renders it an unattractive bargain.

The conflation of the ideal worker with idealized masculinity: hard-working, able-bodied and financially-stable (if not prosperous), reinforces the *salaryman* masculinity, and simultaneously stigmatises non-hegemonic masculinities that cannot meet the ideal (Tokuhiko 2010, p. 63). Thus, unable to support a wife—not to mention children—men working as non-regular or part-time workers are increasingly priced out of the marriage market. According to the Ministry of Health, Labour and Welfare, in 2007 41% of regular male employees between 15 and 34 were married, while the figure for irregular male employees was 11%.

The correlation between employment and marriageability for men, and the pre- and post-marriage employment patterns for women, reveal the ways that gender ideals of care/paid labour dovetail with state policy. This relationship is a product of the concerted incorporation of particular gendered identities into nation-building, a process that began in the modernization period, and which has continued through the neoliberalization of the last decade (Alexy 2011, p. 901). Thus ideals of marriage and marriageability are also subject to a framework of neoliberal ethics, which prioritizes individual responsibility, self-reliance and independence from family and state (Cook 2014, p. 41). Alexy suggests that the recent neoliberalist privileging of freedom, power and independence has altered the ideal of marriage from what Edwards called ‘complementary incompetence’ to ‘independently together’ (2011, p. 902). Certainly the emphasis on maturity through dependence (*amae*) that psychoanalyst Doi Takeo identified as characteristic of Japanese social relations is challenged by a rejection of a marriage model in which wives rely on their husbands to pay the bills, while husbands rely on their wives to launder their clothes (1978). While dependence remains a normative (or even ideal) characteristic of romantic intimacy, the realities of divorce, self-reliance and individualism suggest that marriage expectations for younger Japanese are fraught (Alexy 2011, p. 914). For women in particular, the negotiation

of intimacy and independence reveals a central tension that marriage presents, both in practice and in perception. This underlies unmarried women's perception of marriage as both 'constraint' and 'the right path' (Maeda 2006).

19.6 Towards Marriage: 'Marriage-Seeking Activities'

The concern for marriage decline and delay is evident in popular as well as political discourse. As the average age of first marriage steadily climbs, it becomes less likely for even marriage-minded individuals to find partners as they age (Kato 2010, p. 72). While *miai* remains an option for those seeking to marry, the post-war period saw a shift away from 'arranged marriage' and towards an ideal of 'love marriage' (Blood 1967). Since the late 1960s, the percentage of 'love marriages' has exceeded 'arranged marriages', with the former comprising 87% of marriages in 2005 (Kaneko et al. 2008, pp. 26–27). Throughout the 1980s and 1990s, the workplace represented the most common place for meeting a 'love-match' marriage partner (Tokuhiro 2010, p. 102). However, there has been a decline in the workplace as a site of potential partnering, and in the last decade marriage-minded singles have been directed to try new methods of seeking a partner: *konkatsu*.

The term *konkatsu* is an abbreviation of *kek-kon katsudō*, translated as 'marriage-seeking activities' (literally "marriage-activities"). Sociologist Yamada Masahiro and journalist Shirakawa Momoko popularized the term in their 2008 book *The Era of Marriage-Partner Hunting* and in subsequent 'how-to' guides for individuals seeking to marry (Dalton and Dales 2016; Yamada and Shirakawa 2009a, b). Yamada and Shirakawa's books suggest that *konkatsu* is a tactical response to a decline in structures that had previously fostered romantic relationships leading to marriage, including workplace practices and employment trends.

Yamada and Shirakawa's 2008 book provides an overview of the situation giving rise to *konkatsu*—that is, the difficulty of finding a part-

ner in a 'liberalized marriage market'—as well as a raft of *konkatsu* measures that individuals can take to overcome these difficulties (Tanaka-Naji 2009, p. 352). These include activities that are actively directed towards finding a marital partner, including but not limited to engagement of marriage introduction agencies, participation in singles events (dinners, parties, excursions, sporting events) and self-development geared towards increasing marriageability (Tanaka-Naji 2009, p. 3).

While *konkatsu* may include the use of a formalised matchmaking service, it differs fundamentally from contemporary *miai*. Where *miai* is a specific and formalised process in which the matchmaker takes a central role in the introduction of two individuals, *konkatsu* includes broader and less formal marriage-oriented activities such as self-improvement and participation in community groups. Where *miai* places responsibility on the matchmaker, *konkatsu* is predicated on the individual's responsibility to address the 'problem' of singlehood. The imperative to act to 'rectify' singlehood is indicated in the by-lines on Yamada and Shirakawa's *konkatsu* self-help books: "if you do nothing, you won't be able to get married" (Yamada and Shirakawa 2009a, b).

Konkatsu literature emphasises personal efforts to render oneself accessible and attractive to potential partners. Self-evaluation and self-polishing (*jibun migaki*) enables marriage-seeking women and men to identify the impediments to marriage of which they may be unaware. Sugiura Rita's book 'With Marriage Marketing, You Can Be Happily Married Within 8 Months!' encourages women to examine their motivations for marrying, and suggests that marriage can be achieved using marketing tools: by knowing one's target, setting goals, and implementing strategies (Dalton and Dales 2016, p. 5; Sugiura 2008). Sugiura uses checklists to ascertain her readers' 'marriage-readiness', with statements such as 'I haven't dared to buy an apartment—I am renting (or living at home); I recognize the differences between men who are ideal as lovers and men who are ideal to marry' indicating the seriousness needed for success in finding a partner (Sugiura 2008, p. 42).

Similarly, in a 2010 women's magazine article entitled "Appearance? Personality? Is there a problem? Reasons that you won't be picked", Shirakawa and her co-author Koyama offer a checklist for women to ascertain their 'danger rating' for remaining un-chosen as a prospective wife (Shirakawa and Koyama 2010). Warning signs include: 'You have more than three hobby classes a week'; 'You are interested in golf, overseas travel or wine'; and 'If you were to get married you'd want to go on an overseas holiday every year'. These markers suggest men will be discouraged by women's unavailability, unapproachability (because of exotic interests), and (unreasonably) high expectations. While *konkatsu* may encourage a (re-)assessment of marriage expectations, it does not challenge the underlying gendered ideals of marriageability.

Furthermore, in light of the sacrifices and obligations required by marriage, the incentives to marry may be weaker for more highly-educated or professional women: an investment in career, coupled with financial independence, provides unmarried women agency and identity that marriage may compromise (Dales 2015a, p. 233). Similarly, for heterosexual men in regular employment, decreased social pressure to marry, along with the increased convenience of urban life—where most goods can be bought and most needs outsourced—may reduce the pull to marriage, unless and until children are sought. For both women and men, the greatest drawback of singlehood is 'freedom in actions and lifestyle', and the greatest potential cost of marriage its loss (IPSS 2011, p. 6).

19.7 Beyond Marriage

The significance of marriage as an *idealized* cornerstone of Japanese political and economic organization is clear. However, the trends in marriage as it is practiced—details of average age at first marriage, rates of divorce—indicate shifts that fundamentally challenge the feasibility of this ideal. While the government has promoted measures that primarily aim to increase fertility and/or women's participation in paid work, fur-

ther consideration of options beyond marriage is necessary in a society where 10–20% of the population will remain unmarried for life.

In assessing the capacities of the workforce and the needs of the community, it is imperative to address the diversity of the unmarried demographic. In light of a growing percentage of individuals who do not marry, the implications of other relationships become salient, for individuals and for the state. Increased attention to the experiences of LGBT Japanese draws attention to the ways in which the assumption of a universal life course centred on marriage produces (and reproduces) political inequalities that privilege particular versions of gender and sexuality.

In March 2015, Tokyo's Shibuya Ward Municipal Office became the first place in Japan to officially recognise same-sex unions (BBC "Tokyo ward Shibuya certifies same-sex partnerships" 2015). Passing an ordinance to allow it to issue 'partnership' certificates to gay couples, the Ward Office asked local businesses to recognise the certificates and accord equal treatment to the (adult) bearers. In June, Setagaya Ward Office, also in Tokyo, announced it would follow suit later in the year.²

The conservative Abe government is opposed to legislative reform on marriage. Prime Minister Abe has reiterated that the constitutional definition of marriage excludes same-sex couples and is based 'only on the mutual consent of both sexes'. But as the first formal recognition of same-sex unions, the Shibuya ordinance suggests an increased public awareness, if not acceptance, of the rights of those outside the mainstream. This is also evident in increased corporate activity on LGBTIQ issues: employee training in diversity and gender sensitivity, sponsorship and participation in events like the Tokyo Gay Pride Parade (Kendy 2015).

Same-sex unions currently lack legal recognition, which means that same-sex couples

²In January 2016, Setagaya also held a Coming-of-Age ceremony (accessed 12/04/16) for young people in the LGBT community, offering participants and their families a public forum for discussion of LGBT youth transitions to adulthood (Times 2016).

experience discrimination, such as the rejection of tenancy applications and hospital visitation rights. The lack of legal protection for same-sex relationships largely reflects the resilience of the *koseki* family registry as a fundamental legal and administrative structure (Krogness 2014). The *koseki* documents Japanese marital relations, parent–child relations and legitimacy, and ties individuals to members of a larger unit (the *ko*). Relationships that are not recognised (or recognisable) by the *koseki* are therefore legally and socially de-legitimised. Those affected by this de-legitimation include de facto heterosexual couples, foreign residents, same-sex couples, cohabiting friends and children born outside marriage.

The increased visibility of same-sex relationships, and the obstacles created by the *koseki*, draw attention to the centrality of the household as an anchor-point of neoliberalisation in the last decade. The heterosexual reproductive family, the foundation of Japanese postwar economic growth, retains symbolic, as well as political and economic significance in contemporary Japan. However, the stability of this anchor-point is challenged by the demographic shifts that make non-marriage more than a transient phase for increasing numbers of Japanese adults. While the government has typically adopted a familistic approach in encouraging marriage—and therefore encouraging fertility—non-marriage, in its varying forms, demands greater attention.

Making non-marriage a supported and realistic life possibility requires policy support that aims towards more fundamental gender equality. It needs something close to the definition given in Chap. 2 of Japan's 1999 Basic Act for a Gender-Equal Society, which aims for a society 'where both women and men shall be given equal opportunities to participate voluntarily in activities in all fields as equal partners in the society, and shall be able to enjoy political, economic, social and cultural benefits equally as well as to share responsibilities'.

The decline in marriage demonstrates that gendered institutionalised constraints have a considerable effect on labour force participation and on fertility levels. These constraints affect those

unmarried who wish to marry as well as those who do not. From a purely pronatalist perspective, there are good reasons to encourage a reduction in the gender divide on employment, care work and childrearing. But even more significantly, there is a need to strategically address the growing population of incidentally and intentionally unmarried women and men, as well as those who do not have children. Media representations of singles—both those unmarried but seeking to marry, and those happy being unmarried—draw attention to the diversity of non-married lives in contemporary Japan, challenging the notion of singlehood as a social failure or temporary status (Dales 2015b; Freedman and Iwata-Weickgenannt 2011).

The shift in marriage patterns can be discursively connected to the increased visibility of other lifestyles that transgress the normative life-course. For example, one common thread between the decline in marriage and the increased visibility of same-sex relationships is that both challenge notions of universal gendered norms like the full-time housewife and the regular salaried worker. The increasing number of Japanese who are not in heterosexual married relationships and do not have children challenges the state's investment in these households. Government initiatives to address the needs of these individuals must move beyond the assumption that marriage and children will inevitably and uniformly frame the lives of the Japanese citizenry.

19.8 Conclusion

While marriage remains an ideal, and an institution into which most will enter at least once, Japanese women and men are marrying later and less. Those who do marry are having fewer children than in the past. Extramarital births remain negligible, and 'shotgun weddings' have steadily become more common over the last two decades. The connection between nuptiality and fertility presents the greatest concern to policymakers in a country with drastically declining population: it is clear that Japanese prefer to marry before having children, and a decline in marriage means fewer babies. These demographic trends present

critical questions for policymakers grappling with a subdued economy, a resiliently gendered gap in employment patterns and an inevitable population decline.

What marriage means in Japan is a product not only of sociocultural changes, but of economic and political shifts that alter the wider social landscape within which individuals make life choices. The decline and delay of Japanese marriage reflects a range of factors, including economic insecurity and underemployment, as well as differing perceptions of marriage and marriageability between men and women. Any efforts to address marriage delay or decline must take account of these factors. Arguably, this would involve attention to broader issues of gender inequality, labour practices and welfare policy. Attempts to harness married women's labour by encouraging re-entry to the workforce offer little hope unless there is concomitant commitment to enabling men to participate in the domestic sphere, notably unpaid (child and elder) care work. This in turn must be fostered by commitment to cultural change that re-evaluates the division between unpaid and paid work and its relationship to gender norms and marriageability.

Considered attention to the needs of the increasing number of people who do not marry, or do not remain married, invites a broader conceptualisation of what it means to be a Japanese woman or man in the twenty-first century. To consider the needs of individuals, irrespective of their marriage status, will also involve a shift in government policy that ascribes responsibility for welfare to the family, and particularly to women.

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The Exaggerated Demise of Polygyny: Transformations in Marriage and Gender Relations in West Africa

Bruce Whitehouse

20.1 Introduction

Polygyny, the form of marriage in which a husband is wedded to more than one wife, was widely practiced around the world until the modern era.¹ Demographic studies indicate that, at least in a formal sense, it remains common only in Africa today. Even there, its intensity is generally low: few men can afford more than two wives at a time, and in Muslim societies religious law limits a man to four wives. Prominent social scientists (e.g., Goode 1963) once predicted the eventual end of polygyny as Africans became more educated, urban and modern. Demographer Jacques Vallin (1999, p. 37) declared that “polygyny, at least in its current form, is likely to disappear.” But, as Richard Marcoux (1997, p. 193) reminds us, “One of the marital structures of which the imminent demise has been announced the most often is polygamy”—and that demise has yet to occur.

Although polygyny only concerns a minority of husbands at any given time, the institution has far-reaching effects on nuptiality and gender

relations in societies where it is practiced, and has proven resilient in the face of economic and demographic change in African societies. Is polygyny bound for extinction or transformation? If it does disappear “in its current form,” what new forms might it assume, and how could these changes affect dynamics between men and women? This chapter examines these questions in the context of West Africa, where polygyny’s prevalence remains highest. Following a review of recent trends in polygyny rates reported by demographic surveys, I review the scientific literature on West African nuptiality and gender, linking changes in these areas to fundamental demographic shifts in the region and beyond. My analysis is informed by my ongoing ethnographic research on marriage in Bamako, Mali (see Whitehouse 2016, 2017).

20.2 Polygyny’s Declining Prevalence

Demographic and Health Survey (DHS) data are available for all West African countries with the exception of Guinea-Bissau; in most of these countries, multiple surveys have been carried out over a span of two or more decades. Chart 20.1 shows the polygyny rate (defined here as the percentage of married 15- to 49-year-old women who describe themselves as currently in

¹The Standard Cross-Cultural Sample lists over 80% of pre-industrial societies as “socially polygynous” (Ember et al. 2007, p. 429).

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Polygyny rate by country

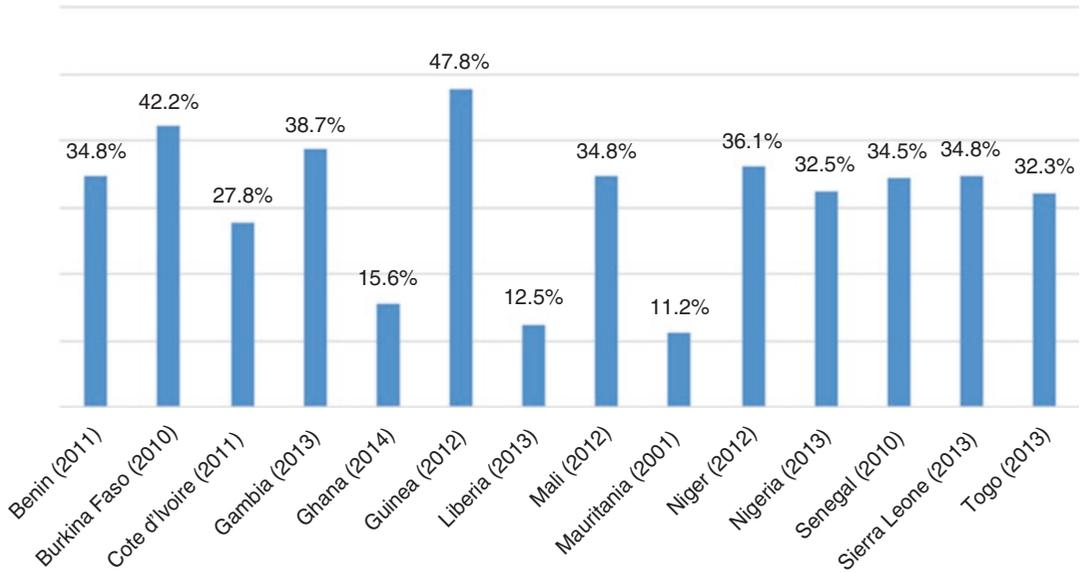


Chart 20.1 Rates of married women (aged 15–49) in polygynous unions throughout West Africa (Source: DHS reports)

polygynous unions) as measured by the most recent published survey.²

In no country does polygyny now apply to a majority of married women, although it did constitute women's dominant reported nuptial type in many West African countries until quite recently. Data from successive DHS reports since the 1980s show polygyny rates in general decline throughout the region. Chart 20.2 depicts the proportion of wives reported as polygynously married in eleven West African countries over time.³

An overall drop in polygyny rates is evident in nearly every West African country for which multiple surveys exist. The largest declines have occurred in Benin, Ghana and Liberia, while rates have fallen more gradually throughout the Sahel. Only Niger has seen no decline.

²Another common metric of polygyny, the proportion of married men in polygynous unions, is problematic to assess in these DHS reports, as relevant data on males were often omitted from early reports, while male respondents' age ranges were inconsistent in later reports.

³Chart 20.2 includes all countries in the region for which at least three DHS data points are available over a period of 15 or more years.

National-level statistics mask significant heterogeneity *within* countries, however. DHS data suggest that the polygyny rate in southeastern Nigeria, for example, between 1990 and 2013 dropped by 55.6%; by contrast, in Nigeria's northeast it fell just 12.1% over the same period. Polygyny has been and remains more common among rural than urban dwellers in every country; the most recent rural-urban rate disparities in West Africa ranged from seven percentage points in Liberia to 27 points in Burkina Faso.⁴ Moreover, polygyny rates have universally fallen faster in urban than in rural populations throughout the region (see Chart 20.3 below), even though declines in urban polygyny rates over the 20-year span of DHS surveys were offset by rural gains in Guinea and Niger (see Table 20.1).

Major divergences in polygyny's prevalence are sometimes apparent where survey responses

⁴The lone West African country lacking a significant rural-urban polygyny disparity was Mauritania, where rural and urban polygyny rates were 11% and 12% respectively according to the 2001 DHS, the only such survey so far conducted in Mauritania.

