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"THE CHANGING ROLES AND VALUES OF WOMEN
AND THE CHALLENGES AHEAD"

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Woman's multifarious role in society today has evolved from the social changes that have taken place. Each change reflects a different stage in the nation's development and sometimes introduces new values and expectations, some desirable, others less so.

Woman's first role was that of wife and home-maker, a companion to man, a complement. Then she was mother, her biological make-up prescribing that she be child-bearer entrusted with the responsibility of nursing and caring for the child she has borne, looking after its physical as well as spiritual needs. Her concomitant role was that of first educator of the child, helping him learn to walk and talk, stimulating his mental development. All these roles required her to stay at home and so it was that the woman's place was in the home while the man's responsibility was to support and protect his family. Sometimes however, circumstances necessitated the participation of women in the economic field. Perhaps they had to supplement the husband's income or perhaps they were single, widowed or divorced and the sole bread-winner for parents, younger siblings or their own children. They then assumed an economic role contributing towards the economic well-being of the family.

In the agricultural community women played an active and important role in the traditional economy, growing rice, working in the fields, rearing chickens. They were traders too, selling food-stuffs and other produce including handicrafts. In the cities women took on jobs in the "pink collar ghetto", low-paying, typically female jobs of hairdressers, seamstresses, salegirls, waitresses. Others become domestic help, working as servants in wealthier households.

Education gave women better opportunities. They could

develop new skills and take on new kinds of paid employment including those in which only men had previously engaged in. Women in Armed Forces is a striking example of the changing role of women in occupational structures. Higher education enabled women to enter into professions previously thought the preserve of men - medicine, law, engineering. Even in the business world, women were succeeding, rising to the ranks of executive. All these women however represent only the small number who have benefitted from the educational advances. What of the less-educated masses?

For the less-educated women, industrialization has provided new jobs. Many have left the rural areas and migrated to the cities in search of employment believing that their factory jobs will relieve them of their difficult and financially less-rewarding work in the villages. They expect more income, greater freedom and a generally better life. They find themselves doing a tedious, boring job, working long hours, sometimes on night shifts and with insufficient rest periods in between. They do receive salaries which are higher than that which they could earn had they remained at home. These wages however are barely sufficient to maintain them in the cities where the cost of living is generally higher. They face housing problems and even have difficulty in obtaining nourishing, balanced meals. Separated from their families and divorced from their traditional environment they have no moral support and no spiritual guidance. This, together with their new-found freedom has caused them to reject the old value and morals that were dictated by religion and custom. They have developed a new life-style and a new morality based on a western-style culture imitated from films and television shows. Superficially there may appear to be an easier and better life but what lies waiting at the end of the road? What hopes and aspirations do these women have? Their jobs on the production line offer little hope of promotion and no guarantee of stability. Have these jobs helped to improve the quality of life of the women workers? Industrialization is said to be necessary for economic development and the women workers who provide cheap labour are said to play an important role in the nation's economic development. Industrialization has benefitted the foreign investors. How far has it benefitted the nation's workers, particularly the women? It has changed their life-styles and their values. To what extent is this change an improvement? The immediate gain is the money they earn but what is the long-term effect of eye-strain and headaches caused by long hours of staring into a microscope? Do we know if the eye-strain can cause permanent damage like blindness perhaps? And what of exposure to dust, chemicals and industrial accidents? Can all this be justified by the

money-earning capacity which is, in all probabilities, temporary only?

We could introduce measures to reduce some of these dangers as well as the exploitation and abuse of workers in the same way as we can introduce measures to reduce some of the social ills attendant on rural-urban migration. The question however is whether these measures will cure the disease or merely remove the symptoms. Should we not, at this stage, reassess the situation, re-examine our values and work towards a society in which woman can play her role achieving self-fulfilment without opening herself to exploitation and abuse.

It is clear that urbanization and modernization brought about a proliferation of possible roles for women. At this juncture, we should, perhaps, determine which of these roles should be woman's roles for the future. One important role is that of community and national leader. Woman's involvement in politics which began in the forties with the nationalist movement towards independence has increased greatly and her political role has enabled her to assume these new leadership roles. The challenge here is that she should perform this role in a meaningful way, questioning, evaluating and pressing for reforms when these are needed. The law can be, and has been, used to raise the status of women. The Married Women Ordinance, 1957 (Ord. 36/1957 as amended by L.N. 332/1958 and Ord. 20/1959) for example, guaranteed woman's economic independence by providing that a married woman could hold property in her own name, enter into contracts, sue and be sued. She was no longer a chattel bound to hand over all her property to her husband on marriage. The Distribution Ordinance, 1958 (Ord. 1/1958 as amended by Act A281) gave non-Muslim wives and daughters the right of inheritance on the intestacy of husbands and fathers respectively. (Muslim women were guaranteed these rights by the Muslim Law). Women leaders who are placed in the position of policy makers can and should use their positions to improve the condition of other women. What should their priorities be?

