

## **The Impact of Gendered Violence and Globalization on Rural Women in Asia**

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Ongoing internal strife and displacement, the social disruption of migrant work, unfair labor practices, gender disparities in health care and social reform have all contributed to the diminishing status of women in Sri Lanka, a country that has a high literacy rate, free health care, and universal suffrage. This commentary addresses the work of Jeanne Marecek (2006, this issue) and expands it to include the impact of gendered violence and globalization on women's lives in Sri Lanka and other rural parts of South Asia.

The work of Jeanne Marecek (2006, this issue) concerns not only Sri Lankan women who engage in acts of self-harm and suicide, but also rural women in the region who experience similar vulnerabilities as women in other developing parts of Asia.

### **Vulnerabilities of Women in South Asia**

Asia is home to 900 million of the world's poor (Eichenberger, 2002). Women in South Asia face greater vulnerabilities and challenges in all aspects of their lives than do women in the Western world. Gender

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discrimination at every stage of the female life cycle creates the sex ratio imbalance in this part of the world. Contributing to this imbalance are sex-selected abortions, reproductive mortality, dowry deaths, rape, prostitution, trafficking in women and children, and general neglect of the health of women and girls (Fikree & Pasha, 2004). According to statistics provided by the United Nations Development Programme (UNDP, 2005), 60% of new HIV/AIDS infections in South Asia occur in girls between the ages of 15 and 24 (Rivers & Aggleton, 1999). Sri Lanka is the exception in that in this country women live longer than men, have fewer female children who die before the age of five, and have a higher life expectancy (Fikree & Pasha, 2004). The Sri Lankan government's investment in health care has created access for most of the population. This is strengthened by the primary education rate of 100%, bolstered by a 94% literacy rate for men and an 89% literacy rate for women. Medical services in Sri Lanka include Ayurvedic as well as Western approaches, thereby providing the population with choices of health care. The possibilities for even better health care and the ability to sustain what already has been achieved have been stifled, however, by the ongoing internal conflict (Nerminathan, 2003; Nierenberg, 2002). Overall, women in the region are vulnerable to a number of ills.

Over a half million women and children are annually trafficked in South Asia. Migrant workers are exceptionally vulnerable to this practice (Eichenberger, 2002). Governments in this region encourage the labor flow that allows high concentrations of women in female-dominated areas of work. Women who travel to other South Asian countries and abroad, especially to the Middle East, are particularly vulnerable because in these domestic positions they experience great isolation and lack support networks. Women who enter these migrant positions do so to help make life better for their families, and are very likely to experience difficulties as they reintegrate within their own societies. These difficulties lead many women to opt for remigration.

Sri Lanka is one of the few countries that permit young unmarried women to migrate to other countries for work. What appears to be an escape option can come at a great cost to these young women.

In their native countries, women in South Asia who work outside their homes work in poorly paid positions and have difficulties maintaining paid work due to their responsibilities for the care of the young, the sick, and the elderly. Also contributing to the maintenance of women at the poverty level are privatization policies, trade liberalization, deregulation, withdrawal of subsidies and cutbacks in social services, education, health care, family planning, and child care. Women often go hungry in order to feed their families and consequently suffer poor nutrition and vulnerability to disease (Ofreneo & Acosta, 2001). Women in Sri Lanka enjoy a better situation than their sisters in Pakistan, Bangladesh, and India, but have been victims of recent upsurges in violence toward women (Seneviratne, 2005).

### **The Sri Lankan Context**

In Jeanne Marecek's (2006, this issue) article, she presents astounding information about the quality of life for young women in Sri Lanka. She offers accounts of rural women's displacement and its contribution to the social upheaval that has affected the whole society. Men have had to deal with role changes as well, changes that have led to economic decline of productivity and consequently to feelings of shame. Shame, which has a deeply rooted cultural base, seems to be a large contributor to both male and female acts of violence, whether directed to self or other.

Male alcoholism plays a significant role in the culture and is, according to Marecek (2006, this issue), a contributing factor to the diminishing quality of life for both men and women. She reports that alcoholism goes unattended as a national issue and is not addressed

by institutional resources. Marecek describes male drinking as acts of resistance to domestic control, and as a form of masculinity. Men may rationalize their drinking as such, but this does not reflect a lack of gendered control over their family members. The greatest increase in alcoholism has been among the poorest of men and is a major contributor to domestic violence. According to the Department of Census and Statistics in Sri Lanka (2005), suicide has been on the increase for women in late adolescence and young adulthood and the increase of suicide has risen for men when they enter their later years. In addition to not attending to alcoholism as a national problem, lack of attention to the sources of violence toward women, including domestic violence, incest and rape, is pervasive throughout the country. These issues are often linked and need attention from health care providers. They occur in a country that has gone through significant turmoil.

