Centre for Studies in Society and Development
School of Social Sciences
Central University of Gujarat

Two-days National Seminar on
Rethinking Gender and Body in Times of Health Sector Reforms in India
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The articulation on gender has undergone radical transformation in the recent feminist theorization. It is expressed in terms of moving away from categorizing women as a homogenous community, towards pointing to the differences that exist among women depending on their social positions and the recognition of existence of multiple patriarchies. Further, there has been a shift in theorizing sexualities, constructing them in terms of fixed/stable hegemonic masculinity and femininity, towards considering the pluralities in masculinities – ranging from hegemonic masculinity to emasculation, subaltern masculinity, etc. It is emphasized that diversity and specific location of men and women have to be considered while strategizing social interventions. New social undercurrents like transnational processes, neoliberal economic policy, religious ascendancy, advancement of scientific technology, genome research as well as new social movements have forced us to rethink/recast gender and body in a new lens rather than conventional frameworks of mainstream feminism.

Moving to health sector, one can see the profound changes in terms of restructuring of health care in the recent times. It is imperative to observe that while the patriarchal regimes within the institutional setups like state, family and even at the transnational (market) level have gone through transformations, at the same time they are manifested in renewed forms. Further it could be also noticed that in the very process, the contradictions and confluences in the patriarchies of these institutions also become striking. For instance, poor is no longer the exclusive constituency for health interventions, rather, the middle class and affluent sections are brought into the health sector in different and contradictory ways. Despite the substantial growth of health sector, the poor are systematically excluded from receiving health care services. Even more troubling trend is seen in the field of bio-technology where poor and subaltern bodies are used as biotechnological resources and experimental materials i.e. egg donors, surrogacy, clinical trials, etc. rather than these new domains of medical science addressing their health care needs. Though health insurance has been propagated as one of the pro-poor initiatives undertaken through health sector reforms, academic research has brought forth the point that these schemes have drastically increased the out-of-pocket expenditure of the poor.

Commercialisation of health care not just include or exclude poor in ambiguous ways, it too repackages market interest while appropriating feminist language. It is interesting to see how through the idiom of women's rights, diverse groups of women make an entry to the health sector in disparate ways which are in tandem with their socio-economic standing. The poor women are lured into the adoption of population control programmes. Again the same poor women are incorporated into the health sector as volunteers i.e. denying their work entitlement as agents of surveillance for statist programmes (sanitation, family planning, safe motherhood programme, etc.

to name a few). Health activism has highlighted that disenfranchised women become the object of target of harmful contractive techniques like Depo Provera. When deprived sections of women become the object as well as agent of birth control programme, it not only creates conflicts and competition among women but also becomes the rallying point for subversive politics which is manifested in the form of ASHA workers' and AWW's movements recently. Such contradictory approaches are evident in the case of tribal women's health as well. On one hand, tribal women are targeted for fertility control and institutional delivery, on the other hand, tribal women's health that is affected by lack of nutrition and job insecurity are not considered. Institutionalization of delivery is promoted without the provision of good road and transportation which increases their risk towards maternal mortality.

Advances in reproductive medical technologies are projected as possessing emancipatory potential for women. However, feminist research have pointed out that in reality these technological interventions have also become the tool to supplement Brahminical patriarchy. Sex selective abortion could be taken as a case in point. Similarly, new reproductive technologies are propagated as liberation for the middle class and affluent men and women, whereas the poor and marginalized sections of women are induced as the reproductive labour force in these domains. These new reproductive technologies on the one hand fragmented the whole process of reproduction, body and motherhood, while on the other hand have reinforced the existing social divisions. This reflects that whole process of reproduction is hierarchical by which some categories of women are empowered to reproduce and nurture whereas some others are disempowered. What it entails is while some are normatively entitled to refuse child bearing i.e. career oriented women from elite backgrounds, some others are coerced and morally pressurized to distance themselves from reproductive activities, such as: women who are mentally challenged and women with disability. Social divisions in the health reforms can be traced if we look at how men figure in these programmes. While affluent men continue to exercise rights i.e. privacy, poor men's sexuality is scrutinized. Legal interventions concerning women's reproduction such as Maternity Amendment Act 2017 , The Surrogacy Bill 2016, etc have been introduced as bold moves for protecting the rights of women. However, in reality, the elitist and casteist face of patriarchy are very clearly revealed. Class bias could be seen in the recent Maternity Act where concerns of working class women employed in unorganized sector remain unaddressed. Making sense of the health sector reforms through the lens of recent feminist theorization, the proposed seminar seeks to deliberate the following themes.

Sub-themes of the Seminar:

Commercialization of Health Care

Towards Democratization of Health Care

Recasting Gender and Body

Debates on Care Economy

Disability and Mental Illness

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The Seminar is jointly sponsored by ICSSR and Central University of Gujarat