

Short Communication

Recognising unpaid labour of women and embodiment towards health equity

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ABSTRACT

Bodies if allowed speak volumes; women's bodies speak too, as Krueger and other scholars point out, that it is important to recognise this within the health system. While on the one hand women's contribution to economy globally is largely undermined and unaccounted, on the other hand women's health issues beyond reproductive and maternal health is under represented in the public health policy and system. In order to achieve health equity, there is a need to recognise what women's bodies speak along with their economic contribution within the household economy and the labour market as well.

Key words: Women's health, embodiment, unpaid labour

INTRODUCTION

Women and Work: Globally women's contribution to the economy has been grossly undermined, however a deeper understanding of women's role in shaping the global economic landscape through their labour, activism and overlapping narratives has been pointed out by several scholars. We also hear about women's struggle to break the glass ceiling even when they are equally qualified in comparison to men; the 2018 Grant Thornton report, 'Women in Business [1]. Beyond Policy to Progress' points out that senior roles held by women is 24% globally and 20% in countries like India. In addition to this women's contribution to reproductive and social labour through care work is completely overlooked as it has been historically made invisible through the scaffolding of patriarchy. A woman is expected to produce children for her husband and the family, care for them and the others in the family including cooking, cleaning and then contribute their labour through some tangible economic manner as daily wage labour/employment or unpaid (agrarian) labour [2].

When a woman is not bringing tangible economic income, she is considered unemployed; however even if a woman is employed, her wellbeing is usually the least priority both for her and the family [3]. Embodiment: In my work with exploring factors responsible chronic body pain in women, I have found that bodily manifestation of pain might be evident but often ignored even by the health system. Krieger posits that humans are social beings and biological organisms simultaneously, and embodiment fundamentally claims that bodies tell stories that are intertwined with the conditions in which they exist. Women who suffer hardships and harassment have also been conditioned to ignore their wellbeing apart from being ignored in society [4,5] stories which might not be verbally allowed or accepted are spoken through women's bodies (ibid). The luxury of time required for rest and recreation might be rare for a woman, and she might go to sleep with fatigue and pain making waking up a challenge, however as Krieger points out, these stories might not match verbal accounts as the health system doesn't focus on the embodied aspect of the woman [6]. Women's Health: There have been movements across the globe for recognition

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of women's labour as work, for instance Indian women from lower end of the labour market with the help of SEWA a NGO organised themselves to include home labourers under definition of labour in ILO and seek social protection, and 'fair globalization and decent work' was demanded [7]. This demand if met, would reduce the burden perhaps on a woman's body, and she might be able to tell her story better. The health policy makers in the developing countries often only focus on the reproductive and maternal health of women leaving the health needs of women after her active reproductive age out of focus. Scholars have pointed out that gender inequity in health is obvious and can be explained by inequalities between men and women. It is also seen in developing countries like Sweden that childcare is shared by both the parents due to the parental leave policies accepted by the government, in the global south it is a long way to go [8]. In addition to that the neglect of women's health especially after the reproductive age in the public health system like that of India is understudied and has therefore remained out of focus. While talking about reproductive health, the often ignored area also constitutes the menopausal period of a woman's life. Human bodies and those of animals provide us insights on the social, political and economic status and the 'body politics'. Women's negotiations in life are subject to

social constraints; therefore her body is also subject to 'social embodiment'. Powers of patriarchy dominate the way a woman minimizes her bodily needs or her desires and gives precedence to that of others. The mental construct of her social body is inter-connected to what the society expects of her as appropriate to a woman's care giving role that is never acknowledged.

CONCLUSION

Scholars have argued that health systems are not gender neutral and the system operates in a way that permeates gender inequality as in ways in which communities interact. WHO has pointed out that about one in three women worldwide have experienced violence either physical and/or sexual in their lifetime (WHO) Women's contribution to global economy through formal, informal, social and reproductive labour needs recognition not just from an economic perspective but also to bring about health equity. Factors like race, caste, masculine norms, homophobia/transphobia and now COVID-19 pandemic also contribute to health inequity. The health systems especially in the global south need to recognise all of these along with embodied stories of women beyond her active reproductive and maternal age for a life of overall wellbeing [9, 10].

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