

ANP 270 Week 1 Lecture 6
Introducing Theory 5: Feminist Theory

Feminist Theory.

The big questions that feminist theorists ask are: How does gender impact the situation? Is there inequality present due specifically to gender? And this inequality might exist at the individual or household level, but it might also exist at the state or nation level. No matter what the situation, feminist theorists are asking: Is gender skewing the situation one direction or another? Is someone being treated differently because of their gender? And specifically, is someone being treated in a way that creates economic, political, or other social inequalities? By gender, here, I mean both the ideas about how men and women should behave, and also how people are actually behaving in a gendered way in the given situation. In relation to medical issues, feminists ask questions like: Are there gender inequalities about receiving the healthcare or information? Are there gender based barriers to care? Are medical researchers testing the efficacy of drugs on just men, or are they including women in research? Does one gender have worse outcomes than the other in some area of medical concern?

Although feminism started off looking at women as subordinate, feminist theorists today really look at gender inequalities for men and women. Feminist theorists today use intersectionality to parse these inequalities in more depth. Remember that intersectionality refers to the ways the different parts of identity intersect and interact with each other; our class, ethnicity, religion, sexual orientation, education level. You can never say that all women think this or all women feel this. It depends. Feminist theorists often combine theoretical approaches.

For example, Professor Dana Walrath at the University of Vermont combines feminist theory with evolutionary theory to ask: Why in the past have archaeologists and evolutionary theorists assumed that the shift to bipedalism among humans made childbirth more dangerous for us? She examines ancient pelvises, that's the plural of pelvis, to show that it is possibly our own patriarchal bias, based on ideas about childbirth being painful as a curse from God, that have led us to interpret certain bones in certain ways. Another example, Ellen Leopold combines feminist and interpretive theory in her writings about breast cancer. She uses women stories and her own story to explain what breast cancer means. But she does so with an idea about the specific position of women in American society. For instance, she shows us how obituaries of women who have died of breast cancer have changed over time in American newspapers.

And let's take a look at ebola from a feminist perspective. Depending on what country you're looking at, 60-75% of people who have died from ebola in West Africa are girls or women. And, when all medical workers and hospitals are treating ebola patients, it has another effect on women's health. For example, what happens to women who need prenatal care or a place to give birth when all the hospitals are being used to treat ebola patients? Think about who's most likely to care for the sick in a village, and who's most likely to care for sick family members, and you can see why women are dying more often

from ebola than are men in West Africa. The title of one article about the situation reads: in Liberia, the ebola outbreak is also a maternal health issue.

So our takeaways: Feminist theorists ask about the role of gender, the ideas we hold about gender, and our gender behaviors in all situations. Feminist theorists ask about inequalities that exist because of gender.