The Feminization of Poverty: A Brief Analysis of Gender Issues and Poverty among Women and Girls

Cassandra Lauren Melo, RN, BScN
City of Toronto Long-Term Care Homes & Services

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Abstract

Poverty among women and girls remains a prevalent social justice and health issue that stunts their freedom and life potential globally. This is especially true for women and girls living in developing countries and highly patriarchal societies. In nations heavily influenced by patriarchal norms, gender bias becomes entrenched in the policy, social institutions, and framework that shapes society. Examining this issue from a feminist framework is critical to understanding the inner complexities of how women and girls experience disadvantages because of their gender, especially from a social, cultural, and economic context. In order to prevent further discrimination of women and girls due to their gender, individuals and groups in unique positions of power must use their knowledge and abilities to address this global health issue. In this article I review information from reports, briefing papers, and studies to provide a brief synthesized overview of gender issues and poverty among women and girls. I analyze a number of factors from a broad and feminist perspective that contribute to how poverty among women and girls is reproduced, and examine the importance in integrating a feminist framework into nursing care. I will also explore how nursing professionals can play a role in addressing this issue and contribute to the field of global health.

Key words: poverty, societal norms, patriarchy, social conditions, marginalization, feminism, women, girls.

Introduction

In this article, the feminization of poverty refers to the process in which deep-seated and multidimensional cultural, social, and structural factors cause and exacerbate poverty among women and girls. In nations throughout the world, women and girls are restricted of their choices and opportunities in ways that their male counterparts are not, due to gender bias and discrimination. I begin by discussing the importance of using a feminist framework in nursing, followed by a discussion on the feminization of poverty and its meaning. Using a broad feminist perspective, I briefly highlight ways in which girls and women are oppressed, marginalized, and face social exclusion due to gender differences. This includes examining prevalent social and cultural norms. I review the topics of male child preference, child marriage, and prominent female gender norms. I also examine social and structural barriers that exist for women and girls as they relate to education, credit and land ownership, and non-paid and paid labour. I then discuss how nursing professionals can adopt a more active role in addressing gender issues from a global perspective.
What a Feminist Framework brings to Women-Centred Nursing

Viewing health and nursing from a feminist framework is necessary as women experience a variety of unique social and health implications specific to how their lives are structurally gendered. Feminist scholarship focuses on studying women from the perspective of their own experiences, to raise consciousness and facilitate change in the interests of the women studied (Bent, 1993). A feminist framework allows for the development of a deeper understanding of women and how they experience disadvantages and marginalization in comparison to men (Spencer-Wood, 2011). This framework provides an important perspective in the field of health, where professionals and clinicians are uniquely positioned to address disparities in healthcare. This is especially true within nursing, as the 13 million nurses worldwide constitute the majority of the global healthcare workforce, and by the nature of their work, have prolonged encounters with patients and families (Premji & Hatfield, 2016). Nursing is uniquely positioned to viewing individuals through the process of illness and health, and a feminist framework allows nurses to critically examine the inequalities that inhibit women and girls from living a positive quality of life. Similar to how nurses are interested in knowledge to improve the condition of patients, feminist theory is equally interested in knowledge to improve the condition of women and girls (Bent, 1993). Therefore, a feminist framework provides nurses with the information and knowledge needed to effectively advocate for change related to gender equality and female empowerment.

