CONFLICT, GENDER RELATIONS AND THE HEALTH OF WOMEN IN TWO LOW INCOME COMMUNITIES IN JAMAICA

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Abstract

This paper examined the conflict, gender relations and health of women in two low income communities in Jamaica. To provide a contextual framework, crime and domestic violence were examined at the macro-level. The national data showed that although most types of crime were on the decrease, violence against women did not reflect the same pattern. Primary data were also collected from 96 individuals in the two lower inner cities. The respondents were chosen by “change agents” who were taught conflict resolution skills and were to transmit these skills to the respondents. Approximately 75 per cent of these 96 individuals were involved in conflict during the past three months. Women were more likely to be the recipients of physical abuse. The reasons for this abuse were discussed in five case studies involving domes-
tic violence. This abuse however, has to be understood in relation to gender identities and relationships, and the struggles of status-deprived males who are trying to contend with the exigencies and limits of inner-city conditions. Whenever there is evidence of gender inequality and male marginalization, the health of women is likely to be negatively affected. Both national and community data indicate there are serious problems related to violence in Jamaica and the physical abuse of women.

**Keywords**: Conflict, Gender relations, Poverty, Women’s health.

**Résumé**

Cette étude traite des rapports entre les situations conflictuelles, les relations entre les sexes et la santé des femmes dans deux localités défavorisées de la Jamaïque. Pour construire un cadre contextuel, le crime et la violence domestiques sont examinés à un niveau agrégé. Les données nationales montrent que, si la plupart des types de crimes sont en recul, la violence contre les femmes ne suit pas cette tendance. Les auteurs ont recueilli des données de première main auprès de 96 habitants de deux quartiers urbains défavorisés. Les sujets de l’enquête ont été choisis par des « agents de changement » formés à la résolution des conflits et chargés de transmettre ce savoir-faire à leurs interlocuteurs. Environ 75 % des 96 personnes interrogées ont été impliquées dans un conflit au cours des trois mois écoulés. Les femmes sont plus fréquemment victimes de violences physiques que les hommes. Les motifs de ces agressions sont examinés dans cinq études de cas de violence domestique. Ce phénomène doit être interprété en faisant référence aux questions d’identité masculine et féminine et aux rapports entre les sexes, et en lien avec les combats que mènent les hommes dépossédés de leur statut pour essayer de faire face aux exigences et aux contraintes de leur cadre de vie dans les quartiers défavorisés. Chaque fois que l’on observe une inégalité entre les sexes et une marginalisation des hommes, c’est sur la santé des femmes que risquent d’en retomber les conséquences négatives. En Jamaïque, toutes les données, nationales et locales, révèlent l’existence de graves problèmes liés à la violence et à la maltraitance contre les femmes.

**Mots-clés** : Conflit, Rapports entre les sexes, Pauvreté, Santé des femmes.
1. Introduction

This paper presents some of the findings from a study on ‘Conflict Management, Gender and Reproductive Health’ sponsored by the Ford Foundation. The main objective of the project was to transmit conflict resolution skills to ‘change agents’ living in two inner cities (Maverly/Drewsland and Southside). Much conflict revolved around gender issues and impacted in ‘gendered’ ways, and it was hoped that the development of conflict resolution skills passed on to the communities by the ‘change agents’, would positively influence areas of gender relations including reproductive health. The skills taught included negotiation, mediation, assertion of self and the use of the “I” statement.

In this paper, the objectives are to:
– outline the national figures on acts of violence experienced by women;
– examine the patterns and types of conflict experienced by women in Maverly/Drewsland and Southside, both in Kingston, Jamaica;
– examine the gender relationships within which these conflicts occurred; and
– examine the impact of these conflicts on the health of women.

2. Methodology

Both primary and secondary data were collected to examine conflict, gender relations and the health of women in these two inner cities. The secondary data established the national and community context of violence against women. The primary data were collected to examine the links between conflict, gender relations and the health of these inner cities and the impact of the conflict resolution skills on social and health outcomes.

