

Perpetuating Ancient Female Norms in South Asia

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In South Asia, the ongoing prevalence of violence against women is structurally associated with the region's cultural incorporation of patriarchal norms. Delhi, a northern state in India, provides an ideal case study for the examination of culture's impact on gender behavior. Delhi's historical interaction with the Mughal's patriarchal rule continues to impact societal perceptions of women in the post-colonial era. Gender practices that denigrate and endanger women, including dowry deaths, inadequate healthcare, and the son preference, all originate in Delhi's cultural incorporation of the Mughal Empire's extremist Islamic values. Although Indian regions are sporadically embracing gender empowerment and equality, Delhi continues to limit basic human rights for women with dire consequences to its development and international reputation. Most notably, women's reproductive rights and access to healthcare are dangerously underdeveloped, leading to high levels of preventable maternal and infant deaths. With the absence of governmental initiatives that promote women's empowerment, Delhi's political structure dismisses violence against women as a natural right of men. Therefore, this paper will explore how the state of Delhi empirically illustrates the positive correlation between the perpetuation of gender violence and the pervasiveness of masculine cultural norms.

As one of the largest, most diverse nations in the world, the Indian subcontinent united structurally under Gandhi's leadership, yet was unable to achieve developmental cohesion. During the implementation of democratic principles in the post-independence era, each geographic region adapted a unique form of assimilation that incorporated ancient socio-cultural values into the modern system of governance. In the Northern sector, particularly present-day Delhi, the pre-colonial legacy of the Mughal rule inhibited social progress through the imposition of archaic gender values (Legg: 2003, 15). During their aggressive invasion, the Mughal leaders imposed Muslim patriarchal structures that stressed male dominance in political and social matters. The most notable masculine legacy of Delhi's ancient rulers is the concept of *purdah*. Translated as veil or curtain, *purdah* refers to religious values that emphasize the need for women to exhibit tacit, conservative behavior in the presence of men (Mandelbaum: 1986, 2999). In *Sex Roles and Gender Relations in India*, David Mandelbaum explicates how *purdah* refers to the physical veiling of women in domestic and public settings. As Mandelbaum notes, modern interpretations of *purdah* have extended female limitations beyond physical coverings. In contemporary Delhi, the appropriate implementation of *purdah* requires that women avoid eye-contact with males, refrain from loud speech or laughter, particularly in the presence of men, and obtain a male escort when traveling outside of the home (Mandelbaum: 1986, 2999). Despite Mandelbaum's in-depth analysis of the *purdah* tradition, he fails to extend his study beyond the physical characteristics of the cultural phenomenon. Without any remarks on how *purdah* reflects a male-dominated culture, Mandelbaum's essay fails to address the historic source of *purdah* and its modern impact in contemporary Delhi. Although recent studies affirm a strong correlation between conservative, religious traditions and women's development, Mandelbaum's particular essay does not address this relationship.

According to the Muslim faith, the veil shields the pure females from the corruption and dangers of the outside world. To this day, Muslim men argue that through limitations in physical exposure, women are protected from physical violence and sexual harassment (Legg: 2003, 15). In assuming that sexual crimes are the woman's fault because she did not observe the customs of *purdah*, men in Indian society place blame on the victims. This misplaced analysis of gender violence draws attention away from the unacceptability of sexual harassment, thus ignoring the growing need for provisions in women's safety. Even at the criminal level of analysis, ancient Mughal customs inhibit Delhi's social progression through biased notions that significantly hinder a woman's access to justice.