The Feminization of Poverty: An Overview of the Issue

The feminization of poverty has been interpreted throughout the literature in a variety of ways. Most notably it has been associated with the following claims: women are the majority of the world’s poor, the prevalence of poverty among women is increasing relative to men over time, and that growing poverty among women is linked with the ‘feminization’ of household headship (Chant, 2006). This definition was also implicitly focused on income and material poverty. However, inconsistencies in data supporting such assertions as well as a desire to broaden the perspective of women’s poverty have challenged the original interpretation (Chant, 2015). Chant, argues that “Much more attention needs to be focused on addressing the multidimensional nature of poverty, and why freedoms, power and privileges continue to be skewed toward men . . . this may constitute a more productive basis for interventions that arrest, as well as redress, the ‘feminization of poverty’, broadly defined, in future” (Chant, 2015). A feminist perspective reveals that impoverishment is a deeply gendered process. Due to gender bias and inequality, women and girls are thought to be more susceptible to experiencing severe forms of poverty (Sicchia & Maclean, 2006). Poverty, although commonly associated with the lack of income, is also characterized by the denial of opportunities and restriction of choices needed to enjoy a decent standard of living (Fukuda-Parr, 1999). When examining poverty from a gender perspective, focusing on broader concepts as opposed to strictly income captures the specific factors that perpetuate poverty among women and girls overtime (Chant, 2006). A broad, gender perspective can be used to develop an understanding of the multi-dimensional causes of poverty and the pervasive barriers to escaping poverty as experienced by women. It also brings one to understand that poverty among women and girls is as much about a lack of agency, control, choice, and opportunities as it is about a lack of resources (Chant, 2006).

Social and Cultural Norms: Lack of Choice, Agency, and Decision Making

The denial of opportunity and choice among women and girls is often linked to dominant cultural norms that reinforce their subordinate status in society. This is especially apparent when cultural norms deny that gender inequalities exist, or that such inequalities are unjust (Kabeer, 2015). In societies dominated by patriarchal norms, girls and women are often expected to adhere to strict gender related behaviours and practices, and experience restrictions on their choices and opportunities that men do not. The low value placed on women and girls perpetuates a variety of harmful yet common attitudes and practices that can negatively impact them for the rest of their lives.

Male Child Preference

In societies where patriarchal norms dominate culture and practice, long standing son preference and gender discrimination manifest in a variety of ways. This includes sex selective abortion, differential allocation of household resources and medical care, the neglect of girl children, and female infanticide (Oomman & Ganatra, 2002). In many high-income nations across the world, women generally live longer than men due to both biological and behavioural advantages (World Health Organization, 2009). However, due to gender-based discrimination, such biological and behavioural
advantages are overridden, resulting in lower life expectancies among women and girls residing in some developing countries (World Health Organization, 2009). This gender bias can be observed through the sex imbalance of males and females at birth. Indian economist Amartya Sen highlighted this pattern and concluded that more than 100 million women were missing from the planet simply because they are neglected with respect to health, medicine, and nutrition, especially in East and South Asia (Sen, 1990). The standard sex ratio at birth is between 103 to 107 boys per 100 girls (United Nations Statistics Division, 2015). However, some populations display a sex ratio at birth that exceeds the standard values. China and India showed exceptionally male-skewed sex ratios, with 116 boys born for every 100 girls and 111 boys for every 100 girls respectively (Seema, 2014). With the increased development of prenatal sex detection methods, the selective abortion of female fetuses is a large explanatory factor, especially due to the perceived cultural and economic value of having sons (United Nations Statistics Division, 2015). Male preference and gender discrimination is also displayed in the sex ratio of male to female deaths under the age of 5. In 2013, the global sex ratio of deaths under 5 years old was 107 male deaths per 100 female deaths (United Nations Statistics Division, 2015). In India however, more girls die before 5 years old than boys, with the sex ratio of male to female deaths at 93 to 100 (United Nations Statistics Division, 2015). This higher mortality among girls is usually associated with the lack of investment in daughters in the form of neglect, malnutrition, deprivation of medical care, and infanticide (Madan & Breuning, 2013). When women and girls are continually undervalued by society, they also become especially vulnerable to harmful discrimination and practices.

**Child Marriage**

Child marriage, defined as a formal marriage or informal union before age 18, remains a pervasive practice and a fundamental violation of human rights in developing countries (World Bank Group, 2014). More than 700 million women worldwide today were married before the age of 18 (UNICEF, 2014). It is especially common in certain areas of the world, where almost half of women aged 20 to 24 in Southern Asia and two fifths in sub-Saharan Africa were married before the age of 18 (United Nations Statistics Division, 2015). Child marriage is commonly associated with financial transactions. In nations where bride price is practiced, the groom’s family provide assets to the bride’s family in exchange for marriage, where a younger bride often equates to a greater financial amount (Parsons et al., 2015). This serves as an economic incentive for impoverished families to marry off their daughters by a younger age. Similarly, in the case of dowry payments where the bride’s family provides assets to the groom’s family, a younger, less educated girl may produce a lower dowry for the bride’s family to pay (Parsons et al., 2015). The short-term economic advantages that influence a family to marry off their daughter however does not take into consideration the long-term interest and well-being of the girl child. Large age gaps are common in child marriages, such as in Mauritania and Nigeria, where more than half of married girls aged 15 to 19 have husbands who are at least 10 years older than they are (UNICEF, 2014). When girls are married to older men, this can render it difficult for them to exercise decision making within the marriage and household, making them more likely to experience domestic violence and abuse (United Nations Statistics Division, 2015). A comparative study of 34 countries found that physical and sexual forms of intimate partner violence were substantially higher among women who were married as children, compared to those married as adults (Kidman, 2016).