Since the early 1980s and for about fourteen years hence, the civil war in Sri Lanka has caused the death of an estimated 65 thousand people. Hundreds of thousands of people were injured and at least a million people were displaced, and over a half million public and private properties were destroyed, mainly in the northeast province (Sarvanathan, 2005). Only 180,000 of the 800,000 internally displaced people have returned to their homes (Amnesty International, 2002). Although there has been a ceasefire since 2002, there still exists sporadic conflict between the LTTE (Tamil Tigers) secessionist movement and the government of Sri Lanka (Perera, 2005). According to Amnesty International (2002), women in prison custody who were or alleged to be members of the LTTE have been victims of rape and torture. Appeals by Amnesty International have gone unheeded and no perpetrators of rape in custody have been brought to justice.

In March of 2005 at a press conference, the Sri Lankan President Chandrika Kumaratunga was asked how she could improve the plight

of young women in Sri Lanka. While remarking that there is a woman president and a woman prime minister as well as six other women ministers in a Cabinet of twenty-four, she noted that this has not solved the problem, and went on to say that violence like rape is on the increase (Seneviratne, 2005). Laws have not been put into place and action has not been taken to counter the upsurge in violence toward women. Additionally, the poor psychological management of combat stress, mostly among the men, the ongoing political strife, and the forced migration of families from rural areas to urban settings contribute to the disintegration of family life and social structures which are often linked to alcoholism and domestic violence (Blum & Mmari, 2006).

Marecek (2006, this issue) raises theoretical, political, and cultural issues regarding the high rate of suicide and self-harm among women in Sri Lanka. Not unlike other societies with rigid gender roles and hierarchies, shame is a form of social control in Sri Lanka. Since Sri Lanka is a collectivist society, shame is brought not only upon the individual but also upon the family and community. Marecek expresses sensitivity to the cultural context by framing young women's acts of self-harm not as acts of psychological disturbance, but as acts of communication. These suicides and acts of self-harm are referred to as dialogic acts, acts that are intended to express anger, shame, and dishonor. Often these suicides and acts of self-harm take place in the company of those who have offended or hurt the young woman or in the company of witnesses.

It is interesting to note that, similar to suicides by rural women in China, many of these suicides have been impulsive, planned within short periods of time prior to their enactment and with available toxic pesticides (Gunnell & Eddleston, 2003). Marecek (2006, this issue) provides the reader with an understanding of the high level of female suicides that extends beyond the family, the village and the city to

the larger governmental structures. However, she does not extend her analysis to include the effects of globalization on female poverty and disruption in family life, the connection between the availability of toxins and international control of their agriculture. Toxic pesticides are available because of the global demands on the Sri Lankan agricultural systems and control over their economy.

A major source of income for women that contributes substantially to the Sri Lankan economy is migrant work in other countries, mainly in the Middle East. A total of 50% of Sri Lankan women working abroad do so in other peoples' homes as child-care workers and maids. The Rural Women's Front (RWF) attempts to discourage women from taking these jobs because they are often abused, raped, or held as prisoners and scapegoats for other people's crimes (Seneviratne, 2005). Helen Perera, President of RWF, claims that the government is not opposed to women accepting these jobs and living in abusive situations because the country gains from their earnings. As Marecek (2006, this issue) notes, women continue to take these jobs and see them as a way out of their poverty and dismal conditions at home. Often when these women leave their homes, their husbands take up with other women and their children are neglected or abused (Seneviratne, 2005). Some women return to unstable domestic conditions that encourage them to remigrate. Home life is disrupted when mothers work abroad, often leaving young girls without role models, supervision, and the means to make a living. These youngsters find themselves in painfully unsafe situations with no seeming way out. They become victims of domestic violence, incest and exploitation (Seneviratne, 2005).