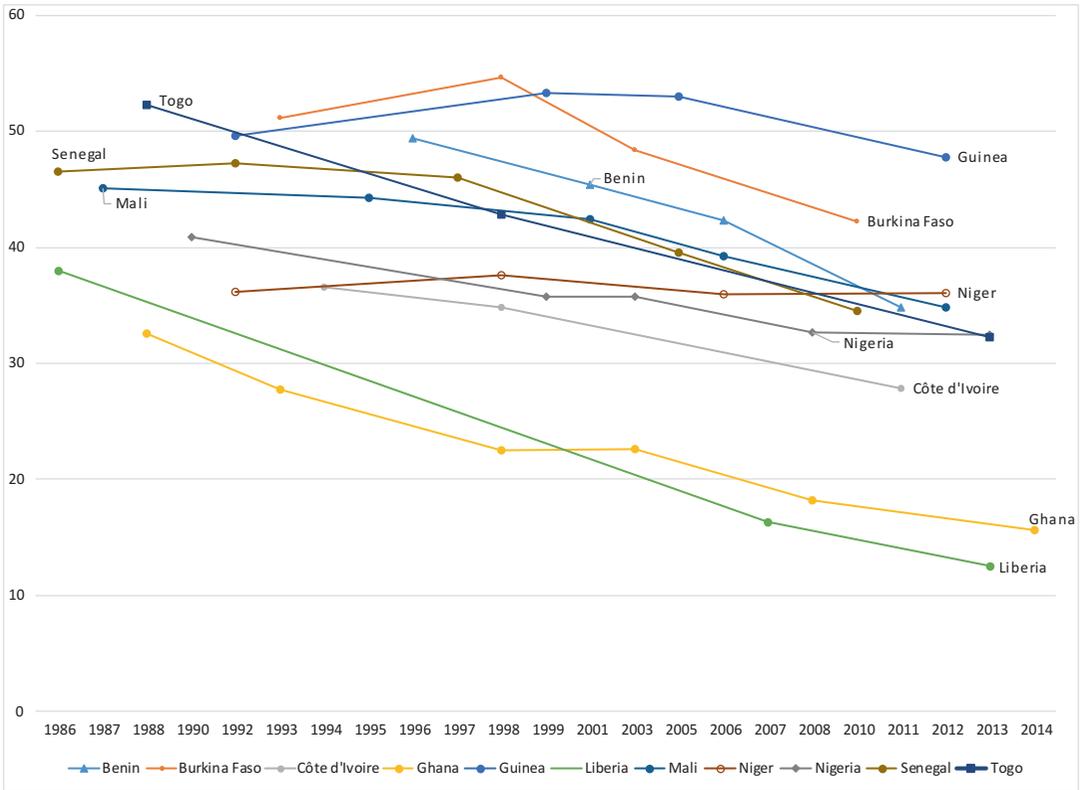


Chart 20.2 Percentage of married women (aged 15–49) claiming to be in polygynous unions in 11 West African countries (Source: DHS reports)

are disaggregated by ethnicity. Perhaps the most striking inter-ethnic contrast within a single country appears in Mauritania, where the 2001 DHS identified a polygyny rate of 55% among women in the Soninke ethnic group (mostly concentrated along the country’s border with Senegal and Mali) but a mere 4% among Arab women. Such disparities demonstrate that Islam—adhered to by *all* Mauritians, according to the DHS report—cannot be the primary factor underlying high rates of West African polygyny.

Finally, polygyny’s prevalence varies significantly over the life course, rising with age for men and women alike. Upon reaching their forties, more than half of married women in many West African countries share their husbands with one or more co-wives. The magnitude of this life course effect differs by gender and residence. For example, analysis of Senegalese census data finds that rural wives’ polygyny rate peaks at 65%, between age 40 and 44, while the rate

among urban wives peaks at 50% after age 50. Polygyny for rural husbands peaks at 50% at age 60, and peaks significantly lower and later for urban husbands—38% at age 75 (Gning and Antoine 2015). Beyond the facts that polygyny is more common among rural than urban dwellers and peaks earlier for women than for men, however, it is difficult to discern uniform regional patterns.

20.3 Demography, Nuptiality and Gender Norms

The long-term decline observed in polygynous unions fits into a broader transformation, underway for many decades, of West African nuptiality and family life. Elders’ diminishing control over youth plus young people’s rising age at first marriage have ushered in a longer, semi-autonomous stage of the life course between childhood and

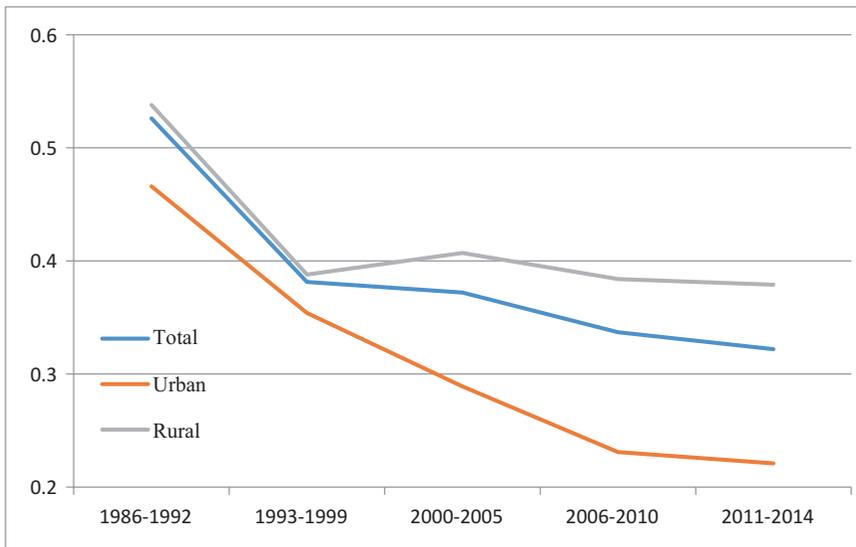


Chart 20.3 Aggregate rates of married West African women (aged 15–49) in polygynous unions (Sources: DHS reports, World Bank population data)

marriage. Young people have gained greater say in finding spouses than their parents had, while age gaps between spouses are trending downward in most countries.⁵ Falling fertility, rising premarital childbirth, the tendency toward unions becoming more informal and fragile—all intensified by periods of economic crisis—are visible in many settings, driving a diversification of family models (Antoine 2006; Antoine and Marcoux 2014; Bledsoe and Pison 1994; Hertrich 2013; Locoh and Mouvagha-Sow 2008). Norms and discourses favoring greater romantic expression between spouses as well as other changes associated with “companionate marriage” (Cole and Thomas 2009) have gained popularity. How can polygyny survive amidst this rapid change?

Unlike elsewhere on the continent, most notably southern Africa where growing numbers of people appear to be foregoing marriage,⁶ in West

Africa some type of marriage generally remains a prerequisite for full adult status. Marriage is a social imperative for both males and females, but females are under much more pressure than males to marry young, whether they live in cities or villages. Doquet (2014, p. 396) observes that for young women in urban Mali marriage is essential before age 25 “unless one wishes to wind up either in an arranged marriage with an old man or as the last co-wife living cheek by jowl in a family of limited means. Moreover, not to marry before this fateful age opens oneself up to being called ‘*vieille*’ [elderly].” The enduring expectation that West African women spend most of their fertile years within the bounds of marriage underscores the continued vitality of the roles of wife and mother in the female life course (Hertrich 2007). Moreover, marriage generally remains highly institutionalized. In Dakar, Senegal, for example, concubinage is marginal and premarital sexual relationships are often clandestine despite women’s delayed entry into marriage. Not all couples seek to formalize their unions legally, but generally speaking they do formalize them through religious and/or cultural rites which confer legitimacy in the eyes of the public if not the state. Finally, while divorce is common, women tend to remarry rapidly

⁵Lesthaeghe et al. (1989, p. 329) describe the convergence of male and female ages at marriage as the “main threat to polygyny.”

⁶Hertrich’s (2007, p. 20) review of survey data from the 1990s finds that up to 30% of southern African women aged 35–39 remained unmarried; the “rise in terminal celibacy” among South Africans leads Garenne (2016, p. 2561) to wonder whether marriage in South Africa might “simply disappear in the next century.”

Table 20.1 Urban and rural polygyny rate change per annum, by country (Source: DHS reports)

Benin (1996–2011)	
Urban	–2.9%
Rural	–1.4%
Burkina Faso (1993–2010)	
Urban	–1.9%
Rural	–0.8%
Cote d’Ivoire (1994–2011)	
Urban	–2.5%
Rural	–0.8%
Ghana (1988–2014)	
Urban	–2.4%
Rural	–1.6%
Guinea (1992–2012)	
Urban	–1.4%
Rural	3.0%
Liberia (1986–2013)	
Urban	–2.6%
Rural	–2.3%
Mali (1987–2012)	
Urban	–1.4%
Rural	–0.8%
Niger (1992–2012)	
Urban	–1.2%
Rural	2.1%
Nigeria (1990–2012)	
Urban	–1.5%
Rural	–0.4%
Senegal (1986–2010)	
Urban	–1.4%
Rural	–0.8%
Togo (1988–2013)	
Urban	–2.1%
Rural	–1.2%

(Antoine and Djiré 1998; Dial 2008). Across West Africa, in sum, marriage and childbearing define womanhood as much today as they ever have, even if their timing has changed.⁷

This fact explains polygyny’s stable influence over West African lives: in societies where it is widespread, polygyny structures the nuptial sys-

⁷While it affects women at younger ages than men, the imperative to marry applies irrespective of sex. “An unmarried adult of a certain age has no standing and inspires no trust,” S. Camara observes in southern Mali; “But free unions or unmarried cohabitation [*concubinage*] are equally inconceivable. Marriage is thus the sole normal path; it is an obligation, a necessity” (2002, p. 183–4; see also Kringsbach 2016, p. 171; Meillassoux 1981, p. 78).

tem and shapes even monogamous marriages. Civil law does not take the polygyny option off the table.⁸ In several countries a couple may opt for a monogamous union during their civil marriage ceremony, yet few choose to do so. Civil registers in Bamako show that of men marrying for the first time between 1991 and 2010, roughly one in five chose *de jure* monogamy (Whitehouse 2017). While many husbands who declare *de jure* polygynous unions will never take an additional wife, few husbands would cement their monogamous union with a legal guarantee—one which, as we will see, is frequently flouted. Men who leave the door open to polygyny gain power over their wives which they are loath to surrender. Thus in West Africa, argues Locoh (1988, p. 461),

polygamy, while far from generalized, remains the “perspective” of all unions. Even when it is not realized, it is present in the partners’ minds and gives a distinctive character to conjugal relations and more generally to alliance relations, [which] are always lived and interpreted in light of the potential option for polygamy.

Just as it does among husbands and wives, the institution of polygyny shapes understandings of marriage and gender among children who grow up exposed to those unions. According to recent DHS data, more than half of all children in Burkina Faso and Guinea live in polygynous households (Wagner and Rieger 2015). Moreover, the institutional approach to sub-Saharan nuptiality (Lesthaeghe et al. 1989) has shown that parents, siblings, and other kin often have an interest in, and powerful influence over, a man’s decision to take an additional wife; polygynous unions stem as much from social and kin group factors as from individual preferences. Polygyny’s social impact is therefore broader than prevalence rates suggest.

Since polygyny is a core institution of West African marriage, it would be a mistake to view polygynists and monogamists there as members of contrasting or discrete social categories. Where polygynous unions are common, being a polygynist or monogamist is often more a function of

⁸Legal restrictions’ limited impact on West African polygyny is evidenced by its continued prevalence in Benin, Côte d’Ivoire, and Guinea despite polygynous unions having no legal standing in these countries.

one's position in the life course than of cultural or value differences, and a union's status as polygynous or monogamous may be experienced as short-lived and easily reversible (Blanc and Gage 2000; Bledsoe 2002; Bove et al. 2014; Hertrich 2006).

Demographic structure explains much of polygyny's persistence in West Africa. Widespread polygyny requires, at minimum, a wide gap between the average ages of women and men at first marriage, rapid remarriage of widows and divorcees, and pronounced population growth (Pison 1986); all these conditions are present to varying degrees in West African societies. Along with rural residence and older age, polygyny is associated with "patrilineal, patrilocal, gerontocratic, pronatalist agrarian societies that limit women's access to land, inheritance, support from natal kin, and sources of formalized power" (Bove and Valeggia 2008, p. 22). High polygyny rates have also been linked to the practice of postpartum abstinence, extending for up to 4 years after childbirth in some populations (Blanc and Gage 2000; Lesthaeghe et al. 1994).

While scholars have observed rising age at first marriage and falling rates of fertility throughout West Africa, other pillars of the region's high-polygyny regime stand firm in many populations, including in urban centers. In Bamako, for example, even though women's average age at first union has risen since the 1970s, it has been matched by men's rising age at first union—an apparent consequence of increasing economic hardship and uncertainty (Antoine and Djiré 1998).⁹ Consequently, DHS data and civil marriage registers show Bamako spouses' age gap at first marriage holding steady since the 1980s, with the average husband being approximately 10 years older than his wife (Whitehouse 2017). The durability of this gap suggests that polygyny could remain a prominent feature of the city's nuptial landscape.

For their part, West Africans seldom attribute polygyny's presence in their communities to spousal age gaps, high fertility, or rapid remar-

riage. Instead, they may naturalize polygynous unions as an inevitable response to a perceived large surplus population of females. Thoré (1964, p. 820) found a widespread belief that women outnumber men, and described (without endorsing) it in the Senegalese context:

It is "intellectuals" more than illiterates who refer to this stereotype to defend the institution of polygamy and build upon it a whole series of moralizing rationalizations: if polygamy is banned, given that there are two or three times as many women as men, many [women] will never be able to marry; if they stay single, the desire for motherhood plus their sex drive will inevitably lead to situations condemned by family and morality. There is but one way, established by tradition, to avoid general debauchery: polygamy.

This myth of female overpopulation endures: writing 35 years after Thoré, French demographer Jacques Vallin observed that it was commonplace. He described a Togolese doctor "swearing, in all seriousness, that in his country polygamy was an absolute necessity as Togo had seven women for each man" (1999, p. 36). Researchers in Benin (Falen 2011), The Gambia (Wittrup 1990), Senegal (Fainzang and Journet 1988) and Sierra Leone (Dorjahn 1959) have remarked on similar local beliefs. Notions of a natural sex imbalance are so entrenched that even certain scholars from West Africa (e.g. Diallo and Diarra 2009) take for granted their society's alleged strong surplus of females in defiance of demographic data.¹⁰

20.4 Women and Men in Polygynous Marriage

Implicit in the myth of female overpopulation is the devaluation of women. Building on the assumption that marriage is the only form of fulfillment that counts for females, the myth casts polygyny as a salutary practice allowing all women access to matrimony. Such seemingly

⁹The same demographic trend has been observed more generally throughout Africa (Lesthaeghe et al. 1989, p. 333).

¹⁰In fact, DHS reports show sex ratios close to parity in West African countries, ranging from 91 males per 100 females in Niger to 99 males per 100 females in Côte d'Ivoire.

benevolent paternalism in West Africa, however, very often accompanies ideologies of female inferiority viewing women as inherently weak and in perpetual need of men's moral and political authority (Fainzang and Journet 1988; LeBlanc 2007; Thoré 1964). Nor are males necessarily the strongest adherents of these ideologies: women are twice as likely as men in DHS surveys to express support for a husband's right to beat his wife, and the odds of women justifying such violence are positively correlated with polygyny rates (Uthman et al. 2010). In contrast, the effect of female education on women's likelihood of entering polygynous unions has been consistently if not always strongly negative (Bledsoe 1990; Fenske 2011; Timaeus and Reynar 1998). There seems to be a relationship between polygyny and women's status, though its nature is a longstanding subject of debate.

Social scientists occasionally view polygyny as an adaptive behavior, even from women's perspective. Some have framed polygyny as an efficient practice that benefits women through higher productivity and increased male competition in marriage markets, leading to enhanced access to consumption for polygynous wives (Becker 1991; Grossbard 1976). Others have argued that polygynous households foster economies of scale which ease women's share of domestic labor (Anderson 2000; Kilbride and Kilbride 1990; Marcoux 1997; Steady 1987). Subsequent analysis of DHS data, however, has challenged these arguments, concluding that the practice has no economic benefits at national and household levels, nor does it reduce women's workloads at home (Ickowitz and Mohanty 2015; Tertilt 2005). Compared to monogamous women, women in polygynous unions are less likely to use modern contraception (Anoh and Kassegne 2003; Bove and Valeggia 2008), more likely to contract sexually transmitted infections (Bove and Valeggia 2008; Hayase and Liaw 1997), and more likely to have children who get sick and die young (Omariba and Boyle 2007; Strassmann 1997, 2011; Wagner and Rieger 2015). Senegalese wives in monogamous unions strive to invest savings outside of their households and beyond their husbands' reach, even to the detriment of house-

hold food consumption, to guard against a co-wife's arrival (Boltz and Chort 2016). Such conclusions lead some researchers to conclude that, far from being an institution with beneficial impact on wives, polygyny is part of an oppressive system of attitudes and practices undermining wives' interests. Ickowitz and Mohanty's "oppression hypothesis" posits that women marry polygynous men not because of polygyny's inherent advantages but because they face restricted choices in the marriage market (2015, p. 81; see also Grossbard 2016).

Yet polygyny's effect on women's status is not uniformly deleterious, as African polygyny is also associated with certain economic privileges for wives. Most significant here is the custom of household budget separation: south of the Sahara, where the nuclear family is not the norm, husbands and wives occupy discrete realms of domestic activity and spending. A wife, despite her subservient status within her husband's household, generally maintains her own income, savings and property apart from that of her husband. In a Sierra Leonean fishing community, for example, Steady found that polygyny "played an important role in strengthening the separate financial authority of women, and in promoting the evolution of a semi-industrialized structure of production within the female sphere of the sexual division of labor" (1987, pp. 225–226). Women's relative financial independence from men can bring benefits in other areas through increased spending on education, health and nutrition for their children (Adams and Castle 1994) and on their own health care (Bove et al. 2012). Compared to monogamous wives, polygynous wives in Ghana have just as much power over daily household purchases and "substantially more control over their earnings" (Ickowitz and Mohanty 2015, p. 97). Hence West African women have reason to distrust Western models of monogamous, companionate marriage as encroaching on their customary prerogatives and autonomy (Locoh and Thiriart 1995; Ware 1979). The "patriarchal bargain" in effect for sub-Saharan African wives, in which they seek respectability and status by upholding specific patriarchal norms (Kandiyoti 1988), discourages them from

becoming fully dependent on their husbands, especially since husbands often fail in their normative breadwinning responsibilities.