Firstly, the importance of woman's role as wife and mother should never be understated. Woman's role as child-bearer is a natural one into which only she can fit. Other roles are interchangeable, this one is not. This in itself is an indication of the importance of the role. It is woman's primary role to which all others must be subordinate. In the event of a conflict, other roles must give way. All this, of course, applies only to women who have children. There are many, no doubt, who will not marry or have children. For them the other roles will assume greater importance as they do for women

whose children have grown up and left their homes.

Is woman's role of wife, mother and home-maker one without challenges? Perhaps the greatest damage to family life has been caused by the belittling of this tremendously important job. The notion that a housewife is not making the most of her abilities has led woman to believe that she must go out to work in order to achieve self-fulfilment. What began as a necessity has become a norm. Educated women regard their education as having been wasted if they do not have a job outside the home. And what of their homes and children? In the past, domestic help was easily available so children could be looked after by servants while their better educated mothers worked outside the home. In some household fortunate enough to have an extended family, grandparents, aunts and other relatives would assist with child-care. Today, greater mobility separates families by long distances and the nuclear family is slowly taking the place of the extended family. This, combined with the increasing difficulty in obtaining domestic help, has placed on the woman an even greater responsibility to look after her home and children by herself. It is true that nurseries, creche's and child-care centers have sprung up in response to the need for child-minders. But these facilities are not available to all women and some are available for limited periods only. Then again, the question arises, is the nursery a suitable substitute for a mother's care and attention?

If we look upon a house-wife as one who does nothing but menial chores, then certainly it is a drudgery from which we should rescue all women. But the housewife is in that delightful position of first educator of her child.

The child's most important years are those from birth to the age of six. That is the period during which he develops physically and mentally. He needs the right kind of stimulation to develop fully his intelligence and his creative abilities. The foundation for the future must be laid down in the early years. Should this important task be left to servants and to those who run nurseries as a source of income? We are concerned about the quality of the teachers that the children have at school. Should we not be equally concerned about the "teachers" in the pre-school years?

The challenge for us, as I see it, is to make women realise the tremendous importance of their role in relation to their children's physical, mental, emotional and spiritual development, and to make them perform this role not as a mere chore but with some degree of excellence.

If I appear to be unduly concerned about the welfare of children, it is because I feel that too often women insist on asserting their "rights" forgetting sometimes, the rights of their children. Most discussions about women's roles is in relation to men's. How often do we discuss women's roles in relation to the rights of children? Are we not responsible to, and for the children we bring out into this world?

Even as I write this, I can hear the howls of protest demanding to know why the men cannot stay at home and be responsible for their children. I must confess that about four years ago, I too, belonged to the ranks of those who felt that true equality for women meant that if they proved themselves more capable than their husbands then they should earn the family income and, if necessary, their husbands should stay home to run the household.

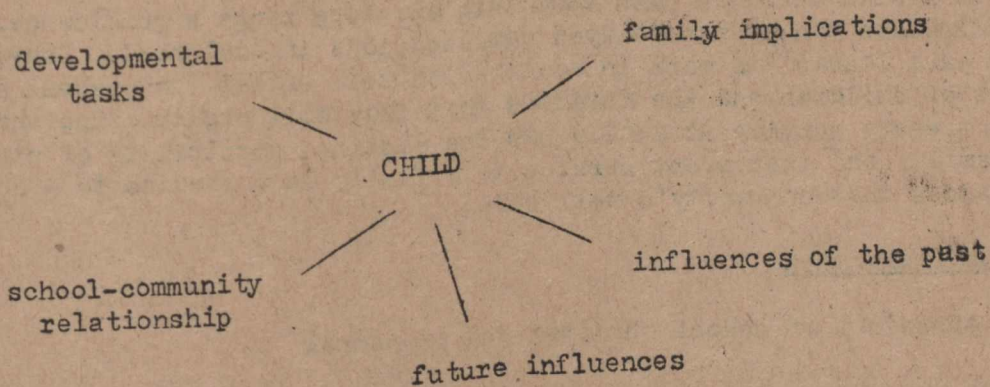
Have I taken a retrograde step or have I been enlightened? Today I believe that if the woman is more intelligent and more capable than her spouse there is all the more reason why she should stay at home so that her children can benefit from her knowledge. There is a well-known saying in Arabic - "al-ummu madrassatun" which means "the mother is a school". The children can learn a lot from their mother but how much time will she have for them if she spends her days working in an office or factory? I am NOT suggesting that all women should stop working. I am merely suggesting that each woman should weigh the alternatives available to her and then make an informed choice free of the pressures brought about by the mistaken belief that to be "progressive" one must not wish to stay at home or worse still, by the desire to earn more money in order to be able to buy the material goods that are mistakenly considered a necessity for modern-day living. This striving for more wealth is the result of the new values introduced by modernization. We should now face the challenge of re-examining these values (as has been so ably done by C.A.P.) to discard those that give us nothing more than a celluloid life. But we can only do this when we are better informed of the good and the evils of the choices open to us. This requires education - education at all levels, for all women. In fact, for every role that a woman plays, she needs some form of education to enable her to perform her role satisfactorily. With so many women entering universities today it is easy to forget that there are still large numbers who are illiterate. We should aim at eradicating illiteracy. We should aim at ensuring that each and every woman gets a basic minimum education that will, at the very least, help her understand her responsibilities as wife,