The economy of Sri Lanka seems to depend on women working and living in violent and dangerous situations, whether at home or abroad. After reading about the material conditions of the lives of women gathered in this research as well as the article written by Marecek (2006,

this issue), it is easy to understand the lack of hope and possibility in the lives of Sri Lankan women who work in the two industries that yield the greatest income for Sri Lanka, the garment trade and foreign employment. Marecek referenced both these industries as avenues of escape for young women. Not unlike the dangers that exist in migrant work, danger and harm come to women as they work in the garment factories in the Free Trade Zones (FTZs). FTZs make up 48% of Sri Lanka's export trade and 80% of the jobs created in these areas are filled by women (Seneviratne, 2005). There is no law against sexual harassment and women work long hours into the night in these factories. If they are not abused on the job, they are vulnerable as they move about the cities coming and going to their jobs. Their living conditions are often overcrowded and unsanitary. The FTZs are grounds for pimps and rapists. The lack of safety, poor working conditions, and the threats of the trade that traffic in women have endangered women as they migrate abroad or to cities for work.

Globalization has created displacement from rural areas to urban ones and in doing so has contributed to the destruction of social structures, resulting in high unemployment, juvenile violence and youth suicide, especially among females (Blum & Mmari, 2006). The paucity of resources has contributed to another kind of poverty, one that is reflected in a lack of well-being among youth who do not see positive outcomes for themselves and claim to envision no way out of their situations. Tudawe (2001) reports that the unemployment rate for young adults in South Asia is 13%. Tudawe addresses the role that the caste system plays in physical isolation, exclusion and marginalization among the poor. Women have no legal rights to property, and if they are heads of households, they are at the mercy of their husband's eldest son. Many of their husbands have died in war, become disabled or disappeared. The ongoing conflict and the deleterious effects of globalization seem to overshadow quality of life for everyone in Sri Lanka, and have had

a particularly harmful effect on women, one that has deepened their oppression and diminished their options. The efforts of the government to provide health care and education, and to improve working conditions, have been distracted and diminished by its ongoing policy to militarily squelch the internal opposition.

### **Health Risks for Women and Girls in Developing Countries**

With all its difficulties and challenges, especially those centered on gender, Sri Lanka has a health status for young women that is better than that of young women in other parts of South Asia. India, Bangladesh and Pakistan comprise 97% of the population of South Asia, and as in Sri Lanka, gender disparities contribute to the threatening conditions women face in these countries. A total of 60% of new HIV/AIDS infections occur in girls in developing countries between the ages of 15 and 24 (UNDP, 2005), many of whom are in this region. The health care of young girls is neglected; a female child in India or Pakistan has a 30–50% greater chance of dying before her fifth birthday than does a male child (Filmer, King, & Pritchett, 1998). Gender inequities are further evidenced by sex selection (including techniques prior to conception, abortion, and female infanticide), adolescent marriage and pregnancy, anemia, sexual violence, and poor education (Fikree & Pasha, 2004). Preferences for male children, dowry practice, poor attention to health, and the marginalization of women in agricultural, domestic and industrial labor all contribute to the threats women face in these countries. Fikree and Pasha (2004) frame this situation as one of violation of basic human rights. They suggest that human rights workers, policy makers and other health workers including mental health workers need to perceive these issues as rights violations and work toward developing policies and programs to address the current situation.

Throughout South Asia, the suicides and acts of self-harm of young women follow similar patterns as they do in Sri Lanka. Indian women,



not unlike Sri Lankan women who attempt suicide, are less likely to complete the act than are men. The women who do attempt suicide are women from nuclear families in rural areas who have married young, are experiencing difficulties in their relationships, and feel like failures (Patel & Kleinman, 2003). In rural Bangladesh, suicide is the number-one cause of death for adolescent females and women constitute 54% of the adolescent suicides committed. Among 19-year-olds in Bangladesh, 89% of completed suicides are by women. These women worked mostly in their homes or were engaged in some other form of domestic labor. In rural China, the suicide rate is three times that of the rest of Asia (Bhugra & Desai, 2002; ICDDR, Bangladesh, 2003). In Afghanistan, self-immolation as an act of protest is on the increase. The patterns of poverty, forced marriages, domestic violence, and institutional repression are repeated throughout the region (Amnesty International, 1999). It is interesting to note that in the United States, the pattern of suicide completion among rural youth is similar to those of the countries cited in this article. Perhaps in the United States, even with all its advances, the lives of those in rural areas are isolated, alienated, and not connected to resources that can provide assistance and support. In these areas there are fewer gatekeepers able to identify the symptoms, or perhaps fewer programs or intervention possibilities.

