

GENDER EQUITY AND THE POLITICS OF CARE WITHIN FAMILIES

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Introduction

Social reproduction and the family are of key importance to policy makers today. This has come about fundamentally because of the fertility crisis and the consequent affect on the economy. Women are in a position of strength. Now is the time to open our minds to change, to step out of our comfort zones and dare to imagine and move towards a new and different future that incorporates issues to do with care through our public institutions that are build on a basis of gender equity. I have used the metaphor of *The Forbidden Planet* to underline my argument that the time is right to channel our desire (monster), to nurture, into the continuing challenge to identify and invent new ways of sharing and caring, policies and practices for the everyday; by focusing on mothering and not motherhood. In this paper I present some sociological context to the issues. I provide conclusions from a review of the literature on Transition to Parenthood, highlighting key issues to do with care and equity as they relate to ante and post natal materials, and I draw in research with first time mothers to argue my case.

Sociological context

This is said to be a period of reflexive modernity. That is, individuals reflect on their social position and act to change it regardless of gender, ethnicity, or class. There are examples all around us. I'm sure YOU can think of people who have overcome disadvantage and reaped the rewards. There are many leaders of social movements who are now in positions of influence because of their passion and commitment, individual attributes. I, for one, have been drawn to the literature on motherhood on both, personal and professional levels, because of a need to understand and articulate the dynamics. Some time after I had my first baby I felt I had returned to the dark ages and yet I was overawed by the potential. I hadn't expected the adjustments that became necessary. I had wrongly anticipated a form of gender equity that had become impossible.

Janet Zollinger Giele argues that changes towards gender equity have been deep and can potentially contribute to social evolution. The restructuring of the welfare state in this post-

industrial phase of development requires the renegotiation of work and family policies, putting gender equality in work and care, on the table. She identified four key stages which included a legitimization, or value generalization, phase. My work on issues that arise in the Transition to Parenthood are, I argue, enmeshed with this last stage; the legitimization phase of evolutionary change. This is a battle for hearts and minds as cultures move away from the traditional breadwinner model of family to an earner/carer role ideal of parenting. Clearly, women are reflecting on what it means to be a mother, thus providing an opportunity for reflection and change. Of central concern, in this context, I argue, is affective institutional change that is responsive to a social revolution that is already taking place regarding mothering and/or issues related to care.

Transition to Parenthood

In 2004 the European Economic Union established a working group (with 8 participating countries) called *Transitions*, and their mandate was to examine how young European adults negotiate motherhood and fatherhood and work-family boundaries. Policy recommendations from the report concluded thus:

“A frequently recurring theme across the countries is the ways in which gender shapes parenthood and makes motherhood different from fatherhood both in everyday family life and in the workplace. The transition to parenthood appears to be a critical ‘tipping point’ on the road to gender equity.” (Nilsen & Brannen: 2005) (see: <http://www.workliferesearch.org/transitions/whatsnew.html>)

(The site for the study is in the abstract in the conference program.) The Transition to Parenthood (TtoP) is a term that has come to represent a range of adjustments that both men and women negotiate, particularly when they become first time parents. The indicators generally fall under five categories: changes to identity, changes to life course, changes to relationships (including partner, friends and family), more housework, and finding the line between self and baby. An important impetus for the study of issues related to (TtoP) has been gender equity within the household but further to this the most commonly referenced authors, Cowan and Cowan (1998) stated that they were concerned to strengthen the couple relationship and support children. Herein, is a key tension between care and equity. The TtoP most often occurs within families and the couple relationship is central to family dynamics. Couples often negotiate issues related to equity and care within a social

and economic system that has been built on an assumption of the male-breadwinner model. Cultural expectations are outstripping the ability of the system to change and, consequently, there is a significant trend towards what is often called traditional gender roles when a couple have a baby. I say this because as many of you will already know what is generally referred to as the traditional family is the nuclear (mum, dad and the kids) family that flourished after the second world war. Men often work longer hours so as to provide financially for their families and the vast majority of women take on a greater load of the household and childcare duties (even if they too are working full-time). The evidence is clear, however, that a substantial proportion of couples set out to achieve a form of gender equity, or egalitarian arrangements, and have been unable to do so. These tensions, and dynamics, are often dramatically played out through dispositions that are socially and culturally constructed.

The studies on TtoP are predominantly carried out by psychologists but also family practitioners, marriage therapists, health workers, a sprinkling of sociologists, and some emerging work from women's studies. My survey of the materials is drawn from fourteen studies (two of them citing multiple empirical research projects) and represents research from the United States, Australia, Switzerland, Finland, and Sweden. The birth of a child is said to be linked to significant changes for both parents, "a critical life stage" that is often experienced as overwhelming. In my research I am focusing on women and mothering but as you may well agree there is a need to explore and articulate the dynamics experienced by men, through the transition, and into fatherhood. I would like to see the Association for Research on Mothering incorporate this agenda or link in with other specialist reach centres that focus on fatherhood and fathering.