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Despite strict cultural biases against women, all of India experienced a brief encounter with gender equality during the independence movement. Although the female contribution to the movement remains an important gain in women's empowerment, it is more constructive to examine how women were able to overcome cultural demands for female subservience and actively engage in protest against the British Raj. When Queen Victoria assumed the role of Empress of India in the nineteenth century, the British infected Indian nativism with Victorian gender values that emphasize female restrictions through separate spheres. Although *purdah* was originally limited to the Brahmin class, the British attempted to preserve native culture through an exaggerated, widespread interpretation of a select custom (Legg: 2003, 10). However, the post-independence movement surprisingly placed all gender restrictions on hold, giving priority to Indian nationalism and independence over gender norms. As Stephen Legg (2003, 23) notes in his analysis of female participation during British imperialism, "Delhi witnessed an unprecedented upsurge in the activity of its formally recluse, middle-class, female population. Women became involved in the realms of activity traditionally preserved for and by men, including the procession, the picket, and preaching in the street." Legg accredits this upsurge in political involvement to Gandhi's communal philosophy, which encouraged all castes, religions, and genders to join together in the fight for independence. In protest of strict gender roles, Gandhi rejected exclusionary customs against women in order to reaffirm his message of peace and unification. Gandhi's supporting role as the leader of all Indian citizens, regardless of gender, is a vital variable in explaining how women were able to achieve temporary liberation from gender biases during the independence movement.

Gandhi's glorification of the female population provided women with an ideal opportunity to politically mobilize in the public sphere. In many of his writings and speeches, Gandhi claims that because a woman adapts to cultural restrictions with patience and sensibility, females are the ideal soldiers for the non-violent independence movement. As Mary Campbell, a reporter for the Manchester Guardian (Joshi: 1985, W76), writes, "I thought he had made a mistake this time, that the Delhi women, so many of whom lived in *purdah*, could never undertake the task. But to my astonishment out they came, and they picketed all the shops in Delhi." Even in Delhi, a region with over five hundred years of female suppression under the Mughal Empire, women promptly disregarded gender norms and actively participated in the political arena. Their willingness to sacrifice cultural norms for the sake of politics is best explained through a false linkage between imperial independence and gender autonomy. Since the British Raj can be seen as the highest patriarchal institution of the imperial state, an independent India would conceptually free women from one rank of control, thus producing greater levels of independence. However, post-independence research indicates a steady trend of growing female oppression that undercuts the contributions of the independence movement to gender equality (Forbes: 1998, 223). Although Legg presents a strong analysis on women's involvement and limitations in this time period, he neglects to provide an analysis of its temporal significance. The worsening conditions for women in modern-day India undermine the impact of female mobilization achieved during independence. Thus, Legg's exclusion of women's post-independent development provides a limited analysis of female autonomy in colonial India. Despite Gandhi's efforts to promote gender equality during the independence period, current gender views in India suggest a failure of the state and society to fulfill Gandhi's vision.

As a reward for their contributions in the fight for independence, women were granted two provisions in the Indian Constitution of 1947: Article 15 guarantees no discrimination of groups based on sex and Article 16 asserts equal opportunity of employment for all Indians (Forbes: 1998, 223). As the Indian state developed, it became increasingly clear that additional gender equality legislation was needed. In Delhi, known as the Crime Capital, statistics on gender crimes in 2003 show that 15% of total crimes against women and 31% of rape cases occur in this single North Indian state (Puri: 2006, 139). Despite the high reported levels of violence against women, analysts believe that many gendered crimes remain concealed. Feminine values under *purdah* encourage women to stay silent about sexual, physical, and psychological violence in order to maintain their purity and uphold family honor (Puri: 2006, 139). As such, the abnormally high rates of gender violence in South Asia are astoundingly underrepresented, indicating the severity of the region's socio-cultural underdevelopment.

A newly discovered phenomenon in gender violence that is prevalent in Hindu and Muslim communities, particularly in Delhi, is an upsurge of domestic violence and murders due to dowry disputes. After discovering a number of cases in Delhi involving mysterious suicides in which wives are burned alive after altercations with their husbands, the Indian government finally recognized the potentially criminal implications of 'dowry deaths.' In response, Parliament constructed the Dowry Prohibition Act of 1961, under which dowry giving and receiving became a cognizable offence

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(Kishwar: 2003, 114). However, the Act, although amended twice in 1984 and 1986 with harsher provisions, has failed to prevent dowry-related deaths. Eventually, politicians responded with the addition of sections 304B and 498A to the Indian Penal Code. In "Laws Against Domestic Violence," Madhu Kishwar (2003) provides a coherent analysis of 498A's implementation and limitations. In her summary of 498A, Kishwar states,

"If the death of a woman is caused by burns or bodily injury, or occurs under abnormal circumstances, within seven years of her marriage and it is shown that just prior to her death she was subjected to cruelty by her husband or any relative of her husband, in connection with any demand for dowry, such a death would be called a "dowry death," and the husband or relative would be deemed to have caused her death. (Kishwar: 2003, 115).