### **Practice and Action**

Marecek (2006, this issue) presents approaches human service workers can take to improve the quality of life for Sri Lankan women. She offers strategies for providing services that are both materially and culturally responsive to the women who are vulnerable. The approaches she describes resemble the approaches women have taken in other such difficult situations. They include organizing within communities, educating without singling out the women or blaming them for their situations, creating opportunities for women to find support and learn

new ways of coping as well as organizing support with their peers. These approaches indeed may provide relief to the high rate of suicide, which needs immediate attention, but they lend little support to understanding the root causes of female suicide beyond gendered violence.

Mental health workers and psychologists can offer assistance to women in Sri Lanka by recognizing the impact of war on the population and the oppressive and disempowering nature of women's experiences. Traditional notions of Western one-to-one treatment are not relevant to Sri Lankan society. As Marecek (2006, this issue) has pointed out, social programs, organizing efforts, and relief from poverty and abuse can alleviate the drastic choice of suicide and provide alternatives for Sri Lankan women. Supporting women to tell their stories in safe places, encouraging women's efforts to support each other and create grass-roots organizations can aid women's sense of self and provide options that are safe and constructive. Women need protection against the violence that is directed toward them, and safe spaces in which to recover from domestic violence and the traumas of war. Mental health workers can advocate for the establishment of such shelters and safe havens, and provide programs that address the national trauma and its specific impact on women. It seems that when there are multi-pronged approaches, the suicide rate can be reduced. If mental health workers and psychologists can be in contact with schools, community-based programs, and religious and cultural institutions, they can have an effect on altering these alarming statistics.

### **Concluding Comments**

Women and men experience forced migrations, displacement from rural to urban centers, political and military conflicts, rise in unemployment, and disintegration of family life in Sri Lanka and in other parts of South Asia. Globalization, the destruction of local

economies, the traumatic impact of civil war, and forced resettlements have all contributed to the stresses experienced by the Sri Lankan people and others in the region. The reasons given for the high rate of female suicide in Sri Lanka apply to other countries in South Asia with similar conditions. In addition to the other stressors, women are subordinate to men socially, culturally, and economically, and experience restrictions in all areas of life.

The suggestions made by Marecek (2006, this issue) for Sri Lanka are models for other countries as well. Psychologists and other mental health workers can advocate for policy changes or laws to protect women, and engage in outreach to education and community programs as well as social and religious groups. They can join with others in providing alternative programs for youth that can address their sense of despair. Although other countries in South Asia have their own family structure and particular historically situated experiences of displacement, civil war, and poverty, they share with Sri Lanka a history of violence and culturally based gender disparities. The sense of alienation, despair and engagement in maladaptive coping mechanisms among young women reflect the larger cultures in which they live. As Marecek concludes, our approaches as policy makers, health care workers, educators, and community and spiritual leaders need to be directed toward the concerns of gender inequities as well as those of social and economic justice.

The tendency within the mental health fields, especially in Western countries, is to focus the difficulties in living within the individual and less so within the larger social structure. It is time for us to redirect our energies and not address these vast social issues as if they were the sole responsibility of individuals or families, or individual countries. We need to address the negative impact of globalization and its deleterious effects on social conditions. The situation for women in Sri Lanka

emphasizes the importance of working in an interdisciplinary and collaborative manner in order to improve the quality of life for women and reduce threats to their safety and well-being. Psychologists and mental health workers can serve the interests of at-risk women and girls if they work collaboratively with policy makers, educators, trade unionists, public health providers, and others invested in strengthening females' possibilities and potentials.

Sri Lanka is but one example of a country whose military expenditures deprive their population, especially women, of basic rights and opportunities. Alongside other countries that have high literacy rates, health care options, and vocational possibilities for women, Sri Lanka's ability to provide these basic needs is stifled by the country's military engagement. The conditions in Sri Lanka emphasize why our action also needs to be directed to addressing global militarism and violence, and unfair labor practices in terms of their toxic impact on the everyday lives of people, especially those who have little voice or power in making the decisions that affect them and the generations to come.

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### 性別暴力及全球化對亞洲農材婦女的衝擊

斯里蘭卡境內頻繁的內鬥及人民流徙，外地工作引致的社會解體，不公平的勞工措施，醫療制度及社會改革中的性別不平等，這些因素都令斯里蘭卡這個人民識字率高、提供免費醫療服務及全民投票的國家，其婦女的地位不斷下跌。本文以 Marecek (2006, 本刊) 的文章為基礎，把討論焦點擴及性別暴力及全球化對斯里蘭卡及其他南亞地區農材婦女生活的衝擊。