The inner cities of Maverly/Drewsland and Southside were chosen because:
– they are representative of Jamaican low-income communities, with all the attendant problems; and

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1. The authors are indebted to the Ford Foundation who provided financial support for the project. Special thanks to the CICRED for the opportunity to publish the findings.
– in these communities there are Non-Governmental Organisations (NGOs) that could be used to facilitate the operation of the project.

The two communities are very similar: they are poor and ridden with crime and violence. The NGOs selected community workers to assist the researchers to identify individuals and families with whom they could work to transmit conflict resolution skills. In the process of working with the families, individuals and community as a whole; information was collected from community members and attempts were made to explore in depth, the relationship between conflict, gender relations and women’s health. In this process, a number of case studies were developed; and in this paper, brief stories of violence are presented from these case studies.

3. Operational definitions

For the purposes of the Ford project, a number of operational definitions were provided for the benefit of ‘change agents’ and other data collectors. ‘Conflict’ was defined within the local context, as any disagreement which caused emotional strain and/or physical injury to an individual. ‘Gender’ was defined as traits, attitudes, beliefs, preferences and behaviours used to separate boys and girls and men and women. ‘Gender equality’ was seen as no differentiation in access to power, prestige or wealth and with similar treatment in the socialization process of boys and girls and men and women. The ‘health of women’ was mainly measured by physical injuries and disabilities, experienced as a result of ‘gendered’ conflict.

4. Theoretical perspectives

Despite the great strides that women have made, there is continuing and increasing violence against women (Oskamp and Schultz, 1998). This violence takes several different forms, e.g. sexual harassment, abuse, rape and pornography. Abuse in heterosexual relationships involves verbal and physical aggression. Although physical aggression can be reciprocal, women are more likely than men, to be seriously injured, during conflict involving the sexes.
The Early Psychological Perspective (based on the writings of Freud), placed the woman as the inferior sex, at best, an appendage to the male. Studies based on this perspective, explained the battering of women in terms of their masochistic tendencies (Horney, 1973). Later psychological studies challenged this view and showed that even the case of a battered woman staying with a batterer, could be seen and understood on a rational basis, without notions of the inferiority of women or of deformed personalities (Kirkwood, 1993).

Wollstonecraft (1994) argued for the recognition of the woman as an individual in her own right and not as an ‘incomplete man’ operating with a ‘rationality’ somehow different and inferior to that of males.

Some Feminist Perspectives built on the writings of Wollstonecraft (1994), linked the oppression of women to the patriarchal system. Relations between men and women were seen as based on a struggle for power, as men attempted to control women’s bodies, labour and productivity (Young, 1988). In particular, the violence against women was to be viewed as a structural feature of capitalist societies, in which patriarchy was used to control the ownership and the distribution of the means of production. Gender relations were seen as reflecting the mode of economic production. Men, established as heads of the family and the dominant partner, dictated the forms of control to be exerted over women (Tong, 1989). Schuler went on to make the point that “Gender violence is embedded in the context of cultural, socioeconomic and political power relations” (Schuler, 1992).

In current sociological perspectives, it is recognized that violence against women is a feature of gender relations and family dynamics (Gelles, 1976; Hampton and Gelles, 1994; Straus, 1994).

As we examine the conflicts experienced by women in these two inner cities, we ask ourselves which perspective best describes the conflicts outlined, and indicate the most efficient way to deal with this problem. We begin though, with a presentation of the national context of violence experienced by women in Jamaica.

5. The national and historical context

There is a perception in Jamaica, and indeed, the Caribbean, that the level of spousal violence is on the rise. To some extent, this may be a reflection of the establishment of institutions to deal specifically with
the victims of abuse. For example, in 1985, the Crisis Centre and the Centre for Women were established in Jamaica, to give counselling to victims of domestic crisis, rape and incest. This was followed in 1990, by the formation of police rape units. These institutions have had an impact on the reporting of violence against women. As Table 1 shows, the number of reports in all categories continues to show an irregular upward trend and increased reporting is especially marked, with respect to domestic violence and crises.