Fundamental to the issues raised in the TtoP is a reappraisal of identity (subjectivity) when one becomes a mother for the first time. I propose that this phenomenon is evident in a consolidation and re-evaluation of what it means to be a mother throughout the literature. Jane Maher (2005) made an important distinction in her research with mothers between being (identity) and doing (function) along the lines drawn out by Rich in her classic work *Of Woman Born*. The women Maher interviewed, she argued, "used the concept of work to construct, contain and dissolve maternal identities". They adopted multiple strategies to manage mothering, and paid work, and issues to do with TIME rather than identity were of concern. Time, she stated, is an important contributing factor to understanding mothering; "Maternal identities were flexible, sometimes

fragmented and temporally contingent, not determined”. Maher continued, many of the attributes of mothers are not essential, the issues are, however, not unproblematic. I argue that there has been a shift in focus in recent years towards child-rearing, as a key source of meaning creation in human life. This emphasis, has been legitimated by an ideology of ‘intensive mothering’ that has pervaded our culture and thus provided a justification for women to forgo claims to gender equity. However, women often have no choice about accepting responsibility for children whereas men are freer to negotiate their place. This is where the research on TtoP can be enlightening. Many couples are clearly struggling. What are the constraints? What are the possibilities?

Pregnancy marks the beginning of a new phase of life for the women. The women Lucy Bailey interviewed indicated “a sense of having entered, or being on the edge, of a whole new world” bringing out different facets of their personalities. Bailey described the ways in which women interpreted their experiences, as a re-conceptualization of self; the self refracted through a prism of pregnancy and thereby presenting an opportunity for change and for agency. The pregnant woman’s new experience of her body often leads to an embracing of a newly gendered identity. Gender is produced through the process of acquiring a self conception rather than preceding it. This claim, by Bailey, is well substantiated by the literature. The experience of being a first time mother is generally profound, indicative of a link between desire and meaning.

Understandings of the perpetuation of the maternal role through cultural practices has been well developed by Nancy Chodorow in her classic work *The Reproduction of Mothering*. Her explanation of a gendering of psychological processes (through the practice of women taking on the primary caring role) can explain a perceived natural connection. Her retort has been for more men to mother so as to alleviate the impasse, and yet, many couples are finding it difficult to make the change. I argue a critical contributing factor is entrenched cultural and institutional practices. Couple education, in Australia, either in marriage preparation, or antenatal classes, rarely includes topics related to egalitarian caring routines and possibilities, and thus, by omission reinforce past practices and beliefs. In fact, gendered parenting has proven to be the most entrenched of our patriarchal heritage. Bailey described motherhood as a narrative pivot in the construction of a reflexive biography. As many of us would attest, even after years of reading on the topic, there are layers of meaning and complexity. Bailey, highlighted the proposition by Ulrich Beck that the child

is the source of “the last remaining, irrevocable, un-exchangeable primary relationship”; and don’t we know it.

In the late 1970s Adrienne Rich and Ann Oakley set out central issues that women needed to confront if they were to overcome historic disadvantages that, they argued, pervaded patriarchal social and economic systems. Rich asserted that the inclusion of men with child-care was a revolutionary aim. In her words “It would not only change the expectations children – and therefore men – have of women and men; nor would it simply break down gender-roles and diversify the work-patterns of both sexes; it would change the entire community’s relationship to childhood.” (215-6)

Ann Oakley outlined a program for change which is still pertinent including: more state or community help for parents, more state/community participation in childcare; the abolition of fixed gender roles especially in the family and pertaining to social parenthood; less segregation of children into homes, nurseries, schools, etc., and more integration of children with main-stream social concerns and activities; less privatization and isolation of families; and the formal and informal teaching of realistic parenthood and childbirth to both females and males from infancy onwards.

In the thesis I am undertaking at the Australian National University I will be highlighting examples of policy and practice as they relate to embedded notions of mothering and/or family so as to demonstrate the social context that contributes to the experience of first time parents. My two case studies will be ante and post natal services and residential planning. Today, by way of example, I will point out some issues that need to be addressed if women can be adequately taken through the transition phase.

Ante and post natal

The battle between midwives and the medical profession has resulted in a significant failure to engage with, and address, the issues that arise in the post natal phase. It is commonly recognised that there is a lack of research on the social aspects of midwifery. Nursing research is heavily influenced by medical and psychological approaches to understanding the experience of new

mothers for example Reva Rubins work from the 1960s to the 1980s on ‘maternal role attainment’ and the bonding theories of Kalus, Bowlby and Ainsworth. The nursing literature rarely moves beyond description, and infrequently attempts to explain the TtoP. Furthermore, the literature on TtoP often emphasises the behavioural and psychological aspects of new parenthood and identity factors, rather than the social context.