The ambivalent relationship between female autonomy and polygyny is mirrored by West Africans' conflicted or incongruent opinions on polygyny in surveys. During the 1950s, close to 85% of women surveyed in southeastern Côte d'Ivoire said they preferred having a co-wife for "domestic and economic" reasons (Boutillier 1960, p. 120), while in Pikine, Senegal, a similar proportion of women expressed opposition to polygyny (Thoré 1964). In Ibadan, Nigeria, a majority of women surveyed in 1975 said they would be "pleased" if their husbands took additional wives and would enjoy having someone with whom to share housework (Ware 1979). A generation later, however, another survey in the same area found large majorities of men and women stating that polygyny had no advantages for women and "should be eradicated" (Aluko and Aransiola 2003, p. 182). All these responses must be treated with caution: as Falen (2008) observed in Benin, women's statements about polygyny can vary widely according to the interviewer's identity, with interviewees expressing overwhelming support for polygyny in response to questions from an African woman, but equally overwhelming support for monogamy when asked by a white man. Moreover, women's views may change as they move through the life course and gain power through their positions as senior wives and mothers. "Given a choice," wrote Bledsoe (1990, p. 117), "most young women prefer monogamous marriage to gain greater leverage with husbands and liberate themselves from the work demands of domineering senior wives. Not surprisingly, as they grow older and gain junior wives of their own, their opinions of polygyny often improve." A woman approaching middle age may greet the arrival of a younger co-wife as a welcome opportunity to reduce her own share of domestic labor and slow or cease childbearing (Madhavan and Bledsoe 2001).

Ethnographic research has revealed women's attitudes of pragmatic acceptance and even resignation toward polygynous marriage. Afraid they

may never find a suitable husband—a fear exacerbated by the myth of female overpopulation— young Senegalese women consider polygamy the "lesser of two evils" (Dial 2014, p. 256; Mondain et al. 2004, p. 287), preferring to share a husband with another woman over remaining unmarried. Women recognize, moreover, that monogamous marriage often falls short of the ideal. The most likely alternative to polygyny is not strict monogamy but "legal monogamy paralleled by a series of more or less open affairs," as Ware (1979, p. 189) observed of Nigeria (see also Smith 2009). Even opting for the legal protections of a monogamous civil marriage may not spare wives from having to share their husbands, as we will see in the next section. Suggestions that West African women today accept polygynous unions for lack of better options lend weight to the oppression hypothesis.

Some wives choose divorce over having a co-wife, but the relationship between divorce and polygyny is most often circular. On the one hand, many marriages dissolve after a husband's decision to take a new wife (the leading factor behind divorce in Bamako). On the other hand, women who divorce are likely to marry polygynous men later: in Dakar, polygyny characterizes 55% of women's second marriages and 72% of their third marriages (Antoine and Nanitelamio 1996; Antoine et al. 1998). These women use divorce less as a means of escaping polygyny, therefore, than of negotiating better terms within it. A divorcee has greater control over her conditions of residence after remarriage than she did over the conditions of her first union, and may prefer a polygynous marriage of her choosing to one imposed upon her (Falen 2011). If divorce is stigmatized in many West African societies, it also offers hope of upward mobility to women who can avoid the stigma by remarrying quickly (Dial 2014).¹¹

West African males, for their part, are wary of the risks that accompany polygyny in the form of increased expense and quarrels between co-

¹¹Not all women find such prospects appealing: Kringelbach highlights middle-class urban Senegalese women who marry Europeans rather than "risk being locked into a cycle of marriage, polygyny, divorce, and remarriage into polygyny" (2016, p. 162).

wives. Yet many also find polygyny useful in important ways. Economically, it helps mobilize cheap labor and increases productivity. A struggling urban male may take multiple wives to diversify his household's economic activities and mitigate its risks (de Suremain and Razy 2011; Dial 2008), or to enhance his security in old age (Gning and Antoine 2015). Socially, polygyny enables husbands to gain or maintain power over their wives through divide-and-rule tactics and to display their social standing (Antoine et al. 1998; Broqua and Doquet 2013; Camara 1978; Dial 2008; Falen 2008, 2011; Whitehouse 2017). Having many wives is a "strong marker of masculinity," conferring respect and honor on men (Broqua and Doquet 2013, p. 308).

Such justifications explain polygyny's attractiveness to a broad cross-section of West African men. Variables such as a man's ethnicity, religion, or type of economic activity have little power to predict his likelihood of taking multiple wives: contrary to the arguments of Becker and others, polygyny, at least in this region, is not primarily an effect of resource inequality among males (Antoine et al. 1998; Fenske 2011). A West African man's odds of becoming a polygynist are inversely correlated with his level of education, but lack any strong and consistent connection to his socioeconomic status. While men with polygynous fathers are 50% more likely to become polygynous in Dakar, no similar correlation has been found in Bamako (Antoine and Nanitelamio 1996; Antoine et al. 1998; Gning and Antoine 2015; Timaeus and Reynar 1998). With the exceptions of age, education, and urban residence, then, polygyny is distributed fairly broadly among various categories of men in the region.

Men's incentives for polygyny are changing, however, in response to demographic shifts. As West Africans increasingly concentrate in cities,¹² nuptial practices take on new costs, forms, and meanings. Large families are expensive to maintain in fast-growing towns where land is scarce

and housing at a premium. Although the cultural norm requiring husbands to be their families' main providers remains in place, high rates of urban poverty and unemployment have eroded men's ability to live up to this norm, leaving women to meet a greater share of household expenses. Poor urban men are not less likely than wealthy urban men to have additional wives, but they are less able to meet their expected economic obligations to multiple wives and children. Polygyny's potential for enhanced agricultural labor and productivity cannot lift a poor man out of poverty in cities the way it might in rural agricultural settings (Blanc and Gage 2000).

Women find ways to capitalize on men's inability to live up to their economic responsibilities. A woman might call public attention to her partner's failure to respect the prevailing breadwinner norm, or might seek alternative sources of support, whether through her own labor or through other male partners (Hannaford and Foley 2015). Such tactics undermine the social respect men derive from their relationships with women, thereby turning men's weapons against them. Broqua and Doquet (2013) raise the possibility that men's struggle to reconcile urban polygyny with established norms of manhood is a sign of diminishing male power. Yet despite recognition of its inherent costs and tensions, and despite young people's widespread disavowal of it, polygyny has enduring appeal for senior males. As men age, Falen finds in Benin, "their status aspirations may prompt them to engage in some form of plural union" (2011, p. 80).

20.5 Polygyny in Transformation

Although polygyny statistics have declined fastest among urban populations, it is clear that polygyny is not disappearing from West African cities, even amid acute economic hardship. In Dakar (Dial 2008; Gning 2011; Kringelbach 2016) and Bamako, for example, "the institution of polygamy seems to have been in no way affected" by upheavals in marriage timing (Marcoux et al. 1995, p. 126). We now consider two interrelated dynamics reshaping urban marriage in general

¹²From 2010 to 2015, rapid urbanization characterized most countries of the region; the fastest annual urbanization rates were 2.1% in Mali and 3% in Burkina Faso (United Nations 2014).

and polygyny in particular: informalization and the rise of non-coresidential unions.

In the 1980s, a wave of scholarship highlighted the growing popularity of informal unions in urban Africa, from the Ghanaian “sugar daddy/gold-digger” relationship to the Congolese *deuxième bureau* or “second office” to the Nigerian “outside wife” (Dinan 1983; Lacombe 1987; Wa Karanja 1987). Such relationships are widely regarded as functional equivalents of polygyny, even if they lack the public recognition and political commitment found in formal polygynous unions (Blanc and Gage 2000; Bledsoe 1990). Wa Karanja defined an outside wife as a woman in a long-term sexual relationship with a man who maintains her financially and with whom she bears children acknowledged as his, but who neither declares her publically as his wife nor pays bridewealth to her family; this type of informal or “private polygyny” had largely supplanted the formal, “public” variety among elite men in Lagos by the late 1970s (Wa Karanja 1987, p. 257). The spread of such private polygynous unions may account for some of the so-called “polygamy hypocrisy gap” (Mungai 2014) arising when a couple offers conflicting accounts over whether the husband has other wives—the matter of which female partner constitutes a “wife” being open to debate. This gap could partially explain urban dwellers’ lower reported rates of polygyny (see Lesthaeghe et al. 1989, pp. 328–329).

With many marriages taking place outside the state’s legal framework, the boundaries between formal and informal unions in West Africa are often murky. The official benefits of a civil marriage, such as child support, inheritance rights for widows and children, and in some cases a commitment to monogamy, are difficult to access where judicial systems are ineffective, law enforcement is lax, and most unions are celebrated through customary or religious ceremonies. Malian women see little point in declaring a monogamous civil marriage because, in the words of one female interviewee, “if you opt for monogamy, the man will ask you to change [to polygyny] and if you refuse, he’ll make do with a religious marriage” (Toukara 2015, p. 155; see also Whitehouse 2017). Civil unions, rare in rural Mali (Hertrich 2013), are common in Bamako but

even there are overshadowed by religious unions “without which a marriage is generally not validated by the community” (Miseli 1998, p. 24). In Dakar—a setting with comparatively robust state institutions, where until recently a majority of unions were celebrated through civil marriage—most weddings now take place in the mosque, unrecognized under Senegalese law, and civil weddings are even more unusual for remarriages (Dial 2008). While they lack state recognition, Islamic unions in such Muslim-majority settings may not be entirely informal, as they confer social legitimacy and carry normative obligations and protections which are frequently more binding in practice than those afforded by the state.

Civil law’s weak hold over marriage, coupled with the popularity of customary and religious union, leaves an ambiguous space in which West African men and women may choose to keep options open for pursuing individual matrimonial, fertility or economic goals (de Jorio 2002). A market woman may move through a series of unions in hopes of carving out greater financial autonomy for herself. An educated single woman may decide to become a married man’s long-distance “outside wife,” finding in this status a degree of economic and personal independence she would not enjoy under formal monogamy (Locoh 1988; Locoh and Thiriat 1995; Wa Karanja 1994).

This brings us to the phenomenon of non-coresidential polygynous unions, in which co-wives inhabit separate residences instead of sharing a single domestic compound (the polygynous model which many scholars have taken as the norm). This type of union is by no means a recent innovation¹³ but appears to have become more feasible and desirable in urban areas over time. According to a 1983 survey in Lomé, Togo, 57% of women in polygynous unions lived apart from their co-wives (Locoh 1994). More recent research in Dakar found at least 30% of men with two wives and 60% of men with three or more living in non-coresidential unions—i.e., at least one of their wives does not cohabit with them (Gning and

¹³In Dakar of the 1950s and 1960s, Le Cour Grandmaison labeled the non-coresidential union “plurilocal polygamy” (1971, p. 211), while Aryee referred to the “duolocality of spouses” in 1970s Accra as a “traditional Ga practice” (1978, p. 375).

Antoine 2015). While the cost of maintaining separate residences for multiple wives is beyond most husbands' capacity, as Fainzang and Journet (1988, p. 69) put it, "the main demand of an urban co-wife is always to have her own house."

Non-coresidential polygyny is a heterogeneous category. In some cases co-wives' dwellings are adjacent to one another, while in others they are located in different neighborhoods or even separate towns. A husband in such a union may be wealthy enough to afford separate lodgings for all his wives, or so poor as to lack sufficient space to keep his wives and children in his own housing, sending one or more wives to live with their fathers or other male relatives, whether in the same city or in their rural village of origin (Gning 2011). A transnational migrant husband may maintain one or more wives in his home community while residing with another wife abroad (Hannaford 2017; Whitehouse 2012). Some non-coresidential unions are cohesive economic and kinship units, while others are bound together by loose arrangements making each wife the *de facto* head of her own household.

These twin dynamics of informalization and spatial dispersion of polygynous unions carry significant consequences for West African demography. One consequence relates to how official surveys define and measure households. In determining whether a husband should be counted as the household head for wives who reside elsewhere, not only the husband's *de jure* status but also the *de facto* distribution of responsibility within the union must be considered. A co-wife is less likely to list her husband as her household head when she lives apart from him, and particularly when she does not fully depend on his economic support (Gning 2011); indeed, she may not report being married at all under such circumstances.¹⁴ Men and women alike in urban West Africa have reasons, albeit differing ones, to underreport their polygynous unions.

A related consequence concerns childrearing, kinship, and autonomy within polygynous unions. In some parts of the region, the social ideal is for a polygynist's children to be raised collectively, living in an extended family residential compound and deferring to the authority of each of their father's wives (as well as other elders). When half-siblings are raised in separate urban households, however, a different type of kin group emerges consisting of sub-units more akin to multiple nuclear families sharing a single husband/father (Hoffman 2012). This structure undermines the usual hierarchical rapport among co-wives, whose relationship with each other becomes more distant, sometimes to the point of virtually disappearing. It also changes their rapport with their husbands in key respects, offering some women in polygynous unions greater room in which to carry out economic activity, raise their children, and pursue their own goals outside the constant surveillance of husbands and co-wives (Dial 2008).

20.6 Paths for Future Research

From the evidence reviewed here, I would like to suggest three hypotheses that merit future investigation and testing by demographers.

20.6.1 Polygyny Is Not Dying Out in West Africa, and Is Underreported by Male and Female Respondents on Demographic Surveys There

Despite apparent declines in prevalence rates throughout the region, polygynous unions have retained much of their economic and social importance in rural areas, while in urban areas they are evolving into new forms which may not conform to traditional patterns of polygyny, and may not even register as marriages on surveys and government records. The trend toward greater informality and flexibility in marital arrangements carries both potential risks and rewards for

¹⁴This phenomenon resonates with a long-running anthropological debate over whether a polygynous union constitutes one domestic unit or several (Clignet and Sween 1981; Murdock 1949; Sudarkasa 1982).

women, who sacrifice certain legal protections within marriage while gaining greater personal autonomy through these arrangements. This trend also provides men and women compelling but conflicting reasons to conceal their polygynous ties from surveyors, giving rise to the “polygamy hypocrisy gap” mentioned above.

20.6.2 Polygyny Is a Symptom, Not a Cause, of the Oppression of West African Women

In thinking about how polygyny’s transformation may affect gender relations and the status of women in West Africa, we must recognize that polygynous marriage cannot be understood in isolation, since it fits into a complex of behaviors and attitudes affecting women’s lives. “Polygyny is one institution among many and embedded in a social and cultural context of gender norms and behaviors, many of which are detrimental to women’s autonomy,” write Ickowitz and Mohanty (2015, p. 98); “The direction of causality between polygyny and other facets of women’s oppression is unlikely to be linear.” Rather than assume that women’s disempowerment stems from polygyny, researchers must study the direction of causality.

20.6.3 Existing Demographic Instruments Have Tended to Minimize Polygyny and Other Complex Forms of Nuptiality

The ethnographic record indicates that the tremendous capacity for nuptial complexity over the course of the individual lifespan has not been adequately conveyed by demographic surveys. Whether carried out concurrently or sequentially, marriage to multiple partners remains a vital part of men’s and women’s strategies to achieve economic security, family formation, and social recognition. Dynamics of informalization described above further complicate the already “fuzzy states and complex trajectories” characterizing marriage today (Antoine and Lelièvre 2009);

these dynamics also raise the possibility that formal, stable African marriage structures always existed more in the modern administrative and ethnographic imagination than in Africans’ lived experiences (see Guyer 1994). To reflect the fundamental complexity of marriage more accurately, surveys and other demographic instruments conducted in this region must better account for the nuances underlying various states of union.

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Part VI

Policy and Applications



Women As Actors in Addressing Climate Change

21

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Since the Convention on the Elimination of all Forms of Discrimination Against Women of 1979, many agreements and international studies have underscored the importance of the role of women in sustainable development. As regards the fight against climate change, their contribution is still not sufficiently acknowledged. In 2001 and since 2010, the decisions adopted by the Conferences of the Parties (COP¹) have very gradually included occasional mentions of gender approach and gender equality. In 2014, the COP20 in Lima took an additional step with the adoption of a 2-year work program to strengthen the effective participation of women in the bodies of the United Nations Framework Convention on Climate Change (UNFCCC), and to work on the operational implementation of policies taking gender into account. A first workshop on gender and mitigation was held in Bonn in June 2015.

However, to date, very few of the policies and initiatives to combat climate change aim at effectively promoting the equal participation of women and including the reduction of inequalities in accessing one's rights and control over resources, as well as capacity-building and empowerment of

women, at the heart of their activities. To consolidate the first steps gained at recent COPs, and ensure a genuine political and financial commitment to gender equality, an advocacy document on '*Women, as actors in addressing climate change*', was prepared for the funding of the fight against climate change. This chapter borrows some of its scientific arguments from the report I prepared and handed to the President of the 21st Conference of the Parties to the United Nations Framework Convention on Climate Change (COP21 Paris), as a contribution of the French Higher Council on High Council for Gender Equality.

Demographic variables being gendered-biased, the analysis of the impact of climate change on women cannot ignore them.² This is

²In the following pages, gender refers to the array of 'socially constructed' roles, behaviors, attributes, aptitudes and relative powers linked with being a woman or a man in a society at any given time. The term 'socially constructed' means that they are not 'innate' or 'natural' characteristics but constructions and products of a society and, as such, can be modified and transformed. The gender approach is based on this reasoning.

A gender-integrated policy comprises an analysis of gender inequalities as well as the implementation and follow-up of specific and transversal actions setting out to challenge these inequalities in terms of access to rights, resources, opportunities and participation in decisions with a view to promoting women's empowerment and gender equality.

Gender sensitive policies and programs differentiate between the capacities, needs and priorities of women and men, ensure that the views and ideas of women and men

¹Acronyms and abbreviations are explained at the end of the text.

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almost self-evident in the case of morbidity and mortality which are precious as indicators of vulnerability but do not stand as explanatory factors. On the other hand nuptiality and fertility are crucial in so far as they increase the impact of climate hazards and negatively impact women more than men, as we shall see. However, reducing the analysis to a causal relationship between pure demographic characteristics and climate change would be far too simplistic and would not lead us very far. Decontextualized demographic characteristics explain nothing, although they provide useful behavioral measures. But no one can seriously claim that reproductive health issues are purely technical and ignore the economic, social, cultural, institutional factors behind the curtain. This chapter first aims at evidencing the complex intertwining of factors resulting in the higher vulnerability of women. They are victims of climate change which affects them in a differentiated manner. Second, the same factors hinder women's insufficient recognition as actors of sustainable development and of the fight against climate change. Third, it is argued that women are more efficient when they become empowered and can fully exercise their rights, hence a comprehensive strategy is proposed.

21.1 Gender Inequalities Lead to a Gender-Differentiated Impact of Climate Change

Climate change affects more severely the people least responsible for greenhouse gas emissions and those with the most limited capacities to adapt to it. The majority of the poor are women who represent 70% of the 1.2 billion people with an income under 1 dollar a day (World Bank 2012). Women, owing to the specific social roles assigned to them and the discriminations they must face, are doubly impacted by climate change. While they account for 60–80% of food

are taken seriously, consider the implications of decisions on the situation of women relative to men and take actions to address inequalities or imbalance between women and men.

production in developing countries, they hold only 10–20% of land titles (CCAFS 2013; FAO 2014). In effect, being a woman worsens the vulnerability to climate shocks and to changes in the environment and the economy, particularly in a rural setting where the livelihoods of women and their families depend largely on natural resources (water, forest products, agriculture), highly dependent on climate hazards. In addition, the resources and options available to women to adapt to climate change are highly limited by the inequalities affecting them: illiteracy is more frequent than among men; limited economic power owing to a lesser access to land ownership and credit. Last they are under-represented in the new technologies sector and careers in engineering everywhere in the world, which limits their participation in the management of innovatory technologies applying to climate change (World Bank 2014). In short, their adaptation and resilience capacities are greatly constrained by gender social norms.