Table 1
Number of cases by telephone calls and office visits to the Crisis Centre for Women - Jamaica

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape</td>
<td>140</td>
<td>156</td>
<td>98</td>
<td>190</td>
<td>172</td>
</tr>
<tr>
<td>Incest</td>
<td>35</td>
<td>78</td>
<td>45</td>
<td>46</td>
<td>71</td>
</tr>
<tr>
<td>Domestic violence</td>
<td>135</td>
<td>360</td>
<td>292</td>
<td>496</td>
<td>1,443</td>
</tr>
<tr>
<td>Domestic crisis</td>
<td>402</td>
<td>1351</td>
<td>1,365</td>
<td>862</td>
<td>2,079</td>
</tr>
</tbody>
</table>

Source: Women Crisis Centre.

The increases recorded, however, cannot be attributed entirely to the greater willingness of victims to report violent incidents. Statistics from the Ministry of National Security, reveal that, while there has been a recent reduction in the number of major crimes committed in the island, efforts to reduce the level of domestic violence have had little results. In the first three weeks of 2000, domestic violence accounted for 37 percent of murders (Daily Gleaner, January 23, 2000). While there appears to be a decline in the incidence of non-fatal acts of violence – stab wounds, gun shots and the disfiguring chemical burns (Table 2).

There has been a slight increase in the number of fatalities resulting from violent acts against women (Table 3). In 1997, murders classified as being the result of domestic violence, accounted for roughly 21 percent of all the murders committed in the island. By 1999, the percentage had risen to 27.
Table 2
Reported cases seen at public hospitals in Jamaica, 1997 and 1998

<table>
<thead>
<tr>
<th>Type of injury</th>
<th>1997</th>
<th>1998</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Stab wounds</td>
<td>2,702</td>
<td>951</td>
</tr>
<tr>
<td>Gun shots</td>
<td>1,149</td>
<td>240</td>
</tr>
<tr>
<td>Chemical burns</td>
<td>126</td>
<td>127</td>
</tr>
</tbody>
</table>

Source: Health Information Unit, Ministry of Health.

Table 3
Number of persons murdered by gender, Jamaica 1997-1999

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>929</td>
<td>109</td>
<td>1038</td>
</tr>
<tr>
<td>1998</td>
<td>850</td>
<td>103</td>
<td>953</td>
</tr>
<tr>
<td>1999</td>
<td>767</td>
<td>82</td>
<td>849</td>
</tr>
</tbody>
</table>

Source: Police Statistics Department.

This trend towards increasing violence, is not a Jamaican phenomenon, but has been the subject of comment throughout the Caribbean (Parsad, 1988; Rohlehr, 1988; Danns and Parsad, 1989; Creque, 1994; Gopaul and Morgan, 1998). Bailey et al. (1998), in their study of Family and the Quality of Gender Relations, have shown that partnering relationships in the Caribbean, are increasingly adversarial and aggressive and that violence is the currency of the interaction process. Danns and Parsad (1989), estimate that two out of every three women in Guyana, have been the victims of some form of spousal abuse. Data from Trinidad and Tobago, suggest a ratio of about one in three. In this twin island republic, the number of women killed as a result of domestic conflict, increased from 7 in 1990 to 15 in 1994, and 12 in the first six months of 1996 (Gopaul and Morgan, 1998).

While female acts of aggression against men are not unusual, women are more likely to be the victims of male violent behaviour. Of
course, one cannot understand the dynamics of gender relations, without examining both females and males. Beckles (1996), in looking at some of the Caribbean literature on males, has complained that some of the Caribbean discourses on the ‘psychically defeated and socially at risk’ male, more often than not, ignore the historical perspective, since historical evidence, is often considered, as providing apologies for the persistence of dysfunctional masculinities. Yet, the broad similarities in responses across the region, would suggest that there is merit in the search for perspectives, that may “identify foundation structures [with] social and ideological continuities” (Beckles, 1996) from the system of New World Caribbean Slavery to now. The principal concern of the slave system was with maternity, fertility and the management of slave household. Slaveholders had no interest in black fatherhood. Moreover, slave masters had the right of sexual access to all their black slave women, and black men could not confront or question this right. Relations of slave man with the woman, could only be established and maintained within a context of force, power and opposition.