To emphasize the seriousness of the crime, all accused citizens of dowry-related offenses are assumed guilty until proven innocent, thus shifting the burden of proof away from the wife (115). Although these provisions attempt to expel an extreme form of violence against women, they fall short of their intended goal. The conviction rates under 498A are significantly low, thus indicating that the criminal system is not providing women with adequate means of protection or justice. In another disturbing obstacle impeding women's access to fair trial, police officers in Delhi are notorious for tampering or destroying evidence in exchange for bribes (111). Consequently, widespread corruption has led to an astonishing forty per cent of women dying after unsuccessfully pursuing police assistance in instances of violent domestic acts (112). Through the identification of police corruption and social acceptance of masculine dominance, Kishwar presents strong empirical data on women's limitations for justice in Delhi. This excessive failure of the state to provide much needed social justice illustrates the lasting impact of Mughal cultural norms. Despite Delhi's industrial modernization, Kishwar (15) indicates that cultural norms perpetuate archaic views of women as property, thus legitimizing domestic violence as a natural right of men. Similarly, in their essay on gender-based violence in India, John Simister and Parnika Mehta (2010) note, "Not only is wife-beating seen as a normal part of womanhood but also women are acutely aware of their limited options, and that socio-economic factors provide them few alternatives to the life of violence." In their analysis of family dynamics, Simister and Mehta found that in 2007, seventy-six per cent of women believed that a wife should always obey her husband, an increase of six per cent from the year 2000 (1600). Thus, this growing trend indicates that Indians are increasingly emphasizing patriarchal structures that force women to comply with male dominance. What has changed, however, is the state's awareness of extreme forms of domestic violence originating from dowry disputes.

The cultural significance of gender relations dictates a central emphasis on masculine dominance, a trait inherited from the militaristic ideology of their Mughal ancestors. The wife-husband dynamic becomes even more complex in modern Delhi, where women's empowerment and employment opportunities are on the rise. The wife's growing influence in financial matters and her exploration outside of the domestic sphere challenges the traditional gender balance. As Simister and Mehta note, a woman is more likely to experience physical abuse if she is employed, particularly if the wife experiences significant economic success in her career (1607). The reason for this abusive behavior is best explained in a cultural analysis. If the wife attains a salary that is competitively close or above her husband's earnings, the cultural dynamics of the household begin to shift in favor of the wife. In response, the husband feels a need to reassert his dominance through an outright expression of patriarchal authority (Forbes: 1998, 238). Despite the wife's challenging of the husband's economic power, he can remain the ruler of the house through abusive behavior that undermines the wife's confidence and sense of accomplishment. Although Simister and Mehta briefly examine possible sources of women's subservience, their argument focuses largely on the statistical analysis of gender opinions. Thus, instead of analyzing societal consequences of patriarchal norms, like Kishwar (2003), Simister and Mehta simply state numerical trends in gender research. Despite the natural push of the marketplace towards gender equality, Delhi's patriarchal heritage and suppressive cultural norms prevent a proper manifestation of female development.

In another covert manifestation of violence against women, the lack of reproductive rights for women in South Asia is increasingly gaining influence as a major byproduct of gender inequality. In 1994, India representatives attended the Conference on Population and Development in Cairo, an international meeting that pursued a comprehensive solution to excessive population growth (Pillal: 2001, 231). The Cairo Conference was the first international forum to recognize the importance of women's empowerment in controlling population growth. Additionally, a consensus on the definition of reproductive health was finalized: "reproductive health is a state of complete physical, mental, and

