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Seven stages of patriarchy

Age and the Indian woman's experience of gender discrimination

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Bengaluru, India

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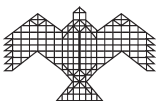

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Abstract

Studies of the relationship between age and patriarchy are limited in approach and unable to provide a comprehensive picture of internalization of Patriarchy in the course of a woman's life. The paper is an attempt to uncover the different forms of patriarchy as experienced by a woman at various stages of her life. It first argues that the ultimate effect of sustained and extreme gender discrimination is differential mortality rates, reflected in changing sex ratios. It then identifies the specific ages when the sex ratios in India change direction, thereby pointing to distinct phases of gender relations in the life of the Indian woman. The turning points in the sex ratio identify seven specific stages of patriarchy. A detailed account of the changing dynamics of patriarchy between women and men is then provided in each of these stages.

Introduction

Studies of the relationship between age and gender relations have tended to fall into three broad categories. First, there are studies that relate to specific aspects of gender discrimination that occur at particular ages, such as the discrimination before birth resulting in missing daughters and the accentuation of this problem at the stage of infant mortality.[1] Second, there are studies that analyze the impact of age on gender largely in a biological sense. For example, an analysis of Sex Ratio under three broad age groups: 0-15 as childhood, 15-45 as reproductive age and above 45 years as older age group.[2] And third there are studies that focus primarily on working age population such as one focused on the Adult Sex Ratio for a population aged 20 to 50 years.[3] Even India's Census

Reports present data under the broad categories of childhood, working age population and aged. While these studies point to important gender challenges at different age groups, they stop short of providing a more comprehensive picture between age and patriarchy in the course of a woman's life.

This paper seeks to provide such a broad picture of the changing forms of patriarchy that a woman in India experiences at different stages of her life. It does so by first arguing that the ultimate effect of sustained and extreme discrimination is differential mortality rates, which get reflected in changing sex ratios. It then goes on to identify the specific ages when the sex ratios in India change direction, thereby pointing to distinct phases of gender relations in the life of the Indian woman. In the fourth section it elaborates the specific stages of patriarchy that are consistent with the patterns in the sex ratios.

Differential Mortality Rates and Changing Sex Ratio

It has been pointed out that the population sex ratio is determined by three primary factors: sex ratio at birth, the effect of net migration, and gender differentials in mortality.[4] Of these three factors, the impact of migration would vary depending on the population that is being considered. There is considerable migration within India, but this factor would become much less critical when we consider the population of the country as a whole. International migration is limited when seen in the context of the size of India's population.[5] There are specific states in India, like Kerala, that are sensitive to international migration but this factor is less significant in other states. In contrast, the adverse gender sex ratio at birth is, arguably, the most critical of the three components of changes in the population sex ratio. The impact of this factor lasts for much of a woman's life. The difference at birth is very substantial, and the adversity is compounded in the first two decades of her life, resulting in age specific death rates (ASDRs) being higher for women than men till the age group of 15 to 19 years, as can be seen in Table 1. Even as the ASDRs for women are better than that for men after the age of 20, it takes decades for the deficit of the first two decades to be overcome and results in the overall sex ratio favouring women. Though the mortality advantage of females becomes evident in the 20-24 years age group and remains consistently favourable thereafter, it is only after the age of 55 that the overall sex ratio turns favourable to women.

The long transition from an extremely adverse sex ratio at birth to a favourable one close to old age is not,

however, a smooth one. The trends in the relative age-specific mortality rates of men and women are prone to several changes. There are periods when the mortality rate is increasing more for women than for men, and periods when this is not the case. As Table 1 tells us, the 15-19 years age group in 2011 saw a more rapid increase in the mortality rate for females when compared to males, even as in -the next age group of 20-24 years, the rate of change in the death rate for men was much more than the rate of change in the death rate for women.