It is in the context of a culture of violence, that colonial masculinities took form and this violence, argues Beckles (1996), remains an essential feature of an insecure and subordinate black masculinity. Within the society today, there is a general acceptance of domestic violence as ‘natural’, and there is a “propensity for acts of domestic violence to take on a theatrical quality and even to provoke amusement and entertainment, rather than concern and intervention” (Gopaul and Morgan, 1998). These violent interactions have become the stuff of the literature of ‘the yard’ and popular culture forms.

There is today, the continuation of the assumption, that those who wield power, can lay claim to ownership. Men who are superordinated within the productive process, use the power this confers, to exercise control (often by violent means) over women, whom they regard as their possession. In some instances, they view their relationship with women, in the same light as they see their relationship with their children. This is why a male respondent, interviewed by a newspaper reporter, felt that he had to make the point, that what the news reporter called “…domestic violence” was more properly termed “domestic discipline…” (Trinidad Guardian, October 1, 1996). This perspective on violence and gender relations, is also represented in the views of male participants in the focus group discussions, as reported by Bailey et al. (1999):
“You have certain guidelines you want them to follow, right. You have certain things that you want them to do. So, in order fi dem do it, you have to teach them the way you want them fi live. That mean seh, you have fi catch dem from early.”

“You just have fi deal with them. Sometimes you deal with them nice and you deal with them rough. According to how you mould them.”

Moulding involves the use of violent measures. So, violence is a part of the traditional cultural values of the West Indian male. What, therefore, accounts for the reported increase in violence against women? In relationships between men and women, there is the expectation that men will be the providers, and the most significant financial demands made on men, result from children (Bailey et al., 1998). Although sociological studies of the West Indian family, portray the West Indian father as ‘irresponsible’ and neglectful of his financial responsibilities, there is evidence to suggest that fathers define their roles, in terms of the provision of the basic needs of the family. Money is exchanged for respect and loyalty and a great deal of conflict results, when this equation is not in balance (Bailey et al., 1999). The women in the inner city of Kingston, who participated in the study by Bailey et al. (1998), confessed that they would submit to male tyranny, only if they were economically dependent on their men. Men who could no longer provide them with material possessions, should not expect to control actions they took, in order to survive. This attitude puts strains on relationships, especially in the context of high levels of unemployment among males.

For well over a decade, the economy of Jamaica has been declining. The debt burden is now estimated to be roughly 169 percent of GDP. Unemployment has been increasing at all levels and sectors of the economy. The numbers employed in manufacturing alone, declined by almost 10 percent between 1992 and 1997. Bailey et al. (1999), reported that the male participants in their focus group discussions, saw unemployment as undermining their ability to meet their obligations:

“We need strong, regular work, to keep up with the demands.”

“We really need training and work, okay, for a father to be a father… and you get two days work today and you don’t get any next week, you in trouble.”

“Sometimes a man want to do something but he can’t. So him just pretend like him nuh want fi do nutten.”
The economic deterioration affects the employment of women also, as a significant area of decline, has been in the apparel industry, concentrated in the island’s free zone, which attracts many of the island’s ‘unskilled’ women.

At the same time, economic strides being made by middle class women, are also challenging the traditional power base. These gains in the area of education and professional training are shown in Tables 4 and 5.