mother and home-maker. This education should include instruction in nutrition, hygiene and child-care and development, as well as consumer and family-life education. The importance of the last two is more than clear. Woman's role as consumer is an important one. Her buying habits can affect the market, her knowledge of the dangers in food, insecticides and cosmetics can help save her family from harm.

At a higher level we should aim for more women in professions where they are greatly needed like teaching, social services and medicine particularly in the area of gynaecology. Why is it that most of the gynaecologists in Malaysia are men? In response to this query an eminent gynaecologist in Malaysia, male of course, said, "It is too difficult for women." Wherein lies the difficulty? Is it in reconciling the various roles that woman must play? Two very successful women gynaecologists I know in Singapore have not married. Is that the solution to our dilemma? I do not pretend to have the answers. The aim of my paper is merely to provoke thought and generate discussion on issues which I feel are vital for the well-being of our society.

Health and the School Child

There are five factors which have to be examined and understood if effective health services are to be planned and implemented for the school child.



Developmental tasks

Every age and stage in human life from conception to old age has its own set of development tasks to accomplish. While these tasks are present throughout life, they are most visible and meaningful in childhood. So whenever we try to serve a child our first questions should be: In what ways is the child growing and developing physically, mentally, emotionally and spiritually.

Consideration of age-specific difference in childhood permits a functional approach to health services within this age group. There are foreseeable variations in health need at different times in a child's life and alternations in his capacity to respond to health services.

Example of some of the recognized age differences are: the persistence of preschool characteristic behavior on school entry; the high incidence of acute communicable disease in nonimmune elementary school children; the gradually increasing prevalence of hearing and visual problems throughout the school years. Precision in timing health services makes a vast difference in how well the services are utilized.

Family

In childhood, the patient is the child plus the family, that means child and family health are interrelated. Socio-economic issues experienced by the family have a direct effect on the child.

School-Community Relationship

Health problems are wide spread, they affect many sectors of the community. The school-age population comprises a substantial portion of the overall population. Thus how well the school health resources function depends largely on the availability and effectiveness of the total health and medical care resources of the community, but at the same time one must not forget that children are in school only for a few hours a day but are in the community around the clock.

Influence of the past

Not only is the child affected by the kind and quality of health services available to him, but he is affected also by his own past experiences and heredity. When one speaks of the health continuum of a family's life, it is recognized that past and future health have their roots in the child bearing and child-rearing process. All that has gone before for the child has left some mark for good or evil, and all that is done for him or to him in the present may affect his adult years - and future generations. His health status on school entry often reflects the way his family and community have or have not met their health

responsibilities during his early years of childhood, infancy and even prenatal existence. During the school years, he is in close contact with family and other community members, and these interactions largely determine the health problems with which he comes to school.

Child health care has both immediate and long range significance. Many childhood illnesses can cause delayed complications in adulthood. Conversely, good health care leaves its mark in adult which will effect the present and future lives of children and the families that they will create. One should remember that every service to a child has the distinct possibility of strengthening an entire family, and that every service to a family is a service to a community which influences that community's well being.

School Health Programmes

1. Health appraisal of school children and personnel
2. Remedial measures and follow-up.
3. Prevention of communicable diseases.
4. Healthful school environment.
5. Nutritional services
6. First Aid and Emergency Care
7. Psychological service
8. Health education
9. Proper maintenance and use of school health records
10. Dental health.

The Role of the Parents and the Community

The proper relationship of school efforts to those of parents, practising physicians and dentists, voluntary health agencies, departments of public health and other community agencies, is fundamental to an intelligent concept of school health services.

Schools and parents function as a team, both concerned with protecting and promoting health of children and youth. Rather than relieving parents of their responsibilities, the School Health Education is designed to encourage parents to devote attention to child health, to acquaint them with health problems of which they are unaware, and to encourage them to utilise the services of their medical, dental and community health agencies.

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