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Women's Health



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A Relational Perspective across the Life Cycle

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INTRODUCTION

Women's Health: A Relational Perspective across the Life Cycle provides an integrated, multidisciplinary approach to women's health. Designed for use in women's studies or nursing, the material integrates historical, sociocultural, biophysiological, and psychosocial aspects of women's development in a way that provides a multi-lens, woman-centered perspective on the health of women.

We decided to write this book because we could find no available resource that provided such a perspective. There are several excellent books in print which address women's health and illness problems from a medical perspective. These books discuss the diagnosis and treatment of conditions affecting women. There are also several excellent books in print which address women's growth and development. What was lacking was a book that provided a marriage between these two perspectives. This book is intended to fill this void.

Part One provides the theoretical framework for the rest of the book. We set the social context and provide the historical perspective underlying the modern health care system. The traditional model of women's growth and development is analyzed in terms of its deficiencies in adequately explaining women's strengths. Relational psychology is used as a framework for reframing the strengths of women, and women's ways of knowing and communicating are used to describe the female voice. Finally, we examine the interaction of gender, class, and race to expose some of the stereotyped roles and expectations that interfere with health and affect the treatment of illness.

Part Two looks at the maturation of women across the life cycle. Adolescence, the reproductive years, perimenopause, and aging are the broad categories under which physical and psychosocial growth and development are reviewed. Common health issues are addressed, and the major threats to health are discussed. The emphasis is on maintaining health and wellness, while identifying those conditions that may pose hazards to women as they progress through the life cycle.

Part Three focuses on the complexity of women's roles. Women are viewed as individuals, in all the diversity of their achievements and challenges. At the

same time we recognize the integral relationship between individual women and the family, as well as community contexts that contribute to both health and illness. The global context of women's health care is presented, including case studies of women's

conditions in Panama and South Africa. We conclude with the development of a contextual new model for the care of women.

This book is suitable for graduate-level courses in women's studies and nursing as well as for selected upper-level undergraduate courses. We also believe that it will be interesting and thought-provoking for the general reader interested in a woman-centered approach to women's health. Finally, we think that it will stimulate further study in the field. Our hope is that our work has raised more questions than it has answered.



PART ONE
WOMEN'S EXPERIENCE AS BASIS FOR A
THEORETICAL FRAMEWORK FOR HEALTH

1

The Modern Health Care System and Gender Bias: The Historical and Ideological Context

Judith Bernstein

Judith A. Lewis

One must have health! You may banish money, banish sofas, banish wine! Banish health and you banish all the world!

Anne Crawford Flexner (1875-1955)

Introduction

Throughout history, the most salient factor affecting the health of women has been their position in society. Recent discoveries and interpretations of prehistory suggest that the earliest human cultures may have been either matriarchal and matrilineal or forms of partnership organization, with men and women assigned roles that were equally respected and valued (Eisler, 1988). These early societies worshipped goddesses as well as gods (Stone, 1976), and ascribed considerable powers to women, who were not just fertility emblems but the spinners

of destiny, associated with justice, wisdom and intelligence, and the arts as well as reproduction (Frymer-Krensky, 1992). Assisted by a relatively abundant food supply and favorable environmental conditions, a high level of civilization developed, graced by agriculture, trade, religious art, and the development of writing. In this world, which continued through at least 20,000 years of human history down into the Mesopotamian and Greek eras, health was defined in the very broadest of senses, encompassing emotional, spiritual, and physical well-being, and thought to be achieved through harmony among individuals, society, and the natural world. Women were assigned responsibility for the health of their families and their communities (Colliere, 1986). This was the golden time described by Hesiod. It was surely not a perfect time there were still conflicts and cruelties, inadequacies and want but overall, life was more collective, and the position of women relatively favorable. Women were as likely as men to be buried with valuable artifacts, an indication of equal status, and they had considerable authority as inventors of cultivation and distributors of food (Lorber, 1994).

Then a major social revolution occurred. The devastation of Minoan culture 3000 years ago was one of the final episodes in a protracted war between this partnership system, and a patriarchal or patrilinear form of social organization. In Assyria, Doria, and Canaan, hierarchical warrior cultures set out to conquer the world, and the male gods of war became dominant. As humankind became less nomadic and acquired property, property rights and inheritance became a major concern, and women and children became property as well. Women were subjugated, relegated to a reproductive role, no longer valued for their knowledge, and far removed from the sources of governance and power (Goldenberg, 1979). Large numbers of women were enslaved, and the practice of female sacrifice became commonplace. Warriors were often buried with several wives or concubines (Eisler, 1988). Women had previously held political power; many of the ancient Egyptian tombs initially ascribed to kings were later found to have been the resting places of powerful and wealthy queens (Stone, 1976). They had also held great symbolic authority under a system of religious beliefs based on ancient origin myths that gave women the responsibility of ritual action to stave off elemental chaos (Grahn, 1993). In the new world, however, women were reduced to property, as noted by Anati (1963) in *Palestine Before the Hebrews*, "men bringing with them their goods and donkeys, wives and children" (p. 389).

In service of this ideology, new patriarchal religions were founded, which developed into the three main Western religions: Judaism,