The Gender and Embodied Dimensions of Water. A Feminist Geographical Analysis

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Water

Qualitative Methods

Gender

Feminist geography
Feminist Geography

Space as an actor:
- Where gender relations take place
- What shapes gender relations (genderisation)
- "Protected spaces"

Assumptions about space:
- Public / Productive / Men
- Domestic/ Reproductive/ Women (‘Emotion work’)

Due to:
- Tradition
- Legislation
- Modus vivendi

Which have been and are shaped by white, western, highly educated, middle class male.
Feminist epistemology

Theory of knowledge shaped by the conviction that "the personal is political" (Carol Hanish, 1968) questioning:
Who has been producing knowledge?
For whom?
How?
And hence looking at:
• Power, hierarchy and contesting
• Patriarchy, positivist science
• Overcome exploitative relations between researcher and researched (Maynard 1994)Encourage continuous reciprocal exchange (Sprague and Kobrynowicz 1999)
Methods

• Ethnographic – qualitative
  • Dialogical partecipative geographical methods (Deweritt & Dyer 2002)
  • Partecipative mapping (Chilvers 2009)
  • Reciprocal interviewing: "turning the interview table" (Miraftab 2004:599) “reflexive interview” (Falconer al Hindi & Kawabata 2002)

• Acknowledging the impossibility of objectivity
• Reflexive – positionality
  • Situated knowledge: knowledge production is of contingent, hierarchical, contextual, experiential and relational nature (Haraway 1991) and has to be self-reflexive (Rose 1993)
My feminist geographical trajectory

• “Water as part of landscapes created by uneven processes of development and capitalism” (Bakker, 2003:49).
• Water is dependent on both the hydrological cycle and the social institutions that mediate it, water is “…physically produced, but also socially enacted.” (Bakker, 2003:49).
• Gender roles shape and are shaped by water e.g. farming, irrigation, employment and resistance.
• Participatory methodologies and interdisciplinary studies
East Africa

Bangladesh

Case studies
• 5 years research in remote areas of Kenya and Tanzania. 7 months in total of fieldwork. (see Caretta & Börjeson 2014; Caretta 2014)
• Focus: gender division of labour and women’s participation in the management of small holder irrigation farming systems
• I learnt Kiswahili, but local languages were spoken: I needed interpreters and assistants.
Gender embodied dimensions of irrigated agriculture

- Tools: long handled hoe VS short handled hoe
- Practices: weeding VS canal reparation
- Cultural taboo
- In times of crisis: seasonality of beating
- Masaai culture: more children, more power. Childbearing, extremely limited access to medical service. Women lack of education.
Bodily appearance

• ‘We like our women fat, so they are strong and can have many children. You won’t be able to have children if you are that skinny’ (Field notes, July 2013).
• The different normative character of accepted bodily appearance
• An expression of the local traditional patriarchal power relations
Case studies

East Africa

Neoliberal University

Methods

Bangladesh
Intersectionality

- Following other categories or axes were added: age, disability, ethnicity e.g.
- It is not only a matter of gender, but also of class and race.

... to intensify efforts to ensure equal enjoyment of all human rights and fundamental freedoms for all women and girls who face multiple barriers to their empowerment and advancement because of such factors as their race, age, language, ethnicity, culture, religion or disability or because they are indigenous people. (Center for Women’s Global Leadership, 2001)

There is no such thing as a single-issue struggle because we do not live single-issue lives.

Audre Lorde
Bangladesh – Arsenicosis

• "Largest mass poisoning in history” (WHO, 2012)
• Bangladesh: arsenic naturally present in water – 70 millions, 35 in rural areas
• 500% higher than recommended tolerability
• Public tubewells success in the 1990s - now poisoning (green Vs red)
• Private wells often contaminated
• Forgotten villages by public awareness campaigns
Gender aspects of arsenicosisis

- Arsenicosisis
  - Chronic illness
  - Symptoms delayed (5-20 yrs)
  - Malnutrition contributes
  - Skin cancer – disabilities
Social norms

- Patriarchal society (father – husband)
- Dowry = happiness Vs suicide, acid attack, wife burning
- Mother in law – age
- Izzat (honor) vs Sharam (shame)
- Limited mobility (private feminine) Vs need for water
- Fetching water
- Where are the wells? Honour Vs Health (social norms/barriers)
Axes of oppression: Gender

• Risk of harassment – daughter in law
• Fear of walking in public at dusk or during men’s leisure times
• Women group and go together to fetch water
• Waiting time too long, revert to unsafe wells
• Why don’t men fetch water?
• Access to health care
  – Mobility
  – Honor
  – Male doctors
Axes of oppression: Age and Disability

• Beauty = whiteness
• Marriage & children = womanhood
• Scare among villagers – isolation & rejection
• Economic status causes and reinforces condition – medicine
• Swelling palms and soles, burning feeling, limited mobility= disability
• Household hierarchy
Life stories

Halima, 19 years old living in Ghona is unmarried and arsenic poisoned. She collects unsafe water three times a day from the public tube well, situated 800-1000 meter from her home. She is afraid when making this walk: she can never be sure if the shouting from men and boys are going to turn into physical approaches. Her skin has started to show signs of arsenic poisoning: dark metallic dots on her hands, arms and under her feet. They are itching and burning, she says. She is showing the first signs of the initial stage of arsenicosis. A cure is still possible for her: she needs to stop consuming arsenic poisoned water and eat nutritional food. Her first thoughts are not about the cure, however. The physical problems are not yet burdening Halima as much as the social stigma caused by having parts of her skin covered with dots. She worries about her chances of getting married and her health. Her family cannot afford medicines and she is very well aware of other older men and women in the village that are severely sick or that died because of arsenicosis. Her aunt is one of them. (First author’s notes from semi-structured interview, Ghona, October 2013).

“I have no hopes and dreams about the future, because there is no future for us” (Sifat, 14, in focus group discussion with authors, Ghona, October 2013).
Embodiment VS Health Geographies

• Health geographies focus on relationship between space and disease/ space and health care provision

• **Embodiment**: derived from feminist scholarship

• The body is an inherent part of research, both the researcher’s and the researched’s

• Embodied knowledge: how the body is shaped by its surrounding environment

• Emotions can be embodied: risk perception
Thanks for listening!

Questions?!

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