<table>
<thead>
<tr>
<th>Year</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1979/80</td>
<td>4,782</td>
<td>4,229</td>
<td>9,011</td>
</tr>
<tr>
<td>1984/85</td>
<td>5,007</td>
<td>5,565</td>
<td>10,572</td>
</tr>
<tr>
<td>1989/90</td>
<td>5,403</td>
<td>6,777</td>
<td>12,180</td>
</tr>
<tr>
<td>1994/95</td>
<td>6,303</td>
<td>9,888</td>
<td>16,191</td>
</tr>
<tr>
<td>1997/98</td>
<td>7,555</td>
<td>13,442</td>
<td>20,997</td>
</tr>
</tbody>
</table>


<table>
<thead>
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</tr>
</thead>
<tbody>
<tr>
<td>Teachers</td>
<td>271</td>
<td>1,226</td>
<td>280</td>
<td>1,446</td>
<td>286</td>
<td>1,102</td>
</tr>
<tr>
<td>Medical doctors</td>
<td>25</td>
<td>38</td>
<td>26</td>
<td>39</td>
<td>21</td>
<td>25</td>
</tr>
<tr>
<td>Nurses</td>
<td>1</td>
<td>202</td>
<td>0</td>
<td>296</td>
<td>1</td>
<td>284</td>
</tr>
<tr>
<td>Lab. technicians</td>
<td>6</td>
<td>8</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Dental nurses/Assistants</td>
<td>0</td>
<td>13</td>
<td>0</td>
<td>14</td>
<td>0</td>
<td>18</td>
</tr>
<tr>
<td>Accountants</td>
<td>71</td>
<td>165</td>
<td>86</td>
<td>182</td>
<td>119</td>
<td>283</td>
</tr>
<tr>
<td>Managers/Administrators</td>
<td>227</td>
<td>729</td>
<td>289</td>
<td>720</td>
<td>436</td>
<td>1,196</td>
</tr>
<tr>
<td>Engineers</td>
<td>30</td>
<td>13</td>
<td>45</td>
<td>14</td>
<td>73</td>
<td>16</td>
</tr>
<tr>
<td>Attorney</td>
<td>6</td>
<td>23</td>
<td>17</td>
<td>52</td>
<td>8</td>
<td>39</td>
</tr>
</tbody>
</table>

Source: Economic and Social Survey, Jamaica 1998.
What has been described as the ‘under-performance’ of the West Indian male, has been the subject of much popular and academic debate. Miller (1991), sees the gains that women are making, as resulting in the ‘marginalization’ and ‘emasculaton of the male’. Figueroa (1996), argues that under-performance is one of the unforeseen and unhappy consequences of the historical male ‘privileging’, now a mocking misnomer. In any event, although these developments have given a relatively small percentage of Jamaican women greater financial independence, than they enjoyed in the past, they challenge deep-rooted notions of masculinity and are the basis for inter-gender and family conflict.

These strains are felt much more strongly, at some points in the social structure. The men in the study by Bailey et al. (1998), voice their unease, once they cease to be ‘gatekeepers to resources women need’ (Handwerker, 1992a, 1992b):

“Mek ah tell you the truth. You can’t be in a relationship with a woman who have more money than you… it’s better that you have the power more than them.”

“Through you inna dem house, you can’t talk to dem certain way – you can’t raise your voice pon dem.”

“The woman must heed what a man say… the woman must hear you… I like to dictate.”

Spousal abuse is only one of the manifestations of stress. Children caught up in this situation, are increasingly at risk. Those who come to the assistance of an abused parent, may suffer injury or death. The reality of childcare, in situations where nurturing is regarded as the job of women (and consequently little support from men), is physically and emotionally demanding, and infants are often at risk. Of the six infants killed as a result of violence, in the first three weeks of 2000, three were the victims of domestic violence. Among the violent acts responsible for homicide involving infants (Daily Gleaner, January 23, 2000), are burning, beating and starvation.