When girls marry older men they may also experience disadvantage in family decision making with regard to sexual and reproductive health. Early childbirth and unsafe sexual practices can result in young girls experiencing harmful health effects such as depression, increased exposure to sexually transmitted infections, obstructed labor and fistula, and unsafe abortion (Wodon et al., 2017). Girls who marry early also have limited opportunities to pursue an education and career (UNICEF, 2014). This also reduces the likelihood of them generating an independent source of income. In Nepal, an analysis of a multiple indicator cluster survey found that getting married was the most common reason why girls dropped out of school, with the risk of school dropout due to marriage heightening after the completion of fifth or sixth grade (Sekine & Hodgkin, 2017). The analysis also demonstrates that married girls between the ages of 15 to 17 are ten times more likely to discontinue their schooling compared to their unmarried peers (Sekine & Hodgkin, 2017). The relationship between education and child marriage is especially relevant as education and employment are often found to reduce the likelihood of girls marrying early (Wodon et al., 2017). As a result, child marriages perpetuate a continuous cycle of illiteracy and poverty among girls and women.

**Female Gender Expectations**

In many societies throughout the world, girls’ potential is not recognized or valued to the same extent
as their male counterparts, which places large restrictions on the opportunities given to girls and women. In many societies, cultural and ideological norms limit the roles and participation of women to that of their reproductive capacity and custodial duties. This is especially prevalent among poor families, where a girl is often perceived as an economic burden (Bhanji & Punjani, 2014). A South Indian study found that the education of girls is often undervalued because of the dominant cultural belief that a girl should be married off to live with her husband, who would work and provide income (Bhagavatheeswaran et al., 2016). An additional study in Mozambique found that girls were disproportionately kept out of school compared to boys due to childcare and domestic responsibilities, as well as early marriage (Roby, Lambert, & Lambert, 2009). When a girl child is raised in a society that values her mainly for her reproductive capacity, she also risks being subjected to a life of domestic violence, sexual abuse, early child rearing, and low self-esteem and self-worth (Woods, 2009). Women and girls often have limited autonomy in decision making and find themselves being dependent on those with power, such as their husbands and other relatives (Kabeer, 2005). Due to the denial of choice among women, challenging power relations is often considered outside the realm of possibility and is associated with negative personal and social costs (Kabeer, 2005). A study of rural women living in Pakistan found that young women and girls were often sold by their families and forced into marriage, where they are expected to tend to the needs of their husbands and in-laws (Tarar & Pulla, 2014). A study in urban Afghanistan found that women and girls were kept subordinate in similar ways, as they were expected to tend to the domestic duties of the home, where they often endured cruel treatment from their husband’s family (Schütte, 2014). If a woman’s main method of accessing resources is through a family member or partner, her capacity to make independent choices is often limited (Kabeer, 2005). This is especially true if a woman or girls’ mobility is controlled and restricted. A study of married women in Bangladesh found that many were expected to seek permission from their husband or in-laws if they wished to leave the house or socialize with others (Sultana, Guimbretiere, Sengers, & Dell, 2018). Women’s control over their own savings is also limited, as approximately 1 in 10 married women in developing regions are not consulted on how their own cash earnings are spent (United Nations Statistics Division, 2015). The same study on Bangladeshi women found that many were often forced to hand over their earnings to their husband or family members, which kept the women financially dependent on others (Sultana et al., 2018). This is especially relevant because in male-headed households, inequitable resource allocation and the unequal participation of domestic duties among male partners often leads to secondary poverty for women (Chant, 2006).