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social well-being, and is not merely the absence of disease or disorders” (231). This definition redefines reproductive health through a feminist perspective, encouraging the mother to make proactive decisions during her pregnancy. Aside from cultural restrictions that place men in decision-making positions, financial issues for many rural families prevent women from obtaining adequate access to reproductive rights. One study shows that forty per cent of hospitalized Indians borrow money to pay for healthcare and one-fourth of hospitalized Indians fall below the poverty line as a result of medical expenses (Mishra: 2001, 107). The costs associated with hospitals often deter rural women from traveling to urban clinics in order to obtain needed care. As a result, a large majority of births in Delhi take place in the woman’s home without any medically skilled attendants present (107). Therefore, a woman’s economic status is a reliable predictor of her level of reproductive rights. As the woman’s caste level or wealth rises, her ability to make independent decisions rises accordingly (Agarwal: 1994, 1461). The danger here, however, is that patriarchal norms dictate female economic dependence, thus impeding a woman’s financial earnings and independence in healthcare decisions. With the combination of cultural and economic restrictions that inhibit female autonomy, the Indian state fails to ensure reproductive rights for its female citizens.

In addition to limitations in physical healthcare for Delhi women, a recent upsurge in mental illness among rural females is calling attention to the lack of governmental provisions in the psychological health sector. In her examination of women’s quality of life in India, U. Vindhya (2007) found that limited resources and cultural stigmas prevent mentally ill women from receiving proper care. Vindhya attributes the increase in female mental illness to socio-cultural variables that are often disregarded in the male-dominated medical profession. She states, “Discrimination in education, economic resources, legal and health services, the disproportionate burden of caregiving functions, and different forms of physical, psychological and sexual abuse across the life span are social factors that place women at greater risk of these [psychosocial] disorders” (Vindhya: 2007, 345). In Vindhya’s analysis, the cultural burdens placed on Indian women puts this particular sector of the population at greater risk for anxiety disorders, depression, and other stress-induced illnesses. In a humorous indication of the Indian government’s masculine biases, mental health professionals in Delhi originally assumed that the upsurge of mental disorders in women was caused by menopause (Vindhya: 2007, 346). In a patriarchal understanding of gender roles, women exist for the sole purpose of producing children. Therefore, when women are unable to reproduce, they become mentally unhealthy in response to their loss of purpose. In early research, no medical professionals considered the causational link between psychosocial gender pressures and an unexpected amount of women with severe mental disorders (Vindhya: 2007, 348). For the purpose of exploring India’s mental healthcare system, Vindhya draws attention to the consequences of female cultural pressures. Her clear linkage of patriarchal norms with mental deterioration provides a startling example of the potential for environmental factors to induce behavioral changes. Thus, the Indian healthcare system’s approach to women’s mental health illustrates an inherent bias in cultural norms. Women’s quality of life is so dangerously low that the stress of an average female’s life is producing profound mental disorders. This particular example of women’s health illustrates how cultural norms can infiltrate the state’s formal institutions with dire consequences for the female community.

In a study conducted by the Population Council in North Delhi (2008, 183), researchers found, “Women who experienced physical violence were less likely to practice contraception and were more likely to experience an unwanted birth, demonstrating the significant reproductive health burden created by an environment of domestic violence.” This quote suggests an official recognition of the widespread consequences for male dominance in sexual health. Unfortunately, the Population Council did not recognize the importance of gender roles in health matters until decades after independence. In the 1950s, the Indian federal government established the Family Welfare Program in an effort to control the nation’s astounding population growth (Datta: 2000, 28). Although the program had good intentions in promoting manageable family sizes, the project went awry when state and district-level healthcare providers gradually became overwhelmed with federal demands. In order to fill state sterilization quotas, healthcare officials subjected citizens to repeated sterilizations, falsified records, and gave menopausal women unnecessary injections (28). Despite the Family Welfare Program’s positive objective, they failed to consider a gender analysis of the population problem. In rural regions of Northern India, men see large families as a reflection of their masculinity and dominance. Thus, ancient values from the Mughal rule encourage large families, preferably composed of sons, to reinforce patriarchal norms at a domestic level. When the Family Welfare Program attempted to combat population growth, they neglected to account for cultural and demographic variables, thus exposing inherent gender biases in state institutions.