Another manifestation of stress within families, is the alarming increase in suicide rates, a largely male phenomenon. The number of cases of suicide, jumped from 3 in 1991 to 36 in 1995 and 72 in 1998 (Economic and Social Survey, Jamaica, 1991-1998). Some of the situations that result in violent confrontations, are revealed in the study of two communities.
6. Conflict stories in two lower income communities

Interviews were conducted among a sample of 96 respondents, in two low-income communities in the Kingston and St Andrew Metropolitan Area (KMA), in Jamaica. Respondents were questioned about their experiences with conflict during the preceding three-month period, both in the community and within the context of the family.

About 75 percent of the sample had been involved in conflict, with 52 percent characterizing the frequency as often or sometimes. Table 6 shows the forms of conflict experienced by the respondents, within the family setting. Women were more likely to be recipients of physical abuse. Some of the violence of men was directed at women and the inter-gender conflict, resulted in the woman suffering physical abuse:

“You and her wake up… and a little argument start and… she ah come back and nag you and you get ignorant and lick her.”

“Violence is caused by a simple little thing because you have some woman who nag you for nothing… just nag yuh, nag yuh, nag yuh and you get tired ah her and say ‘ah what happen to you?’ and them love to tell you ‘come suck’ and you ah get ignorant and beat her.” (Bailey et al., 1998)

Table 6

Forms of conflict experienced within the family (%)

<table>
<thead>
<tr>
<th>Forms of conflict</th>
<th>Male (N = 55)</th>
<th>Female (N = 41)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarrel</td>
<td>50.0</td>
<td>60.7</td>
</tr>
<tr>
<td>Verbal abuse</td>
<td>23.7</td>
<td>15.0</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>12.7</td>
<td>19.9</td>
</tr>
<tr>
<td>Wounding</td>
<td>13.6</td>
<td>2.4</td>
</tr>
<tr>
<td>At least two of the above</td>
<td>20.0</td>
<td>2.0</td>
</tr>
</tbody>
</table>

The female survivors of violence had stories, some of long-term physical abuse:

Miss A, aged 21, lives in the community of Maverly. She has a secondary education and is employed as a cosmetologist. She has a visiting relationship with the father of her child and although she does not expect him to support her, she expects him to share the financial
responsibility of raising their child. However, financial support is irregular. On two occasions during the preceding three months, she was forced to seek him out, to obtain money for the child. On both occasions, he physically abused her and she sustained minor bruises.

Miss B is a 22 year-old housewife, who also lives in the community of Maverly. This high school graduate lives with a ‘common-law’ partner, with whom she has two children. On one occasion, she went to the grocery, leaving her children with a nephew, who left the children alone. Her ‘common-law’ partner was very upset when he returned home and found the children on the street and assaulted her with a stick. She retaliated by threatening him with a knife. She sustained injuries on her legs.

Miss C is 18 years old and lives in the inner city community of Southside, with a ‘common-law’ partner. She has a primary school education and has borne one child for her partner. In a quarrel with her partner, he made comments that she felt, put her mother in a bad light. She was very offended and a fight broke out. She did not say who started the fight, but both sustained injuries and the respondent reported the incident to the police.

The fourth respondent, Miss D, is an unemployed factory worker, aged 22, who lives in the community of Drewsland/Maverly and has two children for her common-law partner. A quarrel with her partner arose as a result of a ‘difference of opinion’. He does not like her to express opposing views and, in the fracas that ensued, she sustained cuts and bruises.

The final case involves a 15 year-old student, who lives with her mother and stepfather in Drewsland/Maverly. This was a case of chronic violence, as her stepfather quite often beat both her mother and herself. On the most recent occasion of a conflict involving her parents, she intervened on the side of her mother. Her stepfather beat her and she sustained a broken hand.

These are two poor inner city communities, where the women are either unemployed or engaged in low paying jobs. The injuries the women sustained during conflict, resulted from the male in the house, attempting to exert power over the activities in the house. Interestingly enough, none of them complained about the beatings, when they were asked to outline the things they disliked about their partners. The findings showed that when there is limited communication, physical abuse becomes the norm. Unfortunately, it was outside the scope of this
study, to examine the impact of conflict on the mental health of the respondents. However, studies have shown that injuries to women, do create severe psychological and emotional damage to them and their children (Ffolkes, 1992; Mamay, 1990; Gomez, 1997).