Social and Structural Barriers for Women and Girls

Women’s restricted access to socio-economic goods such as education, credit and land, and labour markets is also influenced by the gendered nature of social institutions. It is extremely evident that institutional bias constrains the opportunities of women and girls in ways that their male counterparts do not experience.

Education

Worldwide, more than half of the 58 million children of primary school age out of school are girls, with nearly three quarters living in sub-Saharan Africa and Southern Asia (United Nations Statistics Division, 2015). An estimated 781 million people aged 15 and over remain illiterate, with nearly two thirds of them being women (United Nations Statistics Division, 2015). Unsafe and insecure learning environments negatively impact the learning experiences of girls and deter families from sending their daughters to school. A study in Mozambique found that dangers such as prostitution and sexual abuse at or on the way to school kept three times as many girls out of school compared to boys (Roby et al., 2009). In Tanzania, girls are expelled from school and are denied access to education if they become pregnant (Maluli & Bali, 2014). A South African study also found that nearly one third of educators displayed negative attitudes about student pregnancy (Mpanza & Nzima, 2010). Other barriers in schools include gender bias among teachers. In India, there is evidence of widespread gender bias within the school system, characterized by teachers having a lower opinion of girls’ abilities and dismissing the opinions of female students (Kabeer, 2005). The minority presence and absence of female teachers in schools is also suspected to negatively influence the enrolment and retention rates of female students. In settings where genders are socially segregated, parents are reluctant to send their daughters to school if there are no female teachers (Shayan, 2015). This is especially relevant as a study of 30 developing countries found that a higher percentage of female teachers increases the enrolment chances of girls (Huisman & Smits, 2009). The lack of toilet facilities for girls poses a subsequent barrier for attending school, especially as they approach adolescence and the onset of menstruation. This is especially true in schools with insufficient segregation.
of male and female latrines, unclean latrines without adequate water, and a lack sanitary supplies (Sommer, Ackatia-Armah, Connolly, & Smiles, 2015). Such barriers can inhibit girls from attending and enjoying school which can have a negative impact on their future, especially as it relates to becoming educated and economically independent.

**Credit and Land Ownership**

Legal restrictions in economies around the world constrain women’s abilities to make economic decisions and be economically independent. They also prevent women from accessing financial resources that can be used to pursue new economic opportunities to better their quality of life. In a *Women, Business and the Law* report of 193 world economies, nearly 90% have at least one legal difference that restricts women’s economic opportunities (World Bank, 2014). In Sub-Saharan Africa, some economies still grant women’s husbands sole control over marital property, with financial institutions requiring the husband’s approval to use property as collateral (Almodóvar-Reteguis, Kushnir, & Meilland, 2012). This is relevant as access to property and land reinforces bargaining power and agency, and can grant women the ability to leverage property as collateral to access credit (World Bank, 2014). A study of women in Sub-Saharan Africa found that even with laws granting women increased access to economic decision making in effect, compliance, implementation, and support from law enforcement was unreliable (Heckert & Fabic, 2013). Women are also less likely to have formal accounts, savings, or access to credit in economies where their husbands can prohibit them from working. This is particularly evident in Middle Eastern economies, where women often require co-signatures from male family members to take out loans, and must seek out permission from their husbands and other relatives to access financial resources (De Vita, Mari, & Poggesi, 2014). A report by *World Bank Group* also found that women can often only access land through a male relative, and have a limited ability to inherit land in cases of divorce and widowhood (World Bank Group, 2014). This leaves women and girls extremely vulnerable because land can serve as a way to receive further financial and economic resources that can be used to improve their quality of life and uplift them from poverty.