A comprehensive manual jointly published by Australian and New Zealand midwives and released this year called *Midwifery Preparation for Practice* provides an excellent historical overview of theoretical approaches to the study of medicine and midwifery, concluding with the most recent postmodern work on reflexivity, subjectivity and difference. However, the chapter called Transitions , in contrast, draws on theoretical underpinnings from Bowlby’s ‘attachment theory’ in the 1950s to ‘maternal role attainment’ and ‘behavioural and psychosocial aspects of transition’ and ‘care giving systems’. Looking at the issues from an individual psychosocial perspective and failing to engage with the wider sociological critiques. The most disappointing aspect of the chapter is the discussion of Transition to Motherhood where the author moves straight onto topics and issues relevant to child development rather than acknowledging, or addressing, key issues of concern for contemporary women.

In a recently published manual for midwives in Britain, Lesley Page argued that the ‘woman led model’ of birth was linked to the changing role of women in society but I contend that the strategy has been built on liberal assumptions which individualizes the birth experience. Embedded and unexplored in this agenda are notions of motherhood and of family that are outmoded. I have come across very little midwifery research which acknowledges the diversity of the family form, and practices, in contemporary society. Furthermore, an inherent problem with a woman led approach to care is that women cannot know, or understand, the breadth of the issues they may well confront when they become a mother (as documented in the literature on TtoP). There is a role for midwives and/or Maternity and Child Nurses to take a lead by providing information (both key points and links to appropriate services) before the clientele move on to the later stages of early parenthood and issues related to TtoP.

It is surprising just how little attention has been given in the midwifery research to the experience of first time mothers. Particularly, considering the vast array of materials on the topic as evidenced

here at the conference. The most relevant debate is one highlighted by Romona Mercer between what she called ‘Becoming a Mother versus Maternal Role Attainment’. Mercer rightly brings attention to the inadequacies of Rubin’s work in the contemporary context but she continues to bring together the role with the identity for example:

“The commitment, attachment, and preparation stage in which a woman’s work in becoming a mother begins has long-range implications. The woman’s active involvement in this stage has been consistently linked to a positive adaptation to motherhood The woman experiences a transformation of self in becoming a mother, as her self expands to incorporate a new identity and assume responsibility for her infant and her infant’s future world.”

You can understand why it has been of concern that women assume the mothering role, for the protection of a vulnerable baby, from an era when women had little choice, but what of the new father? What of shared parenting? These models assume the mother as the primary care giver; mothering – motherhood.

There is a blossoming of new Midwifery Research Centers in the United Kingdom and Australia. I fully support the call by a number of researchers for more academic engagement with the midwifery literature particularly in the context of social change and a critique of the materials on becoming a mother. The practice of midwifery is a cultural and historical experience that will differ through cultures and through time. Furthermore, the social meaning of midwifery is a product of discourse and policy. In order to describe such an occupation is an exercise in interpretation which involves values and perceptions of the observer and the observed. The focus has been on childbearing rather than childrearing, and the medical model has blurred the distinction between Rich’s categories of motherhood and mothering. Medicalization, psychologically characterizes women as reproducers, confusing the individual and the social. Individuals are not passive recipients of this structuring but are actively engaging and interpreting these messages, however, the messages given through these kind of assumptions reinforce past practices at the expense of current aspirations. I see my project as moving forward from this work by identifying policies and practices that have the effect of structuring possibilities in the early stages of mothering, and furthermore, highlighting the ways that individual women interpret, or negotiate the possibilities.

Attempts by midwives to restore agency to women need to be informed by contemporary social analysis.

Finishing comments

The research clearly indicates that a substantial proportion of couples find that they cannot negotiate an equitable, or egalitarian arrangement when they have a baby. The TtoP is a 'critical tipping stage' towards gender equity. I am arguing that Cowdery & Knudson were correct when they stated that "In order to change the unequal distribution of labour, parents of young children have to consciously work against the prevailing motherhood discourse". There is a stratification process generated by social and economic inequalities between men and women that intensify across the life course as a result of women's disproportionate responsibility for child care. There is a cultural ambivalence on critical issues to accommodate parental leave in the workplace which is reflected in Australian studies by both Pocock (2003) and Summers (2003) which has an obvious ongoing affect on gender equity. Structural constraints clearly limit the choices that women make when they become a mother and new models of motherhood may not necessarily affect change. In this period of reflexive modernity individuals can reflect on their circumstances and have the potential to change them. Due to the fertility crisis and the reappraisal of policy, women are in a position of strength, however, we are constrained within social and political systems that are build on a reliance on families (which flows on disproportionately to women) to care for the vulnerable, children and the aged. In order to promote gender equity we need to continue to critically examine institutional policy and practice that incorporates embedded notions of family, relying on proscribed gender roles. I argue that there is a need to work against the prevailing motherhood discourse so as to breakdown a perceived link between women and nurturing; channel our desire to care for our children into campaigns for institutional and cultural change.