21.2 Women Are More Affected by the Frequency and Intensity of Disasters

21.2.1 Long Term Climate Change and Health

Drought, floods, erosion, the salinization of water and sea-level rise have direct economic impacts, such as the decrease in fishing resources, lower soil fertility and decreased crop yields, and a lack of clean and safe drinking water. Women deal almost alone with household chores (collecting wood, fetching water) which absorb them for several hours a day, and young girls are particularly called on, sometimes entailing termination of their schooling. The scarcity of water and wood resources lengthens the distance to get them and directly impacts the working time of women. This lack of time makes women worse off and further limits the possibility for them to exercise paid, complementary activities necessary to cope with incompressible needs and expenses. According to a survey of 25 African

countries, in a single day women spend 16 million hours a day collecting drinking water; men spend 6 million hours and children, 4 million hours (WHO and UNICEF 2012).

Climate change has a proven impact on the health of women, especially on malnutrition. Young girls and pregnant or breastfeeding women are among the most vulnerable. Thus, the spread of malaria and malnutrition resulting from climate hazards are also additional risk factors, especially for pregnant women. In Ethiopia, for example, where climate change is leading to food or water shortages, social norms, especially in rural areas, are worsening malnutrition among girls and women as they eat only after feeding the rest of the family, which often means there is barely any food for them (Christian Aid 2015). Infection of the placenta by parasites and the ensuing anemia caused to the mother can lead to low birth weight which, in turn, is responsible for a rise in child mortality and poor child development.

21.2.2 Women Are More Affected by the Frequency and Intensity of Disasters

A report on 141 countries establishes that a greater number of women than men died following natural hazards; this disparity is greatly linked to the inferiority of the socio-economic status of women in comparison with that of men and natural disasters contribute to lower the life expectancy of women more than that of men (United Nations Office for Disaster Risk Reduction 2009).³ For instance, women are said to account for 91% of fatalities in the 1991 cyclone in Bangladesh (Röhr 2006). Even if this figure seems grossly overestimated simply in view of the fact devastated households comprised as many men as women, it remains that in societies where the place of women is restricted to the private and reproductive sphere, two factors con-

verge: first, warning information is transmitted by men to men in public spaces, but rarely communicated to the rest of the family; second, survival skills are taught more to boys than to girls. It is essential to provide access to information and education on climate issues, but women rarely receive information on the subject. In situations of emergency, women farmers are reported to be “overwhelmingly left out of many forms of communication channels that are critical to their ability to adapt to a rapidly changing climate” (McOmber et al. 2013).

21.3 Reproductive Health and Domestic Violence in Post-disaster Situations

When a climate disaster occurs, women, being less prepared, are more vulnerable. They are all the more vulnerable as the supply of health care and of family planning and reproductive health products and services are even more deficient than in normal situations. This lack of care can lead to a rise in the maternal and child death rate. Studies confirm the greater vulnerability of women. 80% of the victims of the 2007 Sidr cyclone in Bangladesh were women and girls. In 2008, when cyclone Nargis devastated Myanmar, it led to the loss of the main source of income for 87% of single women and 100% of married women (UNFPA and WEDO 2009). In Bangladesh, the families of the village of Barguna decided to marry their daughters precociously due to their precarious living conditions. An estimated 50% of the girls therefore left school. In remote villages, the rate was 70–75%. The destitution resulting from climate change may also lead to the de-schooling of little girls and their early marriage.

While one woman in seven in the world suffers gender-based violence, these rates increase in post-disaster situations or in relief camps themselves (GGCA, IUCN, and UNDP 2009). Crises often lead to profound upsetting of gender relations within the family, when a man loses his

³The survey referred to is authored by Eric Neumayer and Thomas Plümper (2007).

authority and is no longer the breadwinner.⁴ Moreover, as the targeted recipients of food aid provided by humanitarian organizations, women sometimes become less dependent on their husbands (International Rescue Committee 2015), which may lead to a “crisis of identity” among some men (UNFPA 2015); this change may induce violence against their partners, as well as children, as a mean to reassert their power, dominance and masculinity. For married girls, their position of “extreme” dependence and lack of power, made acute by their age and gender, places them at great risk of intimate partner violence (International Rescue Committee 2015; CARE International 2015). This pattern of violence has been reported in Nepal, Vanuatu in 2011 (CARE 2015), during the Black Saturday bushfires in Australia, the Christchurch Earthquake in New Zealand (2011), Hurricane Katrina in the United States (2005), the Indian Ocean Tsunami (2004), and in Japan following the earthquake (2011).⁵ Further, transactional sex increases in crisis-affected environments and becomes a survival strategy. Facing extreme financial hardship and food insecurity women are forced to resort to selling their bodies and sometimes their children’s to ensure their own survival and that of any dependents, whether their own or those of deceased relatives. Sex is traded for essential items such as food, medicine or sanitary materials, gifts, or access to distributions.

Recognition of the gender-differentiated impact of climate change in the framework of the COP21 agreement was the first step in setting in place adapted and effective solutions, as well as long-term policies to address climate change that will increase the resilience capacities of women

by supporting their empowerment, their access to rights and challenging gender inequalities.

21.4 Insufficiently Recognized Actors

Though women have always been in a situation of vulnerability and considered as secondary stakeholders, they are already key actors of sustainable development whose contribution to the fight against climate change must be recognized and can be strengthened. The lack of awareness of the contribution of women to climate change policies has two explanations. First, women act and make a large contribution locally, which is a low-profile, less recognized level. Second, they remain widely under-represented in public policy development and decision-making bodies. In Bolivia during the design phase of the Economic Inclusion Program for Families and Rural Communities in 20 municipalities using the gender-sensitive Climate Vulnerability and Capacity Analysis (CVCA),⁶ community members “mentioned the opportunities generated by the change in climate. For example, because of temperature increases in the highlands, women farmers are exploring the possibility of growing fruit trees, which have a higher market value than currently grown crops such as potatoes (...) Thus, the indigenous environmental knowledge – especially that of women – which, when blended with modern techniques and technology, could contribute to a more effective adaptation response” (IFAD 2014).

Another way explored by IFAD consisted in giving men and women tasks regardless of traditional gendered roles. Moroccan couples were brought to a Mauritanian oasis and over six months, men and women learned new techniques together, with different gender roles from those in Morocco (for instance men did vegetable gardening, a traditional female duty). The project concluded that women demonstrated that they could contribute in a productive way (IFAD 2010).

⁴We follow here UNFPA 2015: 52–53. All references in this paragraph can be found there.

⁵For instance, “Although there are no official numbers, counselors and others involved in humanitarian response in Nepal observed a ‘dramatic increase’ in sexual and domestic violence against women since the earthquake (UN Women 2015) as quoted in UNFPA 2015: 52–53. In Vanuatu, a counseling centre recorded a 300% increase in referrals following Cyclones Vania and Atu in 2011 (CARE 2015 in UNFPA 2015: 52–53).

⁶http://www.careclimatechange.org/cvca/CARE_CVCAHandbook.pdf

21.4.1 Prevention, Adaptation and Mitigation

The adaptation strategies used by women and men differ significantly. Men focus on large-scale interventions such as irrigation for example, while women place greater emphasis on concrete and community improvements (independent of major projects), hence experience a lack of visibility. Women in fact use their traditional know-how in various fields: seeking new or alternative sources of water, planting new varieties of crops, promoting biodiversity and setting in place diversified productive activities to increase household income (International Fund for Agricultural Development 2014). They also play a role in the implementation of measures to mitigate greenhouse gas emissions in daily life: conservation agriculture, energy- and water-saving practices, recycling activities. In Cotonou, thanks to access to external funding, the ‘Gohotos’ – women reclaimers – have set up an effective management system for solid household waste, which has become permanent. The ‘Gohotos’ recycle plastics, bottles and metallic objects, which they sell on the market. Organic wastes are transformed into fertilizers and sold to gardeners of the city for their vegetable crops. For more than 90 years, and five generations, they have been diverting tons of waste from landfill sites and earning their living by managing a micro-firm, fighting daily for their autonomy while transmitting this tradition from mother to daughter. Women therefore have the local environmental knowledge which, when combined with modern techniques and technologies, contributes to a more effective adaptation response (OXFAM Quebec 2008).

Despite the gradual recognition in negotiations of the importance of the role of women in National Adaptation Programs of Action, these programs often find it difficult to integrate the local know-how mainly transmitted by women, and therefore undervalue it in the programming made at the national level (UNFPA, WEDO 2009). Therefore, large-scale agricultural and rural development schemes often neglect women and their knowledge. They are barely consulted or involved in decision-taking. In Sri Lanka for

example, women from rural villages do not benefit from the major irrigation programs. They have therefore rolled out alternative strategies to obtain purified water for various uses, thanks to small irrigation reservoirs close to their houses, which provide clean water to all the villagers. As regards mitigation, the frameworks and policies to combat climate change have not yet integrated the importance of women’s contribution. Only a few decisions on REDD+ and response measures take account of gender equality, without any reference framework or guide (WEDO 2016). However, these decisions do not target women as actors of development, but mainly as vulnerable groups. It is therefore important to target public policies and funding mechanisms specific to women’s local-level projects, as well as promote their participation in decisions on both small and large-scale operations. In this connection, mechanisms allowing for the setting-up of small-scale projects and responding to women’s energy needs are to be implemented, for instance with the improvement, in households, of cooking techniques and water drawing techniques, and more generally with access to energy: solar, wind, biogas, biomass, etc.

21.4.2 Slow Progress Toward Equal Representation in Governance Processes

The gender issue has been taken into account only late and very gradually in the framework of the negotiations on climate change. The gender topic appeared at the 7th COP, in Marrakech in 2001, in a rather weak language though it was presented in the preamble as a ‘contribution to the Beijing Action Platform of 1995 and the gender equality goal’. It aimed at ‘improving the participation of women in the bodies of the UNFCCC (...), noted the need for more equitable representation in the bodies and invited the State-Parties to actively consider the appointment of women to elected positions’ (36/CP.7). The decisions calling for enhanced parity in the Technology Executive Committee in Cancun (1/CP.16), then in the Adaptation Committee and the Green

Climate Fund in Durban (2 and 3/CP.17) are in the same weak vein.

A step further was taken in Doha in 2012 with a decision entitled ‘Promoting gender balance and improving the participation of women...’ (23/CP.18) and mentioning the CEDAW. Its phrasing reflects the difficulty in achieving a compromise; the advances in terms of the broadening of the field of involvement of women went hand in hand with a climb-down regarding the expression ‘gender equality’, which was relegated in favor of ‘gender balance’. Noting the persistent under-representation of women in the UNFCCC bodies, the Parties admit the need for ‘additional efforts’ and ‘adopt a goal of gender balance in the bodies in order to improve women’s participation and inform more effective climate change policies that address the needs of women and men equally’. The decision invites ‘other institutions to be guided by the goal of gender balance, with the aim of a gradual but significant increase in the number of women’ in the bodies and also in the delegations. The Secretariat is invited to draw up an annual report on the representation of women; the gender issue is enshrined as a permanent point of the agenda, ‘to track progress made towards the goal of gender balance in advancing gender-sensitive climate policy’, with a review clause in 2016.

The Lima work program on gender (18/CP.20) adopts a global approach and covers several strands (political and technical). It decides anew, two years after Doha, to “enhance the implementation of prior decisions to advance ‘gender balance’ and call for ‘additional efforts’ as regards participation”. It establishes a two-year work program for promoting gender balance and achieving gender mainstreaming in policies combating climate policy; it should ‘clarify the integration of gender considerations into policies and give it an operational character with the development of guidelines and tools.’ It was also in Marrakesh, by decision 28/CP.7, that the operational mentioning of the principle of ‘gender equality’ (and not gender balance”) was introduced, among eight others, that are to guide the development of national adaptation programs of action for the least developed countries (LDC). In 2010, the Cancun COP

mentions under different points the gender issue (decision 1/CP.16, points 7 and 12): the preamble mentions the need to engage a broad range of stakeholders (sub-national and local government, civil society, youths and the handicapped) and follows suit with this wording: ‘gender equality and the effective participation of women and indigenous peoples are important for effective action on all aspects of climate change’. The section on adaptation then ‘affirms that enhanced action on adaptation should follow a country-driven, gender-sensitive, participatory and fully transparent approach.’ Last, it is mentioned under the REDD+ chapter and under that regarding gender representation in the Technology Executive Committee.

In Durban, gender is briefly mentioned under the ‘safeguards’ and ‘capacity-building’ points (2/CP.17). The Doha work program (15/CP.18) enshrines ‘gender and inter-generational solidarity’ as a transversal issue concerning the six aspects of Article 6 of the Convention, regarding education and public awareness. The Warsaw International Mechanism for Loss and Damage (2/CP.19) integrates the need to collect sex-specific data; it also invites the GEF to assess the manner in which it contributes to gender-sensitive approaches. Last, the Lima COP notes in the preamble to decision 1/CP.20 that ‘all the processes should ensure a gender-responsive approach’ and refers to its integration in the GEF and the Green Climate Fund (infra. See above for the more global Lima work program on Gender, 2014).

Despite decisions 36/CP.7, 23/CP.18 and 18/CP.20 mentioned above, women remain largely under-represented in the mechanisms and bodies of the Convention as in the national delegations, as shown in the report by the UNFCCC secretariat (FCCC/CP/2014/7). These disparities are repeated at the national and local level where women’s organizations and women are generally under-represented in consultation and decision-making bodies. Research undertaken in 2015, in 69 villages and 18 REDD+ sites in Brazil, Cameroon, Indonesia, Tanzania and Vietnam shows that the representation of women in local decision-making committees is limited (17%) and that their knowledge of REDD+ mechanisms is far lower than that of men, whereas they work

as much, and even more, in forests (Center for International Forestry Research 2015). The inequalities between women and men and the needs of women in REDD+ policies are not therefore properly taken into account. This has an equally negative effect on the efficacy of this mechanism in combating climate change.

21.4.3 The Crucial Issue of Access to Funding

Let us quote the case of the Community-Based Agricultural and Rural Development Program (CBARDP) in the Savannah Belt (CASP) in Nigeria (IFAD 2013). Women made up over half of around 2.3 million people who benefited from the CBARDP's income-generating activities across the seven states. CBARDP involved providing access to credit and seed capital for income-generating activities, raising women's voices in domestic and community decision-making as a result of economic success. The program promoted community leaders' and local government officials' awareness of the important roles women play in agriculture. It also trained women's organizations in negotiation and advocacy. As a woman stated, "Now we can sit with our husbands, sons and brothers and share our views during community meetings. I am happy... my voice counts." The coming scaling up program will support the creation of job opportunities around value chain points in a number of commodities: (a) village-based input supply enterprises; (b) post-harvest handling enterprises; and (c) produce marketing enterprises. This will be done through training in business plan development, operations and management, and in the technical aspects of the selected enterprise.

The issue of funding allocated to projects addressing climate change is pivotal in accompanying the mitigation and adaptation efforts made by developing countries at the national and local level. In sub-Saharan Africa, the financial needs for adaptation are estimated between 20 and 40 billion dollars a year. However, 70% of the funds are assigned to high-tech and large-scale projects, which are mainly managed by men alone

(Le Monde selon les femmes 2012). Only 30% of the funds are allotted to the small projects of rural communities, which are only partly run by women and insufficient to allow them to improve their working conditions and family living conditions. The funding of operations to promote the access of women to information, training and their participation in all the stages of the development process of a program, has a decisive impact on the efficacy of public policies, such as on warning and evacuation systems, by reducing the number of fatalities. Unlike bilateral agencies and multilateral banks which have adopted their own gender mainstreaming policies since the past few years, the Funds of the UNFCCC and the Kyoto Protocol have only recently begun to adopt their gender strategies and action plans. It is therefore difficult at this stage to assess the impact of their commitments, except for the GEF. Data compiled for the year 2013 by the OECD Development Assistance Committee are illuminating. Of the USD 23.7 billion of Official Development Assistance provided by members of the OECD-DAC to address climate change in 2013, 29% of DAC members' bilateral aid to climate change targeted gender equality – representing a total of USD 6.9 billion. Just 3% of aid to climate change targeted gender equality as a principal objective, while 26% targeted gender equality as a secondary objective. Aid to climate change adaptation has a stronger focus on gender equality than aid to climate change mitigation. In 2013, of total climate-related ODA focused on gender equality, 46% targeted climate change adaptation only and 19% targeted mitigation only. The focus on gender equality in adaptation programs is welcome given that women are particularly impacted by the negative effects of climate change and play a crucial role in adaptation efforts. While gender equality is quite well integrated in climate-related aid to agriculture and water, it is poorly addressed in economic infrastructure sectors. In contrast, in the transport and energy sectors which receive the largest amounts of bilateral aid to climate change overall, only a very small proportion of this targets gender equality (12% of transport projects are gender-marked and 11% of energy projects),

although these two sectors reduce the daily rigors of women and facilitate the diversification of their activities.⁷

The World Environment Fund adopted a gender mainstreaming policy in 2011 and an action plan in 2014, applicable in the 6th replenishment cycle of the Fund 2015–2018. It reported on an improvement in gender mainstreaming in its mitigation projects, mentioning 8% in 2011, 25% in 2013 and 18% in 2014.⁸ The three funds managed by the WEF (LDC Fund, Special Climate Change Fund and Fund for the focal area of climate change (mitigation), should also apply the WEF Gender Action Plan. The Green Climate Fund, announced in Copenhagen whose appropriation is scheduled to reach 100bn\$ in 2020, has been set up (Decision 1/CP.16 of the UNFCCC) under the financial mechanism of the Cancun Convention in 2010 (art.11). It will receive a significant percentage of the new multi-lateral funding for adaptation. Decision 3/CP.17, which marked its ‘political’ launch in Durban in 2011, calls for ‘geographical and gender balance’ in the Board (only the former is defined and therefore applied; undefined, gender balance stands at 4 women out of 24 members, i.e. 17%. Decision 3/CP.17 sets forth among its goals to promote the environmental, social, economic and development co-benefits and take a gender-sensitive approach. The GCF entered fully into operation in 2015 and its gender strategy was adopted, not without debates, in March 2015. Last, the Adaptation Fund created in 2012 adopted in May 2015 the guidance principles for ‘implementing entities’ on compliance with the Adaptation Fund Environmental and Social Policy. It is to be noted that, unlike principles 4 ‘compliance with human rights’ and 6 ‘compliance with ILO core labor standards’, which should be systematically applied, the application

⁷This information is borrowed from <http://oecd.org/dac/environment-development> *Making climate finance work for women: Overview of the integration of gender equality in aid to climate change* (Contribution to the 21st Conference of the Parties to the United Nations Framework Convention on Climate Change (COP21)).

⁸Gender mainstreaming and GEF (in-Session workshop on Gender-Responsive Climate Policy, 8–9 June 2015).

of principle 5 ‘gender equity and empowerment’ may vary: ‘more specific, to be used according to its relevance for a particular project/program’.