Table 1: Death Rates, Rate of Change and Sex ratio by age groups, India, 2011

Age Group (years)	Age-Specific Death Rate (ASDR)		Rate of change of Death Rate		Sex Ratio
	Male	Female	Male	Female	
< 1	43.55	44.93			
1-4	1.88	2.86			
0-4	10.57	11.49	0.00	0.00	924
5-9	0.82	0.80	-0.92	-0.93	914
10-14	0.56	0.57	-0.32	-0.29	912
15-19	0.97	1.11	0.74	0.96	884
20-24	1.72	1.47	0.78	0.32	935
25-29	2.09	1.60	0.21	0.09	975
30-34	2.51	1.65	0.20	0.03	984
35-39	3.66	2.27	0.46	0.38	984
40-44	4.94	2.84	0.35	0.25	929
45-49	7.53	3.93	0.52	0.38	939
50-54	10.35	6.41	0.37	0.63	899
55-59	15.52	9.07	0.50	0.41	1012
60-64	20.69	16.13	0.33	0.78	1014
65-69	32.71	26.80	0.58	0.66	1044
70-74	54.91	43.22	0.68	0.61	990
75-79	81.68	61.20	0.49	0.42	1056
80-84	129.91	102.01	0.59	0.67	1125
85+	226.11	202.41	0.74	0.98	1151
r@	0.849***	0.828***	0.379	0.434*	NA

Note: Pearson's correlation is computed between Sex Ratio and ASDR, and Sex Ratio and rate of change in ASDR

*** Significant at 1% level of significance

* Significant at 10% level of significance

Source: Sample Registration System (SRS) statistical report, 2013

These differential rates of change in the age specific death rates of men and women may not be substantial enough to turn an adverse sex ratio into a favourable one, but they do *alter the extent of adversity in the sex ratios*. It must be emphasized that these changes in the mortality rates are not just a matter of statistical detail. An increase in the mortality rate of women reflects adverse conditions for which a woman pays the price of death. These conditions may be a part of a larger socio-economic crisis that affects both men and women. But where the changes in the mortality rates differ substantially between men and women, they reflect a fundamental change in gender relations. These differences in the rate of change in the death rates of men and women are reflected in a change in sex ratios. As can be seen in Table 1 there is a statistically significant correlation between the rate of change in the age specific death rates of women and the overall sex ratio. The points where sex ratios change direction thus reflect important changes in the mortality rates of women, and these changes in mortality rates are a statement of, among other things, gender relations.

Changes in the Direction of Sex ratios

The case that these changes in direction of the sex ratios could represent important turning points in the life of an Indian woman is strengthened by empirical evidence. The sex ratios, measured in terms of the number of women per thousand men, can be tracked through different age groups using data from the Census of India. Charting these sex ratios from data in the 2011 Census provides a pattern with distinct changes in direction across age groups. The fact that there are frequent changes, and they occur in both directions, may suggest a random pattern. But the argument of randomness loses much of its conviction when we also chart the sex ratios in the 2001 Census. This exercise throws up a pattern with the same turning points, as can be seen in Figure 1. The sex ratios in the two Censuses are not very different in the 0-4 years age group and they both continue to fall till the age group between 15 and 19 years. Both Censuses then reveal an improvement in the sex ratios till the age group between 25 and 29 years. The next turning point is in the age group of 30 to 34 years. Both Censuses again reveal an adverse pressure on the sex ratios. This pressure leads to an immediate decline in the sex ratios in the 2001 Census. In the 2011 Census this pressure serves to immediately flatten the curve of rising sex ratios recorded in the previous age group, before following the downward trend of the 2001 Census in succeeding age groups. This generally downward trend continues, in both