7. Relations and conflict

The literature and research on gender in the Caribbean, have indicated a sharp and fundamental divide between the gender identities of males and females. In addition, there are also indications that individuals experience gender identities, as a central aspect of the self – both of the private and social self (Bailey et al., 1998; Brown and Chevannes, 1995; Smith 1996). Further, many have argued that, given historical and current social conditions, for some males who have experienced forms of social marginalization, one response to status deprivation and loss, is the development of an exaggerated reputational emphasis, in which there is a great reliance on a ‘restricted’ masculinity and on significant elements of machismo (Bailey et al., 1998; Brana-Shute, 1979; Branche, 1998; Miller, 1991; Wilson, 1969).

In lower-class inner city communities, given the exigencies of daily living and the limited symbolic spaces and options, and given few mechanisms for constructive conflict resolution, inter-gender relations can often be toxic, with males ‘disadvantaging’ females, in both verbal and physical ways. It is precisely this pattern, observed in communities throughout the Caribbean (Bailey et al., 1998), that provided the basis for the current interventionist phase of the Ford project. The project is attempting to train community workers in conflict resolution skills, in the hope that they can successfully transmit these skills to their community members, with positive consequences for gender relations and health outcomes.

As the situation stands at the moment, however, it is still possible to observe national and community patterns of inter-gender relations, in which women and children are abused by their young and adult status-deprived male folk, without the same or equivalent responses from women. The abuse of women is not simply a matter of the individual woman, but is a matter that affects as well, her reproductive health profile and therefore impacts on the future generation and on children currently in her care. These larger ramifications must be un-
understood, especially in the context of lower income, inner city communities where, within a variety of matrifocal family forms (Patterson, 1982, Smith 1996), single-parent female-heads struggle to hold things together.

8. Summary and conclusions

Both national and community data indicate that there are serious problems related to violence in Jamaica and the physical abuse of women. The primary data showed, that the feminist explanation for the physical abuse of women, become relevant. This abuse has to be understood in relation to gender identities and relationships, and the struggles of status-deprived males, who are trying to contend with the exigencies and limits of inner-city conditions. A historically conditioned ‘restricted’ masculinity or a machismo identity/ideology, offers one response of these men to their circumstances. It impacts negatively on females, and given the matrifocal family structures of many Caribbean communities, it adds to the burden of being female. Indeed, in this context, physical abuse has several negative consequences for children, both those unborn and those currently in the care of the women.

The case studies for the inner city, reflect the poverty and inequality within which the women live. With limited education and no access to high paying jobs, these women are vulnerable. They depend on the men in their lives for financial support, which is not always forthcoming. This dependency inflates the sense of power that the men feel and exert. In these cases, unequal gender relations, result in the physical abuse of the women. Until their financial and emotional dependencies on the men are reduced, improved gender relations remain elusive. The health of the women will remain at risk.

The data now available in this Ford project, have not fully identified all the health outcomes that women experience, as they deal, on a daily basis, with toxic inter-gender conflict. There are enough indicators however, that the consequences are many and are significant.

The Ford project, in this phase, is about intervention and providing a community, through ‘change agents’ or community workers, with conflict resolution skills, to help enhance conflict management and gender relations. At this stage in the project, it is patently clear, that the
basic and underlying problem, is a massive social and cultural one and that the work of the ‘change agents’ will be challenging.

These results inform policy. There is a need for more conflict resolution skills to be taught to both men and women in Jamaica, especially to those who live in low-income communities. However, macro-economic improvement is necessary, to reduce the levels of poverty in these countries. Women must have more access to education and employment. Only then, will their emotional and financial dependency on the men be reduced. Health officials, especially those whose business is mental health, need to focus more on the health of women, in order to inculcate in them, a sense of self-worth and self-identity. Only when these policies are in place, will the health of women be improved naturally and especially in the low-income communities.

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