In a nutshell, a more systematic gender mainstreaming in international climate funding requires:

- support for adaptation and mitigation actions must not neglect micro-projects because a majority of women run micro, small and medium enterprises;
- adoption of explicit criteria on gender equality in performance goals, result monitoring frameworks and the review of funding;
- adoption of measures promoting the participation of women and of women’s organizations in the national mechanisms for the coordination and allocation of funding;
- compliance with parity in bodies taking decisions and those granting funding.

A comprehensive strategy is proposed below.

21.5 A Strategy Based on Women’s Empowerment

Let us recall that empowerment stands for a process of awareness of and concrete implementation, both individual and collective, of the capacities of women to decide on their own life, by strengthening their understanding and allowing them to have greater control over their social, economic, political and ecological conditions.

21.5.1 Investing in Favor of Gender Equality, a Lever for Sustainable Development

Let’s use a concrete example. The increase in the domestic workload resulting from drought or desertification impacts whether girls pursue their schooling and their chances of completing a full cycle of education. Similarly, the reduction of biodiversity causes an increase in the risks of malnutrition which particularly affect children and women. There is therefore a direct link

between climate change and the future Sustainable Development Goal 13 'Take urgent action to combat climate change and its impacts'. More broadly, many international studies show that the improvement of women's rights, especially as regards education and sexual and reproductive rights, has multiplier effects on the three pillars of sustainable development: economic and social (largely interwoven) and environmental.

More advanced education and more secured reproductive rights contribute to enhance the role of women. In its 2012 report, the FAO emphasizes that, if women had equal access to land and to economic and productive resources that would help to nourish an additional 150 million people and would considerably contribute to food security. The rise in the access of women to education and control over household income is believed to directly impact the state of health and access of children to schooling (World Bank 2012). Investing in girls' education is rightly set as a prerequisite for development. An educated woman controls her fertility and her life choices, especially because education has allowed her to move on from the status of a permanent minor to independence, thanks to an economic and professional activity, and she can thus consequently contribute to the fight against climate change. More difficult to quantify is the greater independence with respect to the spouse or the extended family. If the education system is overloaded, an alternative strategy based on reproductive health is far more effective in the short term. In effect, the access of women to sexual and reproductive health and rights not only impacts the reduction in child mortality, state of health of women, and education and nutrition of children, but also strengthens their capacities to intervene concretely on climate issues. However, too few women have access to modern contraception, especially poor ones in developing countries. The case studies quoted by the UNFPA converge: whenever environmental problems have arisen, women have played an active role. For instance, in Pakistan and India after the floods, they demanded and secured their participation in the reconstruction programs with a greater sense of the forecasting of needs and greater pragmatism in subsequent economic man-

agement. In India, the participation of women in local public decisions (via the introduction of political quotas) has led to an increase in the supply of public goods (both those that have the preference of women such as water supply and sanitation and those deemed more important by men like irrigation and school buildings) and a decline in corruption.

At the environmental level, the access of women to the simplest technical innovations (improved stoves halving the consumption of firewood, installation of manual or pedal-operated pumps, urban water kiosks...), and to renewable energies, such as solar, wind and small-scale hydraulic energy, directly impacts their health, improves sustainable consumption in households, and reduces expenditure and domestic work time for women. Population pressure and growing demand for food is straining the productive capacity of the 10% of China's land area that is suitable for sustained cultivation.⁹ Floodprone areas and deteriorating irrigation systems result in waterlogging and salt contamination. In the IFAD-funded Guangxi Integrated Agricultural Development Project rural communities are encouraged to install biogas converters. Families, especially women, save 60 working days each year by not having to collect wood and tend cooking fires. This additional time is invested in raising pigs and producing crops. In addition, the project has resulted in better sanitary conditions in the home. Forests are protected, reducing greenhouse gas emissions through deforestation. A large amount of straw, previously burned, is now put into biogas tanks to ferment. This further reduces air pollution from smoke and helps produce high-quality organic fertilizer. With more time to spend improving crops, farmers in one of the villages in the project area increased tea production from 400 to 2500 kg a day over a 5-year period. Average income in the village has quadrupled to just over a dollar per day at the end of the project. This is significant in a country where the poverty line was 26 cents per day. And as a result of the project, 56,600 tons of firewood can

⁹This case study is quoted from IFAD social reporting blog, November 2013.

be saved in the project area every year, which is equivalent to the recovery of 7470 ha of forest.

21.5.2 Women's Empowerment and Population Resilience

The strengthening of the capacity of women and their empowerment at the individual, social and citizen level can be organized into a strategy to increase the resilience of populations faced with climate change. Let us recall that ecological resilience is the capacity of an ecosystem, habitat, population or species to return to normal functioning and development after suffering a major disturbance (ecological factor). The degradation of an ecosystem reduces its resilience. By extension, resilience is also spoken of as regards the solutions identified by authorities and populations to cope with the local or global ecological crises they face (conflicts over resources, over-fishing, desertification, deforestation, natural disasters, etc.). All the experiences converge to demonstrate the feasibility of a resilience strengthening strategy through women's empowerment.

The proposed strategy is based on the idea developed above that the empowerment capacity depends on the institutions which permit or do not permit access to the various resources, such as information, mobility, knowledge, technology, and economic and financial resources. It is intrinsically related to the concepts of adaptation, mitigation and resilience used in combating climate change. The creation of these new opportunities requires the roll-out of sustainable policies and development programs mainstreaming gender, in accordance with three main goals: strengthening of women's capacities to make personal choices and implement them; support for their economic empowerment; strengthening of their collective action capacities and capacities for citizen and political influence. By mobilizing these three axes and promoting the know-how and contributions of women a virtuous circle would be created, conducive to a reduction in the impacts of climate change on the most vulnerable families by improving the resilience of women and families.

Table 21.1 presents the direct and long-term impacts of women's empowerment on climate change, it being understood that there are interactions between the various levels.

These principles are already implemented operationally in the Climate Change Gender Action Plans, and are developed and supported by the International Union for Conservation of Nature. CcGAPs are recognized as innovatory strategies with a unique methodology for training and strengthening the capacities of women and women's organizations. They mainstream the gender approach in the planning and implementation of national climate change policies. As of the end of 2015, 14 countries have been accompanied by the IUCN, such as Haiti, Mozambique, Mexico, Nepal, Jordan and Liberia. In Mexico, the initiative taken by the Alliance Mexico REDD+ in cooperation with the IUCN and the UNDP has strengthened national capacities as regards gender mainstreaming in the environmental sector and allowed it to be integrated in the framework of the Mexican political instruments and environmental laws related to REDD+. This was achieved in particular by analyzing the legal and social barriers encountered by women, mobilizing women's and environmental organizations, and setting in place a multiple-partner national consultation which makes operational recommendations. This process has been successful and has integrated operational work axes on women and gender equality in the National climate change program 2014–2018 and in the National REDD+ strategy. Mention can be made of the setting in place of support measures for the participation of women in forestry management and sustainable agriculture activities, their equal access to hydraulic resources, adoption of gender equality criteria and of transparency in the management of the Funds, and access of women to financial services and technologies.

To conclude, the roll-out of effective, equitable and sustainable policies addressing climate change requires placing the reduction of gender inequalities and women's empowerment at the heart of the analyses and actions undertaken. The mainstreaming of gender issues must comprise three levels: (1) Recognition and taking into account of gender-

Table 21.1 The strategy of women’s empowerment to combat climate change

Women’s empowerment and gender equality	Direct impacts: improvement of women’s resilience	Impacts in the long term
Rights and capacities to make choices	Reduction of the impact of natural disasters on the most vulnerable populations	Reduction of greenhouse gases
Access of women to mobility, rights, education, training, information and health, especially sexual and reproductive health	Access to, control over and management of sustainable energies	
	Birth control and improvement of living conditions	
Economic empowerment	Improvement of the health and nutrition of families and decrease in women’s mortality	Inclusive growth
	Promotion of biodiversity, and of healthy and sustainable agriculture	
Access to technologies and decent work and control over economic and productive resources	Reduction of malnutrition	Social justice
	Economic diversification, increase in income and reduction of poverty of women and families	
Strengthening of collective capacities and capacities for political and citizen influence	Participation in the management of resources (water, forests, energies, agriculture...)	Sustainable development
Participation in political, economic, social and environmental decisions	Sharing of roles and of productive, reproductive and social responsibilities between women and men	
	Taking greater account of the needs and interests of women and men and improvement of the efficacy of environmental policies	
Promotion of the know-how and contributions of women to the fight against climate change	Promotion of sustainable alternative solutions with a strong environmental and social impact	

differentiated impacts of climate change; (2) Recognition and promotion of the know-how and contributions of women in adaptation and mitigation strategies and (3) Support for genuine policies for the reduction of inequalities and women’s empowerment. The conjunction of these three dimensions will maximize the benefits of climate change policies in terms of population resilience and of the elaboration of genuine sustainable development strategies.

- CEDAW Convention on the Elimination of all Forms of Discrimination Against Women
- COP Conference of the Parties
- FAO Food and Agriculture Organization of the United Nations
- GCF Green Climate Fund
- GEF Global Environment Facility
- IFAD International Fund for Agricultural Development
- INDC Intended Nationally Determined Contribution
- IUCN International Union for Conservation of Nature
- NAMA Nationally Appropriate Mitigation Actions
- NAPA National Adaptation Programmes of Action

21.6 Acronyms and Abbreviations

- CCAFA Climate change, Agriculture and Food Security
- ccGAP Climate change Gender Action Plan

OECD	Organisation for Economic Cooperation and Development
REDD+	National strategy for the reduction of greenhouse gases resulting from deforestation and forest degradation
SDG:	Sustainable Development Goals
UNDP	United Nations Development Programme
UNFCCC	United Nations Framework Convention on Climate Change
UNFPA	United Nations Population Fund
WEDO	Women's Environment and Development Organization

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Structures of Violence Throughout the Life Course: Cross-Cultural Perspectives of Gender-Based Violence

Jennifer R. Wies and Hillary J. Haldane

Gender-based violence is a significant health, economic, social, and political problem that affects every inhabited corner of the globe. Every single country on the planet confronts the crisis of gender-based violence, and it is widely recognized as one of the most urgent issues to be addressed at the international level.

Although the research community first took note of forms of violence we now group under the umbrella term of gender-based violence 40 years ago, it has only been in the last 20 years that significant policy and legal frameworks have been generated and adopted to ensure countries are working to prevent and end the scale and scope of violence in their communities. This chapter discusses the broad framework of gender-based violence, and focuses most specifically on the two forms of violence most prevalent across the globe: domestic violence and sexual violence. Next this chapter provides an overview of social science research conducted at the local level to make sense of the way forms of violence impact people in their everyday lives. Lastly, the chapter explores how violence impacts particular demographic categories in different ways, and how programs and policy must better attend to the

diversity of experiences people have with violence.

22.1 Understanding and Defining Gender-Based Violence

Gender-based violence is a broad term used to describe a range of violence experiences. The United Nations definition explains:

any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life, and including domestic violence, crimes committed in the name of honour, crimes committed in the name of passion, trafficking in women and girls, traditional practices harmful to women, including female genital mutilation, early and forced marriages, female infanticide, dowry-related violence and deaths, acid attacks and violence related to commercial sexual exploitation as well as economic exploitation. (United Nations High Commissioner for Human Rights 1993)

Gender-based violence can happen to any individual regardless of gender, age, race, and other demographic markers. However, the majority of victims of gender-based violence are women, and therefore this chapter is primarily concerned with detailing the experiences of diverse women around the globe.

It is useful to put the acts of gender-based violence abuse into two categories. Interpersonal

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violence occurs when an individual is specifically targeted by another individual or groups of individuals based on gendered categories or expectations. Structural violence occurs when the act of violence is not specifically targeting a particular individual, but ideas, policy, structures, or laws negatively impact one group of people over others. Structural violence refers to the processes, policies, and politics that systemically produce and/or reproduce “social and economic inequities that determine who will be at risk for assaults and who will be shielded from them” (Farmer 2005:17–18).

Therefore, a woman may experience structural violence and interpersonal violence simultaneously. To narrate an example: a woman learns that her partner believes that women are less valuable than men, that women have a duty to serve men, and therefore he has a right to physically assault his partner because she did not do as he asks. The woman in this example is being physically harmed as an act of interpersonal violence, precipitated by a set of beliefs her partner holds about gender roles and structural violence.

There are many forms of intimate partner violence and structural violence, including genital cutting, forced marriage, plastic surgery, discrimination against LGBTQI (lesbian, gay, bisexual, transgender, queer, and intersex) populations, the absence of laws that ensure equal access to education, jobs, and healthcare, and more obvious forms like domestic violence, sexual assault, and rape. Researchers and advocates who work within the framework of gender-based violence see the expression of violence as directly related to the cultural and social structures that allow the violence to occur. Mainstream populations are becoming much more cognizant of this relationship, and it is increasingly common to see and hear violent acts discussed in terms of “toxic masculinity” or “rape culture.”

All forms of gender-based violence are acknowledged as serious problems women face around the world; however, international and national bodies recognize that the most persistent and prevalent forms of abuse are domestic violence and sexual assault. Domestic violence is the use of physical, verbal, sexual, emotional, or

financial violence against a current or past partner, either in a marriage contract or *de facto* relationship. Domestic violence can occur in relationships from young teenagers to elderly partners, and is expressed in relationships regardless of whether or not the couple have children. While the broader term of family violence is inclusive of violence enacted by any family member against another (parent to child, sibling to sibling, between in-laws, for example), the most commonly reported form of abuse is between two people in an intimate, sexual relationship (Watts and Zimmerman 2002).

The second most common form of violence categorized as gender-based violence is sexual assault, inclusive of rape. For the purposes of theorizing and responding to gender-based violence, we focus on sexual assault that occurs between known and unknown individuals, as well as rape that happens in marital relationships. While we acknowledge that child sexual abuse is a significant global problem, this form of sexual assault and/or rape requires a unique framework for analysis. Herein, we are primarily concerned with sexual assault and rape as enacted against individuals beginning in the teenage years. There is significant overlap between domestic violence and sexual violence in marriage and cohabitating relationships, and this will be discussed in detail.

22.2 The Scope of Gender-Based Violence

In 2005, the World Health Organization published the most comprehensive study to date of rates of violence from around the world. Over 24,000 women participated in the study, from the countries of Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia and Montenegro, Tanzania, and Thailand. New Zealand independently adopted the research protocol to add an additional data set. The household surveys and interviews were carried out in the capital cities. In addition, in some countries, rural sites were identified. In the case of Samoa, the entire country was canvassed.

The World Health Organization study found that the rates of violence ranged from 13% in some contexts (largely urban areas) to 61% of the study population experiencing some form of domestic violence at the hands of a partner. The rates of sexual abuse reported were between 6 and 59%, depending on country and population density. The overlap of sexual abuse and domestic violence in a relationship was significant, with a range of lowest reported figure at 15–71% having experienced sexual abuse and other forms of abuse at the hands of a partner. From these data we can see that the rates of domestic violence range from one-fifth of a given population to nearly two-third of a population, and sexual abuse impacts one-third to two-thirds of a country's female population. This is not an insignificant problem impacting a minority of the population. The World Health Organization study provided the global evidence that violence against women is the root cause of, and consequence for, serious health, social, and economic problems, and these forces in turn generate and exacerbate the rates of violence found in individual societies, aspects of which we detail in this chapter.

Importantly, the World Health Organization study also documented the beliefs held by women about violence either directed at them or found generally in society. This information is important for considering how individual countries, as well as international bodies, must conceptualize prevention efforts as part of a cultural change process. Not surprising, the acceptance of abuse was higher among women who had experienced it. This is not an insignificant finding, and is a critical point as far as how programs individually intervene with victims of abuse, as well as how prevention efforts must be crafted in ways that do not further blame the victims for their abuse.

Victims of domestic violence and sexual abuse often express these common feelings: (1) They are to blame for the abuse, thus justifying the abuse that is experienced; (2) They are often dependent emotionally and financially on the individual perpetuating the abuse, thereby taking blame as a way to justify staying in a violent situation; (3) They hold hegemonic beliefs that women are less valu-

able than men, or believe that men have a right to hold power over women, including access to sex regardless of a woman's consent. The World Health Organization study found that women with higher rates of education lived in more urban settings, as opposed to women with lower literacy rates who live in more provincial or rural areas. This finding is also significant for supporting critical attention to political-economic structures and differences cross-culturally.

22.3 Social Science Perspectives and Lessons for Practice

Perhaps the most important finding from this report was, in the words of the World Health Organization study authors, that violence is not "inevitable." This conclusion is reaffirmed when we look cross-culturally to understand gender-based violence.

22.3.1 Culture and Diversity in Gender-Based Violence: Causes and Experiences

Anthropology is broadly defined as the holistic study of humans, both past and present. Anthropologists aim to describe and present an understanding of culture, whether at the individual, group, or societal level. Anthropologists utilize both qualitative and quantitative methodologies to interrogate the concept of culture. A foundational qualitative methodology in anthropology is ethnographic fieldwork, defined as an immersive experience that draws upon intensive interaction with a local community, while participating and observing daily behaviors. Anthropologists participate in the culture's daily activities at both the personal and societal levels while observing everyday occurrences.

The framework and methods of anthropology ground cross-cultural studies of gender-based violence that detail the scope and scale of gender-based violence around the world. In this section, we highlight important work by ethnographers who detail the everyday lives of people

experiencing violence and those working to prevent and end violence in their societies.

The World Health Organization data dovetail with the significant work of anthropologist Peggy Sanday, who in her pioneering study, argues that there are “rape prone” and “rape free” societies (1981). Sanday documented over 130 cultures from around the globe using the Human Relations Area Files, coding for different forms of violence from each ethnographic work. What Sanday found was quite striking, and she divided her results into two categories: rape prone and rape free cultures. What she found in rape prone societies were high rates of gender antagonism, ideologies that were misogynistic, and practices and traditions that were built around the subordination of women. In rape free societies she identified greater rates of egalitarianism, ideologies of respect between male and female roles, and more male involvement in child rearing. This work was critical for challenging the contemporary discourse that violence, including forms of rape and domestic violence, was inevitable and embedded biologically within human DNA. Sanday’s work demonstrated that while we find violence across cultures and enacted by young and old, male and female, and among people of different faiths, it was clear that cultural norms and beliefs are the fulcrum of the expression of violence. Her work influenced a number of other scholars who dedicated their research to studying the local expressions of, and impacts from, violence, with domestic violence and sexual assault being the two most persistent forms of violence ethnographers found in these local contexts.

Following from Sanday’s work, David Levinson (1989) published *Family Violence in Cross-cultural Perspective*, which, similar to Sanday’s work on rape and sexual assault, examined cultural patterns that led to higher or lower rates of family violence across a range of cultural forms. Soon thereafter a group of ethnographers specialized in the cultures of Oceania published their findings of rates of violence in Oceania in Dorothy Counts’ special issue of *Pacific Studies* in 1990. Following the publication of the 1990 issue of *Pacific Studies*, Counts complemented Sanday’s pioneering work and helped establish

violence against women as a legitimate research domain within the discipline. The legitimacy of this work was cemented by the publication of two major works, *Sanctions and Sanctuary: Cultural Perspectives on the Beating of Wives* (Counts et al. 1992) and the second edition of the book, *To Have and To Hit: Cultural Perspectives on Wife Beating* (Counts et al. 1999).