**Non-Paid and Paid Labour**

Women’s involvement in the economy and employment sectors is largely influenced by cultural norms and the gendered composition of the labour force. When women are expected to bear the disproportionate responsibility of unpaid work, their earning capacity is restricted. Unpaid work can include working on the household plot of land, working in the family business, collecting water and firewood, cleaning, cooking, and caring for children and the elderly (UN Women, 2018). *The World's Women 2015* report stated that women in developing countries spend on average 30 hours per week on unpaid work, compared to less than 9 hours per week for men (United Nations Statistics Division, 2015). This leaves women with less time to earn an independent income, and increases their financial dependence on their husbands or partners. Due to the disproportionate allocation of unpaid work, women are more likely than men to be employed in part-time positions, which are often associated with lower hourly wages, less formal training, precarious work conditions, and minimal job security (United Nations Statistics Division, 2015). Employers also take advantage of this market pattern in female labour to produce high quality products at a low cost by keeping women’s wages low (Barrientos, 2014). As a result, women often receive the least desirable work, the lowest wages, and are subjected to exploitation and violence (Kabeer, 2015). This acts as an additional barrier for women who are trying to become financially independent and break out of the cycle of poverty.

**Call for Change**

As the most pervasive form of inequality across global societies, gender inequality is likely to get reproduced if unchallenged (Kabeer, 2015). As a human caring science, nursing has the expertise and capacity to advocate for social change and advance societies (Tyer-Viola et al., 2009). Nurses, who are in a position of privilege and power must act collectively with each other and international colleagues to take action and implement change by empowering women and girls on a global level. Premji and Hatfield urge the nursing community to embrace a “One World, One Health” approach, which calls on nurses and other disciplines to work together to address global health challenges (Premji & Hatfield, 2016). Tyer-Viola et al. (2009) note that unlike the discipline of medicine, nursing has not established a dedicated organization solely focused on social responsibility, health equity, and human rights. This can be in part because physicians may be viewed as having greater authority worldwide (Tyer-Viola et al., 2009). As the largest body of health care professionals in the world, nurses have the enormous potential to implement positive change in
the lives of countless women and girls, globally. To do so however, we must embrace new ways of thinking and doing (Premji & Hatfield, 2016). Nurses have the potential to make significant contributions in the field of global health as advocates, health care providers, managers, educators, and researchers (Wilson et al., 2016). To implement change effectively, one must also acknowledge cultural differences as strengths, be empathetic, and engage in continuous self-reflection, which are already core competencies for professional nursing practice (Premji & Hatfield, 2016). When nurses become increasingly involved in female advocacy efforts and global health, they can use a feminist and social determinants of health framework to address the multidimensional inequalities currently embedded in societal structures that oppress women. Nurses can also come together collectively to create initiatives aimed at addressing women’s issues and the root causes of poverty. They can partner with local and global legislators and inter-professional leaders to identify global health issues and produce solutions (Edmonson, McCarthy, Trent-Adams, McCain, & Marshall, 2017). With a broad and global health perspective they can collaborate with global communities and facilitate individual and population-based healthcare programs for women and young girls. They also have the expertise to assist in developing innovative nursing care delivery programs for women in rural communities around the world where healthcare is not accessible. As a profession, nurses can take greater initiative in learning how policies are developed and explore resources related to policy formulation (Sigma Global Nursing Excellence, 2016). In a time where technology and interconnectedness is increasing rapidly, information pertaining to global health is widely available for knowledge transfer and research. With an innovative way of thinking and doing, nurses have the potential to create a positive impact in the lives of girls and women throughout the world, and become leaders in global health discourse and practice.

Summary

In this article, the feminization of poverty is examined broadly by critically analyzing the unique multidimensional factors that create and perpetuate the cycle of poverty among women and girls. This article intends to highlight the social, cultural, and structural barriers that entrap women and girls in the cycle of poverty from a broad and feminist perspective. Due to patriarchal norms and customs deeply embedded throughout societies, women and girls face pervasive gender disadvantages that have the ability to negatively shape their entire lives. Critically identifying and recognizing these disadvantages can serve as an important step in breaking the cycle of poverty. As the largest group of health professionals in the world, nurses can play a critical role in positively impacting the lives of countless women and girls globally. As a profession, we must implement and advocate for positive change in the name of all women and girls, for generations to come.
References


Sigma Global Nursing Excellence. (2016). Influence through policy: Nurses have a unique role. In *Influence through policy: Nurses have a unique role*. Retrieved March 2019, from https://www.reflectionsonnursingleadership.org/commentary/more-commentary/Vol42_2_nurses-have-a-unique-role