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In accordance with perceived gender roles, many men see contraception as a threat to manhood because it restricts the husband's influence over his wife's body. Particularly in homes with low education levels, men are less likely to accept the regular utilization of condoms or approve of sterilization procedures (2008:177). Left with limited options, some women utilize abortion as a way of achieving their reproductive rights through the prevention of unwanted pregnancy. In 1971, the Indian government passed the Medical Termination of Pregnancy Act, which allows abortions if 1) the pregnancy causes physical or mental harm to the mother or 2) if there is a substantial risk of the child being born with serious abnormalities (Rabindranathan: 2003, 459). In recent reports, the Population Council of Delhi states that there are approximately 15,000 to 20,000 abortion-related deaths per year (459). Particularly with the advent of the son preference phenomenon, many mothers use abortions as a source of family planning. In accordance with cultural customs that favor male children over female children, rural and urban families are employing extreme measures in order to attain male offspring. According to recent demographic statistics, more than 50 million girls are missing from the Indian population, leading to a ratio of 1.12 males per female in Delhi (Sev'er: 2008, 66). Known as feticide, Delhi families are increasingly neglecting or aborting female daughters in order to avoid the burdens associated with raising a girl child. As Aysan Sev'er (2008, 72) notes in his essay on the son preference, "In a country where patriarchal marriage rules reign, girls are still seen as a burden on their natal families and as an intruder on their families of procreation." Particularly in Northern India, cultural gender conceptions encourage a tolerance for the neglect and murder of female children. In Delhi, a female girl is fourteen per cent more likely to be a victim of infant mortality than a son (67). This socially engrained obsession with male children illustrates an extreme manifestation of patriarchal norms. Women are so excessively devalued in Delhi society that mothers and other family members are killing daughters, thus implying that murder is a better alternative to raising a daughter. Under the Pre-Natal Diagnostic Techniques Act, it is prohibited for healthcare professionals to utilize pre-natal diagnostic methods for the purpose of determining the sex of a fetus (Rabindranathan: 2003, 464). However, according to the Indian Medical Association, approximately five million female fetuses are aborted annually (Sev'er, 2008: 68). The inconsistencies between governmental policy and statistical results indicate the failure of the Indian government to modernize cultural conceptions of gender roles. The issue of the son preference is particularly interesting in the examination of the patriarchal culture's impact on society because it reveals societal opinions of daughters as unwanted family members.

The widespread prenatal termination of girls in Delhi indicates that historical biases against women have reached such an extreme form that Indian families cannot handle the burden of raising a daughter. Instead of adjusting to modern increases in dowries and indoctrinating values of *purdah*, families recognize the excessive demands and responsibilities for raising a female child and give up before the parenting process begins. In the evolutionary progression of gender violence from physical beatings, to dowry deaths, and finally, to feticide, the severity and societal implications of ancient cultural conceptions of gender norms reaches its climactic point of destruction. Ironically, the son preference is increasing the gender gap at an alarming speed in Delhi to the point where there are not enough women for men to marry (Sev'er: 2008, 69). Consequently, Northern Indian suitors are deprived of marriage prospects that previously reasserted male domination in the domestic setting. Without effective action that targets progressive development against gender biases, Delhi will reach the most extreme form of patriarchal rule in which men represent a dysfunctional majority of the state's population.

Despite Gandhi's progressive vision for women in post-colonial India, various analyses on the current state of gender relations in Delhi indicate a worsening trend of violence against women. Under the Islamic rule of the Mughals, the state of Delhi experienced an extreme encounter with patriarchal values and female suppression. With the exception of a brief mobilization period during the independence struggle, women in Delhi have been subject to outdated cultural conventions that perpetuate male dominance. Violence against women, including restricted access to healthcare, domestic abuse, and dowry deaths, all illustrate how Mughal legacies are inhibiting Delhi's modernization. Therefore, Delhi's prevalence of violence against women is best explained through a historical analysis of the Indian state's cultural interaction with the Mughal Empire's patriarchal rule.

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