The first ethnographies appearing in the early 2000s often focused on life history narratives of women’s experiences with violence, thus allowing for readers to see how violence is experienced across the life-course (Goldstein 2003; McClusky 2001). As the acceptance of treating violence against women as a legitimate area of study grew, others turned their attention to how various state and non-governmental institutions respond to the violence, and women’s experiences with structures of care (Plesset 2006). The area of study that received the greatest attention was the intersection of women’s experiences of violence and the legal/criminal systems responsible for redress. These included texts that specifically looked at policing responses to violence (Alcalde 2010; Hautzinger 2007; Santos 2005) or the way court systems managed the process (Lazarus-Black 2007; Macaulay 2005; Mir-Hosseini 2011). Others turned to health responses and issues related to medical professionals and their understanding of violence against women (Wies and Haldane 2011, 2015).

What followed were numerous nuanced and ethnographically rich monographs and edited collections that detailed the quotidian aspects of violence across diverse cultural terrain. Two things stand out about this work: while the forms of violence across cultural groups are varied and locally specific, the most common forms of violence were abuse from a man against his female partner, and sexual assault by a man or group of men against a woman or group of women. Thus, “domestic violence” and “rape” were the most persistent forms of abuse, even though a whole host of other forms were documented: male and female genital cutting, in-law abuse, child abuse, persecution of gender fluid or gender anomalous individuals, rape as a weapon of war, forced eating, and forced seclusion during menstruation

and/or pregnancy. Additionally, there were common forms of structural violence: laws or practices that prohibited women in leadership roles, ownership of land, access to resources, or ability to participate in educational settings.

22.3.2 Radiating Health Impact of Gender-Based Violence: Quantitative and Qualitative Patterns

Gender-based violence is widely recognized as a significant health issue throughout the world. The impact on individuals due to violence against women is manifested in a number of ways. Most visible is physical abuse, in the form of broken bones, black eyes, or homicide. However, the impact of domestic violence on individuals goes beyond physical abuse to include many aspects of health, and patterns emerge according to demographic labels.

Gender-based violence negatively affects women's reproduction outcomes and reproduction experiences. In the United States, prevalence of gender-based violence during pregnancy is estimated to be between 0.9 and 20.1% (Petersen et al. *n.d.*), data that serve as the impetus for understanding violence patterns among pregnant women. Sharps et al. (2007:105–106) define perinatal intimate partner violence as “violence that occurs before, during, and after pregnancy, up to 1 year postpartum, and is committed by an intimate partner: spouse, ex-spouse, boyfriend and/or girlfriend or ex-boyfriend and/or girlfriend.” Perinatal violence is associated with a number of poor health-related outcomes for both the mother and the fetus or infant. Women who experience abuse prior to or during pregnancy are also more likely to enter into prenatal care later in pregnancy, which adds further possibilities for negative health outcomes for both the mother and the fetus. The health effects for the fetus and/or infant are similarly negative. Perinatal violence is associated with low birth weight, preterm birth, fetal fractures, and miscarriage (Hill et al. 2016).

Within the pregnant women demographic is variance based on identity, such race, ethnicity,

nationality, and geographic location. Among Latina women in the United States, experiences of gender-based violence is predictive for elevated risk of postpartum depressive symptoms (Jackson et al. 2015). Across cultures, the research demonstrates that a woman's reproductive activities and experiences are used as a justification for violence against women, as well as results in escalated likelihood to experience violence. In this way, violence not only affects reproduction, but reproduction also affects violence.

The mental health consequences of gender-based violence are as great as the physical health consequences, if not greater. Women who experience gender-based violence are consistently found to have more depressive symptoms than women who do not report violence, with the prevalence rates ranging from 10.2 to 31.9% (when including anxiety) (Campbell 1998).

Another way to conceptualize poor mental health is through trauma, including posttraumatic stress disorder (PTSD). Posttraumatic stress theory “suggests that some traumatic like experiences are so overwhelming for certain individuals that they cannot assimilate them and thus are psychologically harmed by them” (Ericksen and Henderson 1998:148). Not surprisingly, higher rates of PTSD are found among battered women living in shelters than women in the general population (Campbell 1998). Oftentimes PTSD is presented as a sleeping disorder or stress, causing some scholars to surmise that PTSD is misdiagnosed and therefore underreported among victims of domestic violence. The effects of trauma include radiating health impacts, such as related and diagnosable mental health problems, biological vulnerability and changes, and physical pain and recurring ailments (physical injury, chronic physical injury, and exacerbation of other health problems) (Logan et al. 2002).

There is a body of literature assessing the correlations between HIV prevalence and the violence one experiences over the lifecourse. Social science scholars, particularly behavioral scientists, have used qualitative and quantitative data instruments to demonstrate a positive relationship between sexual violence and HIV prevalence

(Braitstein et al. 2003; Gielen et al. 2001; Simoni and Ng 2002). This research shows that all forms of violence, but child sexual abuse in particular, is predictive of HIV risk and other health risk behaviors. Research has also associated partner violence and low education levels with HIV prevalence, suggesting that partner violence is more prevalent among poorer women, which in turn is a risk factor for increased HIV transmission (Jewkes et al. 2003). In a non-urban domestic violence shelter in Alabama, researchers found that women who experience both physical and sexual abuse are more likely to have a history of multiple sexually transmitted diseases and be worried about HIV infection (Wingood et al. 2000).

Overall, while relationships exist between violence and increased HIV infection risk, cross cultural studies have yet to present sufficient qualitative, comprehensive data that explains why this relationship exists (Maman et al. 2000). Based on available literature, it is reasonable to surmise that increased HIV risk is related to both (1) engaging in sex work to overcome impoverishment and (2) sexual violence. Gender-based violence poses barriers to antiretroviral treatment, therefore rendering women experiencing violence as additionally vulnerable while living with HIV (Hatcher et al. 2015).

Beyond the specific forms of infection, injury or social vulnerability, more holistically-situated evidence has emerged to demonstrate how gender-based violence generates considerable bodily and mental health consequences over a lifetime. Two relatively new ethnographies explore the consequences of gender-based violence on a woman's health long after any noticeable injuries have healed. In her beautifully crafted book, *Traumatic States: Gendered Violence, Suffering, and Care in Chile* (2013), Nia Parson presents the testimonials of survivors who detail the way violence and trauma experiences impacted their lifelong health. Parson explores the way "healing" is not a short term project, but rather something that unfolds over the life course. Therefore, the narratives suggest that relatively time-limited interventions do not mitigate against lasting mental and bodily health

effects. Parson notes how institutional structures, inclusive of non-governmental organizations, state agencies, and security forces, work in concert to unintentionally reinforce the ill-effects of abuse and generate new trauma of their own. While most workers at the women's organizations seek to eliminate the trauma caused by abuse and help women move away from violence and towards healing, their own constraints, in terms of limited financial resources, their own recovery from violence, and general lack of training in some circumstances, ends up operating as a form of structural violence as a consequence.

Sameena Mulla similarly explores the relationship between structural violence, interpersonal violence, and long-term suffering in her book *Violence of Care: Rape Victims, Forensic Nurses, and Sexual Assault Intervention* (Mulla 2014). Mulla documents the immediate medical intervention that occurs after a sexual assault or rape in the United States, as specially trained sexual assault examiner nurses carefully collective the evidence needed to establish a legal case against the sexual assault perpetrator. Mulla carefully considers the way that the nurses engage in this labor as a form of care for the victims and documents their commitment to helping the victims have the physical evidence needed to make a criminal case- despite the fact that their work with the victim is short-lived and necessarily clinical. Mulla illustrates the way victims feel violated not only by the assault, but also by the interventions after the assault, leading to experiences of depression, anxiety, and even suicidal ideation. Parson and Mulla demonstrate how the health impacts of violence are not immediately evident, nor easily cured.

22.3.3 Gender-Based Violence and Structural Violence: Intersections of Political Economy

What stands out from the locally-focused work is the way interpersonal violence and structural violence intertwine. In all the ethnographies listed above, the woman's experience with violence is

often exacerbated by the very interventions ostensibly designed to assist her, and her reasoning for why the violence occurred in the first place is often situated in cultural narratives of kinship, marriage, child rearing, and gendered expectations. Recent work by Lynn Kwaitkowski demonstrates this beautifully in the narratives she has documented by women in Vietnam (2016). In Kwaitkowski's work she captures the way women who are experiencing violence vacillate between knowing it is wrong, and justifying it at the same time, drawing from different cultural scripts to assert their response to the violence as valid, and to maintain some degree of agency. This is not an unusual response, particularly in circumstances where, similar to their male counterparts, women believe that violence is normal and to be expected (Brunson 2011; Harvey and Gow 1994; Toren 1999). The World Health Organization study also captured this in their report: the women who had experienced abuse were more likely to hold beliefs that the violence is acceptable.

Karin Friederic explores a different problem related to changing beliefs around violence and gender norms in her work addressing the lack of resources and education in a small community in rural Ecuador. Friederic's work examines the way notions of universal human rights are presented to the women and men of *Los Colinas*, and the way her interlocutors make sense of international concepts within local space. This introduction of rights based language is not without consequences, and Friederic states:

Scholarship and activism that uncritically celebrates the spread of human rights as a positive, civilizing force invariably contribute to binaries that are not only conceptually problematic, but also pragmatically dangerous. At the other extreme, critical development and human rights literature that critiques the underlying Western bias and neo-colonialist tendencies behind the language of human rights similarly over-simplifies and demonizes a movement that has provided important openings and opportunities for families, communities and nation-states to reduce violence. (Friederic 2015:180)

Thus the value and importance of the local ethnography is not to challenge wholesale the reality of violence across cultures and societies,

or even to nullify the value of rights-based language and approaches to ending the toxic nexus of interpersonal violence and structural violence. Rather, it allows policy and programmatic responses to be better aligned with the realities of people's lives on the ground.

Understanding how anthropologists theorize, investigate, and negotiate political economic structures provides useful frameworks for reducing incidence in our professional communities. Of note, Madelaine Adelman's *Battering States: The Politics of Domestic Violence in Israel* (2017) chronicles the intersection of statecraft and domestic violence, analyzing the mechanisms of state authority and the impact on victims, front-line workers, advocates, and state agents. Her work is prescient for any community in many ways. For example, by engaging holistically the multiple actors involved with domestic violence at different levels, she exposes the often invisible ways that seemingly disparate constituents are affected by, responsible for responding to, and involved in framing domestic violence. Further, her deeply descriptive narratives that explicitly examine the process of statemaking, particularly policy and process procedures, illustrates the ways that people are involved in constructing culture by engaging with systems and structures that are similarly culturally-constructed. What we learn from this provocative research is applicable in any setting. First, we must consider the broad scope of constituents affected by violence, harassment, and discrimination to engage as many people as possible in solution building. Secondly, an anthropological lens compels us to connect violence, discrimination, and harassment within larger political economic arrangements that influence identity and power within our communities.

22.4 Challenges for Prevention and Intervention: Multiplicities of Identity

The impact of gender-based violence is often aggregated according to demographic population categories. This serves to highlight disparities in

incidence and prevalence between various demographic groups, as well as assists with funneling limited resources to populations disproportionately affected by gender-based violence. The value of the social science perspective is attention to disparities and marginalization while balancing the experiences of individuals and the pressures of societal structures. The diversity of the human experience compels us to recognize that not all populations will individually experience gender-based violence in the same way, or delivered by the same category of perpetrator.

Domestic violence in lesbian relationships is often identified by the same patterns that indicate domestic violence in heterosexual relationships. In fact, despite popular belief, research indicates that lesbian battering is just as serious an issue as domestic violence among heterosexual partners (McLaughlin and Rozee 2001). To fully understand the individual impact upon lesbians who experience violence, services and resources must be provided in a way that is differently rooted in power inequalities than models of "male patriarchal violence" or sexism, since those messages are not readily translatable to lesbian victims or perpetrators. Furthermore, intervention structures threats to divulge sexual orientation and internalized homophobia may be used as powerful tools of abuse in same-sex relationships (Mahoney et al. 2001).

Domestic violence is equally as likely to occur in urban and rural areas. However, based on survey research in Kentucky, rural women are more likely to experience violence in the form of being shot at and tortured (Websdale 1998). Furthermore, societal characteristics differ between rural and urban areas, and this affects those who experience domestic violence. In rural areas, people are more likely to experience "limited access to services, lower education and literacy rates, norms and attitudes of tolerance toward domestic violence, isolation, and poverty" (Logan et al. 2001:267).

One significant obstacle to receiving domestic violence shelter services is location. Women living in rural areas often must travel to urban areas to seek shelter, and those shelters that are located in rural areas witness their own obstacles.

The institutional terrain in the rural communities studies is far less hospitable to innovation than it is in urban areas. There is no network of alternative services providers, since the service-delivery system is composed almost entirely of state and local bureaucratic agencies and no opportunity to build coalitions with other groups that are working for social and economic justice. (Tice 1990:95)

Despite the unique obstacles of rural domestic violence sheltering such as location and a lack of a social service network, rural domestic violence organizations still ascribe to the models of empowerment and advocacy that reinforce feminist philosophies of female independence and equality (Tice 1990).

Women of color, working class women, poor women, and rural women have historically been differently placed within the feminist social movement (Berger Gluck 1998). The feminist social movement in its "collective ideology and construction of the battered woman problem, has indeed failed to represent those women- battered women- most at the margins" (Kanuha 1996:45). The failure of the feminist social movement, and subsequently the domestic violence social movement, to historically account for minority women exacerbates structural racism already pervasive in American society and furthers racial and ethnic barriers to accessing services.

For instance, the legal system does not respond to all people the same way and has a different history with different populations. Therefore, black women may be more hesitant to contact the police or file an Emergency Protection Order due to a history of racism and historic inattention to minority protection (West 2002). Furthermore, racially and ethnically marginalized people are more likely than white women to speak a language other than English as a first language, furthering their exclusion from accessing services in a predominantly English-speaking country.

By recognizing the barriers that minority women face when accessing service for individuals affected by domestic violence, we can begin to overcome them. These barriers may include historic and structural racism, language barriers, and lack of trust between victims and service providers. Therefore, barriers to services rooted in language, race, or ethnic background must be

overcome on the part of the service provider to accommodate the diversity of women affected by domestic violence.

Mandatory legal sanctions have been a blessing and curse for people who experience domestic violence. While the justice system measures success by prosecutions, women may measure success in increased personal control. However, some domestic violence courts have instituted mandatory prosecution policies, where “victims are forced to participate in criminal justice proceedings under threat to criminal sanctions” (Ford 2003:669). Not only does this perpetuate a woman’s feelings of not being in control over decisions that directly affect her life, it can also be argued that the policies reinforce a patriarchal power structure since it is the justice system that is legitimized and validated in the process.

The healthcare sector is also the target of mandatory reporting policies, which “require doctors to file a domestic violence report with the police when they suspect that the patient’s injuries are related to intimate abuse” (Mills 1999:562). Supporters of this policy argue that women are more likely to visit a physician or emergency room after an abuse incident than they are to call the police, and therefore the healthcare sector is a valuable point of intervention. However, if women know that mandatory reporting policies exist and a woman does not wish her partner to be arrested or prosecuted, the policy may deter her from seeking health care. Research is unclear whether mandatory healthcare personnel reporting is effective and the extent to which it may cause more harm than good. One study showed that in a sample of abused women the majority supported a mandatory reporting law and less than half felt they would have been at an increased risk for abuse due to a healthcare provider filing a mandatory report (Malecha et al. 2000).

22.5 Conclusion

Gender-based violence, as we have demonstrated throughout this chapter, is multifaceted, complex, and impacts every segment of society. While the expression and experience of violence

vary by culture and by each individual, there are common patterns that emerge and barriers that appear across cultural and social differences. As we made clear in this chapter, the most significant area of concern for wellbeing is the health impact on an individual who has experienced violence. While many responses to gender-based violence are concerned with the immediate health impact of the abuse, often in the form of visible injuries, attention must be paid to the invisible and long-term effects of abuse on an individual and community over time. This includes the emotional and mental health stress caused by living with violence; the epigenetic effects we are only now learning about when gender-based violence is experienced in utero; and the chronic pain one lives with into older adulthood from poorly healed bones or torn muscles. Scars that forever remind the person and others of the pain they endured, and the shame and stigma of being vulnerable to abuse. As we demonstrated in this chapter, the syndemic aspect of gender-based violence is considerable, as witnessed by high rates of co-occurrence of gender-based violence with HIV/AIDS, drug and alcohol misuse, other communicable diseases and sexually transmitted infections, and social impacts such as lower educational attainment, higher rates of joblessness or underemployment, and homelessness.

Additionally, the demographic diversity of experiences, especially for vulnerable populations, and the particular barriers to care are critical issues requiring attention and advocacy for them to be addressed. For example, in the latest version of the national prevention strategy to end gender-based violence in Australia, *Change the Story*, only four mentions of disability are found in the 74 page document (Haldane 2017). This is a significant problem when confronted with the evidence that women with disabilities are at greater risk for harm from violence, and one-fifth of the Australian population has a disability. Therefore, the national prevention strategy failed to account for one of the most vulnerable demographic groups. This is common across prevention and intervention strategies, and is a considerable barrier to care.

While the health impact on individuals and communities is the most consequential, as Shell-Duncan made clear, we cannot solve social problems through medicine alone (Shell-Duncan 2008). One concern with looking at gender-based violence as a health or medical issue is the tendency to individualize the problem, and treat the experiences of abuse on a case-by-case basis. As the above literature review reveals, gender-based violence is a social, economic, cultural, and political problem, one that impacts individuals and leaves them with considerable health consequences.

An inspiring model that bridges the macro-level issues of policy engagement to the micro-level impact of abuse on a woman's health across the life course is provided in Melissa Beske's monograph, *Intimate Partner Violence and Advocate Response: Redefining Love in Western Belize* (2016). In this work, Beske provides us with an intimate and engaged portrayal of a community that establishes a response to violence, including the diversions and challenges that the interventions take over the years. Beske positions herself as an engaged and applied anthropologist, conducting fine-grained ethnographic research while simultaneously working as a service provider in the non-governmental anti-violence organization. Beske captures the myriad ways that abuse impacts health, family, social relationships and its migration into the policy domain. The locally grounded, detail rich, and long-term commitment to the fieldsite provides us with the insights required to consider how to establish responses in remote areas, the barriers to service, and the considerable grassroots organizing required for change to occur. It also offers a refutation to the simplistic assumption that more money and resources delivered by Western agents is the solution. "Development" in this form has unintentionally done more harm than good. When local communities identify the program, mobilize for change, and then demand their wealthy counterparts to fund the grassroots efforts, a better informed and potentially productive intervention can ensue. Beske's work demonstrates the value of holistic responses to violence that attend to all the various social insti-

tutions (political, educational, medical, kinship, etc.) and that providing adequate resources during the development of interventions can have enormous benefits over the long term.

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Gender, Displacement, and Infant and Young Child Feeding in Emergencies

23

Aunchalee E. L. Palmquist and Karleen D. Gribble

23.1 Introduction

Breastfeeding is critical to ensuring maternal and infant health globally, in both resource poor and resource rich environments. Current recommendations for infant feeding include: initiation of breastfeeding within the first hour of birth; feeding infants only human milk for the first 6 months of life; introduction of appropriate quality, quantity, hygienic and responsively-fed complementary foods from around 6 months of age; and continuation of breastfeeding along with complementary foods at least until the age of 2 years (WHO 2003). Universal application of these recommendations would prevent an annual 800,000 infant deaths and tens of thousands of maternal deaths (including 20,000 due to breast cancer) globally (Victora et al. 2016). Infant feeding as recommended is also associated with greater long-term educational and economic stability within societies (Davidson et al. 2011; Rollins et al. 2016; Smith 2013).

The unique nutritional and bioactive components of human milk that contribute to infant growth, development, and immunological function are not replicable by breast milk substitutes. Even when properly prepared, feeding an exclusively breastfed baby with infant formula assists in the facilitation and maintenance of infectious disease; deprivation of human milk creates an environment in the gastrointestinal tract that more easily facilitates and maintains infection (Gribble 2011). In addition, powdered infant formula is often intrinsically contaminated with pathogenic bacteria, and reconstituted infant formula can easily become contaminated when prepared in unhygienic environments with non-potable water (Kalyantanda et al. 2015; Weisstaub and Uauy 2012) adding to the risk of infection.

Breastfeeding is a primary nutritional intervention that protects infants and young children from malnutrition, while contributing to a strong nutritional foundation that translates into positive health outcomes into adulthood (Bhutta et al. 2008; Victora et al. 2016). Absence of breastfeeding is one of the single most important determinants of poor maternal and child health outcomes and poor population health (Black et al. 2008). For infants around the world, but particularly in resource poor settings, breastfeeding is the primary source of food security. Breastfeeding is perhaps even more significant for girls who later become mothers, in terms of the improved

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educational, economic, social capital, and health outcomes associated with being breastfed as an infant and breastfeeding as a mother (Shekar et al. 2017; Victora et al. 2008).

Infants who are not breastfed are more likely to experience growth faltering, a greater burden of infectious diseases that leads to chronic malnutrition, and death (Kramer and Kakuma 2012; Victora et al. 2016). They are at greater risk of wasting and stunting in young childhood, and thus less resilient to food insecurity, nutritional stress, and infections during the critical period of complementary feeding through weaning (Dettwyler and Fishman 1992; Dewey and Brown 2003; Issaka et al. 2015; Scrimshaw 1995; WHO 2002). In some contexts, female infants are breastfed for shorter durations than male infants which contributes to a greater risk of malnutrition (Jayachandran and Kuziemko 2011). Girls, especially in low- and middle-income countries, are at greater risk of entering their reproductive careers underweight, stunted, and/or malnourished (Black et al. 2008; Hanson et al. 2015).

Thurow (2016) has popularized the life course perspective of perinatal nutrition using the concept of the “First 1,000 Days” (Black et al. 2008), which describes the period of conception through an infant’s second year of life, as a critical site for nutritional intervention. Nutritional stress of mothers and/or infants during this period generates a cascade of negative health outcomes that may adversely impact short-term and long-term health, but also reproductive outcomes across generations (Black et al. 2013). The negative impacts are exacerbated by political economic factors such as chronic food insecurity, poverty, social inequity, racism, and gender-based violence (Bhutta et al. 2013; Boone 1985; Pemunta and Fubah 2015; Sethuraman et al. 2006). This “First 1,000 Days” framework effectively highlights: (a) early life nutrition and its impact on health throughout the life course, but in particular on the reproductive health trajectory of girls and women; (b) the mutually interdependent relationship of maternal-infant nutrition, morbidity, and mortality; and (c) the intergenerational effect of nutritional stress during critical periods of human growth, development, and reproduction.

Lactation is part of the female reproductive health continuum; thus reproductive ecology (Dewey and Cohen 2007; Gluckman et al. 2007; Sellen 2007; Vitzthum 1994), life course perspectives (Black et al. 2013), and intergenerational perspectives (Black et al. 2008; Clarkin 2010; Martorell and Zongrone 2012) are useful in conceptualizing breastfeeding as a gendered demographic phenomena. Yet, understanding the ways in which breastfeeding is linked to gender and demography requires attention to not only the physiology of human lactation, but also to the complex ways in which sociocultural, political economic, and environmental and ecological factors influence it (Hicks and Leonard 2014; Tomori et al. 2017). In this chapter, we consider the demographic significance of breastfeeding and other infant feeding practices in the context of emergencies that force population migration and displacement and affect maternal-child perinatal health.

23.2 Emergencies, Population Movement, and Gender

Emergencies encompass unexpected catastrophic and potentially dangerous events, including natural and anthropogenic disasters, armed conflict, and complex humanitarian crises, which cause human suffering and threaten human survival. Emergencies may be short- or long-term and are commonly characterized by mass population migration and/or forced displacement. In emergencies, public health infrastructure is often destroyed, water and sanitation is poor, food security is disrupted, and medical care is scarce (Noji 2005). Emergencies can transform resource-rich settings into resource-poor settings, and exacerbate extant poverty and gender-based inequities (Gasseer et al. 2004). They disrupt livelihoods and access to economic resources including food, shelter, and medical care; social networks of support become fractured; and the basic necessities required to keep infant and young children safe from harm, illness, and death may not be readily available or accessible (Callister 2008).

Forced displacement and migration during emergencies pose particular difficulties for women who are caring for infants and young children (Carballo and Nerukar 2001; Gasseer et al. 2004). Women and girls are vulnerable to gender-based violence, including physical abuse, sexual abuse, obstetric violence, psychological abuse, human trafficking, and child marriage (Adanu and Johnson 2009; Berman et al. 2006). They are more likely than men to suffer from anxiety and depression as a result of emergencies and to exhibit other signs of psychological distress (Aksaray et al. 2006). When an emergency occurs, infants, young children, and pregnant and lactating women are among the most vulnerable to disease (Moss et al. 2006). Pregnant and lactating women are at high risk of health complications associated with the food insecurity and malnutrition that often accompanies emergencies and forces related to migration and displacement (Gribble et al. 2011). Mothers in emergency situations commonly face inadequate support for breastfeeding, and humanitarian response often places non-breastfed infants at increased risk of illness, malnutrition, and death (Gribble et al. 2011). Infant and young child feeding in emergencies (IYCF-E) is a critical component of humanitarian response that protects maternal and child health, but one that is often neglected and poorly executed.

23.3 Infant and Young Child Feeding in Emergencies (IYCF-E)

In emergencies, the way an infant or young child is fed is commonly the most important determinant of morbidity and mortality because of the impact of infant feeding on food security and vulnerability to infection. Emergencies can transform the physical conditions in which populations are living or moving into highly pathogenic environments, characterized by crowding and poor air quality, water quality, sanitation, and hygiene. These settings increase exposures to communicable diseases and increase the importance of breastfeeding and the risks posed to non-breastfed

infants. For example, a flood in Botswana in 2006 resulted in the death of more than 500 children under the age of 2 years due to diarrhea (Arvelo et al. 2010). It was determined that infants who were not breastfed were 30 times more likely to require hospital treatment for diarrhea than those who received any breastmilk and amongst a cohort of 131 hospitalised children under 2 years, 27 non-breastfed children died while only one breastfed child (a 1 month old who was also fed infant formula and cow's milk) died (Arvelo et al. 2010; Mach et al. 2009). In the Kurdish refugee crisis of the 1990s an estimated 12% of all infants died in the first 2 months of the emergency due to diarrheal disease likely associated with high rates of formula feeding in a food insecure and unhygienic environment (Yip and Sharp 1993).

The catastrophic rates of infant mortality in emergencies, along with the long-term negative consequences on infant morbidity and mortality, sparked the development of international guidance on IYCF-E (IFE Core Group 2017; Sphere Project 2011). These guidance documents direct aid organizations and governments to develop emergency plans and policies that take into account the nutritional needs of infants in emergencies; train staff on infant and young child feeding; assess the number of infants and young children affected by an emergency and feeding practices to determine the priorities for emergency response; assist women to initiate, maintain or resume exclusive or continued breastfeeding; and individually assess the need for formula feeding and provide support (including infant formula, clean water, fuel, cleaning implements, education and health care) where infants cannot be breastfed. When this guidance is followed, more mothers and caregivers are supported to breastfeed and non-breastfed infants are at reduced risk of disease and death (Ayoya et al. 2013; Dörnemann and Kelly 2013; Jakobsen et al. 2003; O'Connor et al. 2001).

Nonetheless, emergency responses frequently do not support breastfeeding or appropriate feeding practices for non-breastfed infants and young children (Borrel et al. 2001; Gribble et al. 2011; Hipgrave et al. 2012). Among the most common barriers to an effective IYCF-E response include:

lack of awareness that stress and trauma do not actually impact milk production; lack of safe spaces in which mothers may safely breastfeed and care for their children; health care providers and aid workers who are in the role of supporting maternal and infant health, but are untrained in providing skilled breastfeeding support or recommended IYCF-E interventions; lack of education and support for relactation and wet nursing; uncontrolled donations and distributions of breast milk substitutes; use of medical interventions during labor and birth that impair lactation and breastfeeding; and weak mental health support for breastfeeding mothers (Carothers and Gribble 2014; Gribble 2014; Gribble et al. 2011; Gribble and Berry 2011).

23.4 Supporting Women's Reproductive Health in Emergencies: Breastfeeding

Breastfeeding is impacted by, and directly influences, numerous critical reproductive processes, including ovulation and fertility patterns, pregnancy outcomes, birth practices, birth spacing, and postnatal maternal and infant morbidity and mortality patterns (Coall and Chisholm 2003; Ellison 2001; Labbok 2001; McDade and Worthman 1998; Miller 2016; Pike 2016; Vallengia and Ellison 2003; Vitzthum 1994, 2008). When breastfeeding is not supported in emergencies, one consequence is elevated risk of postpartum morbidities and mortality due to postpartum hemorrhage and complications associated with anemia and maternal depletion.

Breastfeeding is associated with reduced rates of postpartum hemorrhage, which is a leading cause of maternal morbidity and mortality across the world (Geller et al. 2006; Hardee et al. 2012; Khan et al. 2006, 2014). The basic intervention of early initiation of breastfeeding and skin-to-skin contact after parturition are invaluable in emergency settings where other forms medical means to prevent postpartum hemorrhage may not be available. Stimulation of the nipple during breastfeeding releases the hormone oxytocin which

triggers uterine contractions (Chua et al. 1994) that work to prevent hemorrhage (Geller et al. 2006; Saxton et al. 2014; Sobhy and Mohame 2004). One study documented a 50% reduction in postpartum hemorrhage among mothers who were able to practice skin-to-skin contact and immediate breastfeeding postpartum (Saxton et al. 2015). A delay in breastfeeding initiation postpartum, or abstaining from breastfeeding and skin-to-skin contact postpartum, increases the risks of postpartum hemorrhage (Geller et al. 2006; Saxton et al. 2016).

Another concern is that girls and women often have low access to reproductive health education, support and access to contraceptives in emergencies. This places them at risk of unplanned pregnancy – an estimated 40% of pregnancies in resource poor settings across the world are unplanned (Van der Wijden and Manion 2015). However, exclusive breastfeeding in the first 6 months of life and continuation of breastfeeding as recommended is an effective population-based method of preventing pregnancy postpartum. It has been demonstrated that breastfeeding is up to 98% effective in suppressing fertility among women who are exclusively breastfeeding an infant of less than 6 months of age and are amenorrheic (Labbok et al. 1997; Van der Wijden and Manion 2015). In the absence of breastfeeding, ovulation can occur within 6 weeks of birth leading to increased risk of pregnancy quickly postpartum. Closely spaced births are a risk factor for low birthweight, pre-term birth, and neonatal and infant mortality in many resource poor settings (Conde-Agudelo et al. 2006; Fotso et al. 2013; Kozuki et al. 2013). Breastfeeding thus increases birth spacing, effectively promoting maternal and infant survival (Ellison 2001; Vitzthum 1994).

The suppressive ovulatory effects of breastfeeding are dependent on a variety of factors (Ellison et al. 1993); however, the frequency of suckling is of key importance (McNeilly 2001). One study of Nepalese mothers who allowed very frequent suckling found that breastfeeding was associated with pregnancy prevention for more than 2 years postpartum (Panter-Brick 1991). Breastfeeding for over 2 years was

associated with longer birth intervals among a population of mothers in Tanzania (Mattison et al. 2015). Other factors such as maternal energetics and nutritional status may exert an influence on ovulation post-partum, resulting in a shorter duration of lactational amenorrhea in some breastfeeding mothers (Fitzgerald 1992; Miller 2016; Peng et al. 1998; Valeggia and Ellison 2003). Moreover, the total duration of lactational amenorrhea during breastfeeding is specific to cultural and ecological contexts (Kramer and Kakuma 2012).

The suppression of ovulation during breastfeeding is also associated with reduced rates of maternal depletion, which arises when nutritionally stressed mothers become pregnant soon after giving birth (Kennedy et al. 1989; King 2003). Iron deficiency anemia is a common form of maternal depletion. The global prevalence of anemia among pregnant women in 2011 was estimated to be 38.2% (WHO 2011). Iron deficiency anemia is associated with elevated risks of maternal morbidity and mortality, and anemia contributes to 20% of all maternal deaths worldwide (WHO 2009). There is some evidence that links maternal anemia with impaired cognition and ability to care for infants (Beard et al. 2005; Perez et al. 2005), possibly due to maternal depletion, lethargy, and impaired immune status (WHO 2001). The transfer of iron from mother to fetus is one of the most critical components supporting oxygen transfer in utero, but one consequence is that it facilitates maternal iron depletion (Miller 2016). Maternal anemia is also associated with a higher risk of pre-term birth and a higher risk of third trimester bleeding, pre-labor rupture of membranes, puerperal endometritis, postpartum hemorrhage, and maternal death (Black et al. 2013).

Adolescent fertility rates are significantly higher in low- and middle-income countries than in high-income countries (Black et al. 2013). Maternal and infant perinatal outcomes are poorer for very young mothers (<15 years or <2 years post menarche) in these settings, due in part to poor nutritional status, short stature, and inadequate access to resources needed to support healthy pregnancy, birth, and breastfeeding

(Gibbs et al. 2012). Increased vulnerability of girls to sexual violence as a result of emergencies, displacement, and migration translate into higher rates of adolescent pregnancy (Adanu and Johnson 2009; Chynoweth 2008; Cottingham et al. 2008). Adolescent mothers have special nutritional needs during lactation (Hanson et al. 2015), and for these mothers pregnancy and lactation carry an elevated risk of maternal depletion, malnutrition, and stunting of their growth (Black et al. 2013). Supporting young mothers to breastfeed may reduce pregnancy rates in emergency situations and protect them from maternal depletion, stunting, and future adverse pregnancy and birth outcomes.

IYCF-E is often conceptualized as an infant-centered nutritional intervention, and so protecting mothers' perinatal health is often overlooked, particularly during acute phases of emergency response. Yet, protecting maternal perinatal health in emergencies is of critical importance to infant survival and long-term well-being and biomedical interventions used to manage complicated pregnancies, labor, and birth can negatively impact lactation physiology and breastfeeding outcomes (Dewey et al. 2003; Klingaman and Ball 2007; Smith 2007). The combination of birth complications and lack of adequate medical resources is a risk of maternal and infant death in emergencies; however, maternal morbidity and mortality resulting from iatrogenic factors and obstetric violence is also a growing concern in emergency settings, particularly when mothers are displaced or migrate into countries where birth is highly medicalized (Bohren et al. 2015; Casey et al. 2015; Gill 2016).

In resource poor settings, maternal perinatal death increases the risk of neonatal death (AbouZahr 2003; Duley 2009; Lawn et al. 2005). Infants born to mothers who die are more likely to receive artificial feedings, and these children commonly face chronic food insecurity throughout childhood, elevating their morbidity and mortality risk (Bazile et al. 2015; Molla et al. 2015; Moucheraud et al. 2015; Obed et al. 2007; Ronsmans et al. 2010). A further risk posed to infants in emergencies is inadequate caregiving or abandonment due to maternal distress and

trauma. Even in non-emergency situations non-breastfed infants are at increased risk of maternal abuse and neglect (Strathearn et al. 2009) and hospital practices known to discourage breastfeeding are associated with increased abandonment rates (Lvoff et al. 2000). However, breastfeeding supports maternal and infant physiological and psychological resilience to trauma and stress (Altemus et al. 1995; Groer et al. 2002; Mezzacappa and Katlin 2002) and contributes to greater maternal responsiveness in infant caregiving (Gribble 2006; Gribble and Gallagher 2014).

23.5 Common Problems with IYCF-E Response

Despite the availability of guidance for humanitarian response in IYCF-E and recognition of the importance of breastfeeding and the risks associated with formula feeding in an emergency context, humanitarian aid often undermines, rather than supports breastfeeding. Unsolicited donations of infant formula and other milks commonly arrive in emergency affected areas in large quantities and are distributed indiscriminately to caregivers of breastfed and non-breastfed infants (Gribble 2014). For example, during the first few weeks of the Balkans crisis of the 1990s it was estimated that 40% of the 3500 tons of aid that NATO transported to Macedonia was baby food (Borrel et al. 2001). Once they arrive, such donations are often widely distributed. For example, after the 2006 Yogyakarta earthquake 75–80% of households with infants received donated infant formula despite low levels of formula feeding prior to the earthquake (Hipgrave et al. 2012). Where such distributions occur, they result in an increase in formula feeding, a long-term decrease in breastfeeding rates, and an increase in infant morbidity and mortality (Gribble 2014). For example, the flow of humanitarian aid in the form of formula donations during the 1988 Armenian earthquake translated into over a decade of reduced breastfeeding rates (Harutyunyan 2008).

In an environment where completing the basic activities necessary for survival is difficult, arti-

cial feeding places a serious time and energy burden on mothers, many of whom may be caring for multiple children and other relatives. Artificial feeding creates dependencies on humanitarian aid, which is often transient, unpredictable, and inadequate. Provision of artificial feeds requires a constant supply of breast-milk substitutes, clean water, a clean place to prepare feeds, fuel and implements for sterilization and feeding (IFE Core Group 2017). These resources may be obtained only with great difficulty in emergencies; collecting water, for instance, may require walking some distance and then queuing for extended periods of the day. The actual preparation of artificial feeds – including boiling water with which to wash and sterilize feeding implements and also to mix infant formula – also takes significant investment of time, energy, and resources. When humanitarian aid ends and/or fails to provide the necessary resources, mothers and caregivers often have no choice but to resort to perilously high-risk infant feeding practices, such as over-diluting infant formula, mixing formula with unclean water, feeding with unsterilized bottles and teats, supplementing feeds with teas, sugar water, rice porridges and raw animal milk (e.g., Mboya 2014). That non-breastfed infants are more frequently ill further intensifies the care work of mothers and other women, many of who are responsible for primary caregiving to infants and young children in emergencies.

Among the most common of rationales used for solicitation and poorly targeted distribution of infant formula in emergencies is that the emergency has resulted in maternal malnutrition and trauma leading to a precipitous increase in the number of women who have an insufficient milk supply (Gribble 2014; Gribble et al. 2011). Yet, maternal underweight, stunting, or mild to moderate malnutrition does not negatively impact lactation, nor does it compromise the nutritional and bioactive composition of milk (Giovannini et al. 2007; Pérez-Escamilla et al. 1995; Prentice 1980). Extreme malnutrition may reduce the volume of milk produced, but lactation and the nutrient composition of milk is highly resilient and the remedy in such situations is to support maternal nutrition in order to facilitate maternal health and

an increase in milk production (Bhutta et al. 2008). Similarly, stress does not impact the physiology of milk production and there is no evidence to support the sudden interruption of milk supply in traumatized mothers (Hill et al. 2005). However, stress can reduce the secretion of the milk-releasing hormone, oxytocin, slowing the flow of milk from the breast and resulting in infants becoming fussy at the breast or wanting to feed more frequently (Ueda et al. 1994). This can lead mothers to worry about milk production, reducing her breastfeeding self-efficacy and undermining her belief in her ability to breastfeed her baby. Such mothers may request infant formula from aid workers. Appropriate psychosocial and breastfeeding support can enable mothers to maintain exclusive and continued breastfeeding (e.g., UNICEF CEE/CIS 2008).

Where women are having difficulty breastfeeding their infants, support from appropriately skilled aid workers and health professionals is needed. However, those in position to provide humanitarian response for IYCF-E often lack the necessary skills, exacerbating the risk that breastfed infants will receive formula, that breastfeeding mothers will not breastfeed, and that non-breastfed infants will be at high risk of malnutrition and death.

23.6 Case Studies: Syrian War and European Refugee Crisis

Forced migration and displacement due to emergencies create unique challenges for providing humanitarian relief. The Syrian Civil War and its associated “refugee crisis” (2011–present) have proven to be particularly difficult emergencies in which to provide infant and young child feeding support. The large numbers of pregnant women, infants and young children amongst those affected; the high rates of formula feeding before and during the emergency; the extreme difficulty accessing populations Syria; and the challenges of supporting populations in transit were unique elements of these emergencies. While some organizations and individuals provided appropriate infant and young child feeding in emergencies

support, which upheld women’s rights and promoted the wellbeing of children (e.g., Alsamman 2015; Bauer 2016; Zanze 2016), other aid was ill conceived and overtly harmful.

The following case studies illustrate examples of poorly delivered aid and are informed by participant observation, fieldnotes, and interviews that were completed as a part of a study conducted by the authors. Using rapid ethnographic assessment and narrative inquiry approaches, this research examined the experiences of those involved in the IYCF-E response in the Middle East and Europe over 2016–2017. Ethics approval for the study was granted by the Elon University Institutional Review Board.

23.6.1 An Underlying Belief That Breastfeeding Is Fragile and Inadequate Fuels Dangerous Infant Feeding Practices in Syria and Europe

Prior to the war in Syria, infant formula manufacturers had successfully established a profitable market for their products through aggressive marketing tactics. These tactics breached women’s human rights as described in the International Code of Marketing of Breastmilk Substitutes by undermining mothers’ confidence in the sufficiency and quality of their breastmilk (Gribble et al. 2011). For example, advertising told women that feeding their baby infant formula would help protect their baby from infectious disease and that formula feeding was inevitable for most infants. Many Syrian health professionals had poor levels of knowledge about breastfeeding and encouraged formula feeding (Mboya 2014; UNHCR 2014). As a result, although most women in Syria breastfed their infants, most also formula fed, and the premature cessation of breastfeeding was normalized (Al-Akour et al. 2014).

The commencement of conflict in Syria did not improve infant feeding practices. Placed under enormous stress through violence, dislocation and deprivation, women’s ability to breastfeed their babies was further undermined and rates of formula feeding increased (Mboya

2014). The erroneous belief that psychological stress or moderate malnutrition impedes milk production was pervasive among both women and health professionals in both Greece and France. The impact of pre-emergency marketing remained, illustrated by a Syrian refugee breastfeeding mother who was concerned that the development of her baby's immune system was being harmed because she was not feeding her infant formula. Furthermore, aid in the form of donations of infant formula arrived in large quantities throughout the country (Fander and Frega 2014). Aid organizations working with mothers did not have appropriate policies for the distribution of infant formula and did not have workers skilled in infant feeding support. Volunteer aid workers commonly reported that it was unkind to deny infant formula to mothers and babies, and there was a lack of awareness that the dangers of formula feeding might increase as the war intensified. One manager of an aid agency explained that mothers were very stressed by the war and it was not a time to seek to change infant feeding practices. As a result, infant formula was distributed freely and without appropriate safeguards resulting, in some areas, in most infants being dependent on infant formula (Deccan Chronicle 2016).

The absence of resources such as easy access to clean water, fuel, and health care placed infants at high risk of infectious illness. The instability of the situation meant that food security for formula fed infants was a serious issue with multiple reports from besieged towns of supplies of infant formula running out and of mothers feeding their infants dangerous substitutes such as tea or rice water (Deccan Chronicle 2016). It is, therefore, not surprising that young infants accounted for a large proportion of those needing treatment for acute malnutrition (Dolan et al. 2014). Those women who were able to leave Syria faced similar issues in Jordan, Lebanon, and Europe with the added complication of attempting to formula feed while traveling (IFE Core Group 2015).

23.6.2 Obstetric Violence, Lack of Support for Breastfeeding and Uncontrolled and Unresourced Donations of Infant Formula in Greece

Seeking safety in Western Europe, many hundreds of thousands of refugees from Syria, Afghanistan, Iraq and other countries entered Europe via Greece in 2015 and 2016 (UNHCR et al. 2015). With the closure of the border into Macedonia in March of 2016, 60,000 refugees were stranded in Greece. The numbers of childbearing women without partners was high as husbands and fathers had commonly gone on ahead and having reached their final destination (often Germany) the women followed with the children (UNHCR et al. 2015). This included many pregnant women.

Greek maternity hospitals were faced with a situation where they had a steep increase in the number of births but often had no additional staff. For example, Kilkis hospital, near the then large refugee camp at Idomeni, had an increase from their normal 15 births to 40 births a month at the height of the crisis. They had no additional funding or staff provided to deal with this situation and no translators available to them except from among the refugee population. As a result, the care provided was often very poor.

In order to manage the large increase of birthing women, hospitals responded by making Caesarean section deliveries (which can be scheduled according to available resources) routine. Women were not provided with any choice in how they birthed their babies. Where women sought to refuse, they were overridden or punished. In one case, a laboring woman refused a caesarean section. While in active labor, she was told by the hospital that they would not support her to deliver her baby vaginally and she had to leave and would not be allowed to return. A black mark was painted on her hand to identify her. She left the hospital and delivered her baby with the assistance of a friend at the refugee camp. After the birth, the woman returned to the hospital to have the health

of her baby checked. While the doctor examined the mother, a post-birth episiotomy was performed, the woman believes as punishment for having defied the hospital. Although the baby was well, the hospital admitted the baby and refused to discharge her. The mother was told that the police would be called if she sought to leave the hospital and they were forced to stay for 6 days.

Caesarean section deliveries, combined with lack of knowledge about breastfeeding, created serious difficulties for refugee women. Hospital staff believed that women should not breastfeed after a caesarean section and were advised to formula feed for the first few days after birth and provided with bottles and powdered infant formula to do so. Given the authoritarian treatment they had been subject to regarding birth, virtually all women did so (the only woman encountered who did not formula feed in hospital was the previously described woman who refused a caesarean). After 3 or 4 days women were advised to initiate breastfeeding but they often had breasts that were engorged with milk and therefore it was very difficult for babies to attach to effectively to feed. This resulted in cracked and bleeding nipples, poor milk transfer and sometimes, failure to thrive amongst babies. Lack of skilled breastfeeding support in the hospital and in the refugee camps exacerbated this problem. Formula feeding in the hospital made infants more vulnerable to infection in the refugee camp.

Women and infants were discharged to refugee camps that often had poor or no sanitation. Most women were living in small tents in which they could not stand (difficult for those who had just had major abdominal surgery) and were also caring for other children. Medical care in the refugee camps could be poor and reflect a lack of understanding of the dangers of formula feeding and importance of exclusive breastfeeding in the circumstances. In one instance, a woman sought medical care for an infected caesarean wound in a camp medical clinic run by an international medical NGO. Although she was not experiencing any difficulties with breastfeeding, she was given a tin of powdered infant formula by the doctor at the clinic. When confronted about why this had occurred, the doctor appeared uncon-

cerned about providing this milk even though the doctor was well aware that the sanitary conditions in this camp were particularly poor.

Large volumes of donations of infant formula arrived in Greece and in France and were often distributed in a manner that conflicted with recommended protocols and ethical principles of humanitarian aid. In some locations, infant formula was provided to every woman with a baby regardless of need. However, provision of resources necessary to formula feed with an acceptable level of risk were rarely considered. For example, in seven refugee camps visited in Greece, no organization distributing infant formula also distributed detergent for washing. Volunteers and organizations that distributed these donations were motivated by a desire to assist women but lacked the foresight to comprehend the risk posed to formula dependent infants and the harm this milk could cause where it resulted in cessation of breastfeeding. In some cases, volunteers were explicit that they were satisfied if the infant formula was provided safely where they were located and appeared unconcerned about what might occur later in the journey. Rates of gastrointestinal and respiratory tract infections were reportedly very high amongst infants in transit in Europe. Volunteers working with mothers further along the refugee trail in Europe who observed these high rates of illness in formula fed infants expressed frustration that women who arrived in Europe breastfeeding had their ability to breastfeed undermined by distributions of infant formula by aid workers earlier in the journey.

23.7 Conclusion

Emergencies bring violence and disruption to the lives of women and children who are most vulnerable to the short- and long-term physical, reproductive, and mental health repercussions of emergencies. Population displacement and migration caused by emergencies present numerous risks to maternal and child perinatal health. One neglected area of emergency response is adequate provision of skilled support for breastfeeding, and also protecting non-breastfed infants through recommended IYCF-E practices.

Breastfeeding is a basic human right and every mother or caregiver who wishes to breastfeed should be supported in doing so, particularly in times of crisis (Gribble et al. 2011; Nour 2011). Breastfeeding in emergencies saves the lives of mothers and infants and increases their chances of survival and resilience. In emergencies breastfeeding rates fall and formula feeding rates increase, in large part, due to inappropriate and harmful forms of aid.

The long-term impact of destructive infant and young child malnutrition in emergencies is well-established. Emergency response often exacerbates food insecurity and infant and young child malnutrition by failing to adequately support breastfeeding mothers and infants and also failing to provide the necessary education, materials, resources needed to safely formula feed; these practices engender long term nutritional consequences that reverberate across the life span. For girls and adolescents, the consequences of poor or non-existent IYCF-E response sets into motion a cascade of negative impacts on later reproductive health. Girls and women who continue to live in poverty and experience chronic malnutrition are at higher risk for perinatal morbidity and mortality, and their infants are also more likely to embody the intergenerational effects of their mothers' and grandmothers' nutritional stress. These are significant life course impacts of IYCF-E response that not only shape the outcomes of specific emergencies, but also shape the demographic patterns of global populations.

Mothers and caregivers of infants and young children require protection and support from governments, aid agencies, and individuals that enable them to care for their children. Harmful aid – in the form of donations of infant formula, inappropriately distributed infant formula, obstetric violence, and infant feeding support provided by aid workers and untrained and unskilled lay volunteers – results in high rates of morbidity and mortality in women and children, which are otherwise preventable even in resource-poor settings. Failure of humanitarian relief agents to act in accordance with recommended guidelines for IYCF-E is, indeed, an act of violence on mothers and infants.

There is need for greater public awareness of the devastating consequences of uncontrolled formula donation and distribution in emergencies. There is also a need for an expansion of the field of humanitarian aid workers, including all deployed medical/health personnel, nutrition and food services personnel, lay volunteers, and anyone who will be in a position to supporting mothers and infants in any capacity, to become skilled in providing basic breastfeeding and IYCF-E support.

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Index

A

- Adoption, child, 110, 121–126, 131, 256, 259, 275, 278–280
- Aging, 63, 74, 81, 247–258, 263, 287, 288, 290
- Assisted reproductive technology (ART), 5, 83, 97, 98, 105–107, 110, 112, 113, 118, 121, 122, 126–129, 131, 134

B

- Biopolitics, 77
- Breastfeeding, 7, 43, 87, 88, 112, 142, 319, 341–350

C

- Cameroon, 154–159, 322
- Care labor
 - cross-border care, 97, 105, 185
 - in households, 120
 - housework, 233–235, 242
 - and migration policies, 183, 185, 186, 216
- Census, 2, 29, 40, 108, 123, 203, 204, 206, 215–217, 226, 249, 251, 253, 269–272, 274–276, 278–283, 301
- Childfree, 95, 97–99
- Childless, 5, 61, 83, 85, 86, 92, 95, 97–102, 126, 254, 256, 258–263, 274, 281, 282
- Climate change, 317, 318, 322, 323, 325, 326
 - administration of policies
 - women's involvement, 322
 - effects of
 - on women, 317, 318, 322, 323, 325, 326

E

- Environment, 7, 17, 31, 45, 48, 50, 55, 96, 119, 123, 147, 158, 169, 171, 176, 224, 226, 234, 235, 243, 253, 277, 291, 318, 320, 321, 324–327, 341–343, 346
- Ethnographic research
 - merits of, 31, 75, 76, 78, 79, 100, 109, 144, 163, 217, 223, 253, 306, 310, 338

F

- Family
 - from ARTs, 84, 85, 90, 91, 110, 112, 126, 127
 - cross-border, 186, 187, 192–194
 - new forms, 92
 - support, 31, 133, 262, 268

G

- Gender equity, 3, 18, 55–67, 145, 153, 244, 247, 248, 252, 262, 324
- Gender roles
 - in households, 21, 216, 220, 222, 250
 - in labor force, 2, 8, 17, 18, 24, 30, 32, 56, 57, 60, 61, 66, 118, 119, 227

H

- Health
 - and aging, 253–258
 - child, 20, 39, 43, 48, 49, 59, 79, 98, 119, 123, 142, 144, 150, 153–164, 236
 - and climate change, 318, 319
 - and domestic violence, 21, 41, 319, 320, 330, 331
 - and HIV, 5, 177
 - and humanitarian crises, 342
 - in Nepal, 141
 - well-being, 64, 80, 129, 133, 142, 220, 226, 233–237, 242–244, 252, 345
- HIV
 - and economic support, 31, 169, 171, 172, 175, 177
 - in Nigeria, 167–177
 - and violence, 41, 172, 333, 334, 337

I

- India, 4, 5, 17, 19, 22, 37–53, 66, 105–113, 129, 134, 189, 195, 203–212, 320, 325
- Infant mortality, 5, 15, 78, 153–160, 164, 343, 344
- Infertility
 - definition, 5, 96, 98
 - extent, 86, 112
 - measures of, 5, 86, 96, 100, 130
 - and motherhood, 5, 23, 95, 97, 100–102

- Iran, 5, 83–92
- Italy, 4, 57, 58, 61, 65, 73–76, 78–80, 157
- J**
- Japan, 6, 60, 62, 63, 66, 105, 188, 192, 256, 287–296, 320, 330
- L**
- Low fertility, 4, 55–66, 73–81, 287, 288
- M**
- Marriage, 292, 299, 301–304, 306, 307, 309, 333
 - age at marriage
 - and male/female gap in, 292, 304
 - cross-border, 187, 189, 192, 194, 205
 - marital status and infant health, 154, 155, 159, 160
 - and non-marriage, 6, 258, 287, 288, 295
 - polygamous
 - advantages for women, 306
 - changes in, 299, 302, 303, 307, 309
 - differences by ethnicity, 301, 307, 333
 - pressure to marry, 177, 294, 302
 - unmarried, definition, 288
- Maternal health
 - obstetric transition model, 149
 - pregnancy, 5, 142, 145, 147, 158, 160, 162, 163, 344, 345
 - Safe Motherhood Initiative, 142, 143
 - services, 5, 142, 143, 147, 149, 350
- Migrants, 190, 194, 215, 216, 226, 227
 - Burmese, 6, 217, 221, 225, 226, 228
 - and health, 169, 170, 185, 186, 192, 193, 195–197
 - integration
 - definition, 215
 - and language proficiency, 216, 226, 227
 - into new society, 194, 215
 - and work, 190, 216
 - and marriage, 183, 186–188, 192–198, 209, 212
 - and population decline, 63, 85, 287, 288
 - and race, 73, 75, 76
 - refugees, 6, 216, 221
 - Syrian, 347, 348
- Migration
 - domestic, 184, 185, 188, 189, 196, 197
 - gender and long distance, 204, 205, 211, 212
 - gender and short distance, 203, 211
 - international, 6, 184, 189, 191, 193, 203, 205, 211
 - marriage, 6, 188, 204–206, 211, 212
 - and social transformation, 185
- Motherhood
 - effect on wages, 219, 281, 282
 - and household roles, 282
 - as identity, 97
 - in Italy, 74, 78, 79
 - and lesbians, 99, 281, 282
 - during migration, 29, 343, 345
- N**
- Nepal, 5, 99, 141–151, 320, 326, 344
- O**
- Obstetric violence, 343, 345, 348–350
- P**
- Polygyny
 - differences by ethnicity, 300
 - over course of life course, 301
 - presumed benefits to women, 308
 - See also* Marriage
- Population policy
 - population control, 4, 108
 - pronatalist, 295
- R**
- Race
 - and adoption, 122–125
 - and migration, 132
 - and nation, 65, 75
- Relationships to fertility, 2, 17, 57, 58, 105, 263
- S**
- Sex ratio imbalance, 250, 304
- Sexuality
 - and HIV, 5, 167–177
 - and infant/child health, 5, 153–164
 - and kinship, 92
 - and marriage, Japan, 6, 294–296
 - and polygyny, 6, 310
 - pre-marital, 163
 - stigma related to, 5, 163
 - study of, in demography, 6, 267–283
- Sikh/Punjabi, 203–212
- State policies
 - effect on fertility rates, 4, 55–67, 81, 130
 - focused on gender equity, 67
- Surveys, 2, 15–34, 163
 - American Community Surveys, 275
 - DHS
 - Egypt, 20–23
 - measures of gender, 2, 15–34
 - West Africa, 163
 - and problems with, 4, 37–53, 247, 255

V

- Violence, 329–331
 - cultural differences, 331–333
 - gender-based
 - definition of, 329–330
 - scope, 330–331

W

- West Africa, 299–310
- Women
 - and health, 1–9, 141–151
 - producer of nation, 4, 106
- World Health Organization
 - on domestic violence, 338