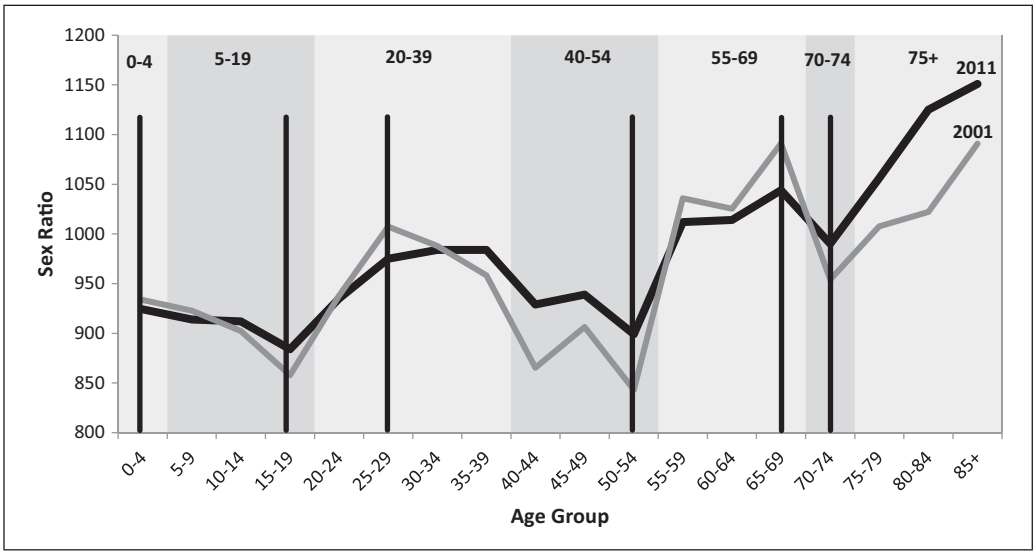
Censuses, with some fluctuations, all the way till the age group of 50 to 54 years. The two Censuses then record a consistent improvement till the age group of 65 to 69 years. The age group 70 to 74 years provides the next turning point, with both Censuses recording a worsening of the sex ratios. In the age groups 75 years and older there is a consistent improvement in the sex ratios favouring women.

The fact that this pattern of changes in the sex ratios is consistent over two Censuses a decade apart makes it quite difficult to dismiss it as a random set of statistical occurrences. The two Censuses read together point to seven distinct phases in a woman's life: the phase of the period till birth and infancy, that between the years 5 and 19, the phase between 20 and 29 years, the period between 30 and 54 years, the phase between 55 and 69 years, the relatively short phase between 70 and 74 years, followed by the elderly phase after the woman reaches the age of 75 years. The suggestion that these phases tell us more about the changing condition of the Indian woman during the course of her life is more persuasive when the pattern is seen in the context of the nature of patriarchy.

The Changing Dynamics of Patriarchy

Patriarchy as a phenomenon leaves its imprint on all aspects of a woman's life. It has been argued that much of this internalized subordination of women to

Figure 1: Turning Points in India's Sex Ratio: 2011



men can be tracked through six domains: the household, paid employment, the state, male-on-female violence, sexuality, and cultural institutions.[6] While a woman experiences discrimination in each of these domains, the relative impact of each domain does change across different stages of her life. While for a woman of working age, the discrimination in paid employment may cause much of the gender inequality she faces, this aspect would lose its significance as she moves beyond the working age and joins the elderly. The empirically evident phases in the life of an Indian woman – between succeeding turning points in the sex ratio – could well mark the changing forms of patriarchy a woman faces. Indeed, the seven empirically defined phases can be shown to be consistent with seven distinct stages in the Indian woman's experience of patriarchy.

The first stage of patriarchy exists even before a woman is born, in what has come to be known as the missing daughters stage. The second stage is brought about by the neglect of the girl child and continues till the time she gets married, which is reflected in the worsening sex ratio till the age of 19. Once she is married the demands of patriarchy for a son contribute to greater attention being paid to the health of the woman during her reproductive years. This leads to the third stage, where a woman is provided some relief from being a neglected child in the hope of her becoming reproductive wife. The changing sex ratios tell us that this pattern can extend till a woman is 39 years. As her role of *son-bearing mother* comes to an end, an increasing rate of change in mortality leads to the re-emergence of discrimination against her, now in the form of a fourth stage of neglected wives. This stage is consistent with the worsening sex ratio between the ages of 40 and 54 years. As sons begin to get more assertive within the family, patriarchy enters its fifth stage in which the woman assumes the role of a venerated mother. During this stage her position in filial and sociocultural networks improves, which is reflected in the rate of change of the mortality rates. This stage continues till there is a new generation of mothers, with the woman descending into old age and the sixth phase of neglected grandmothers. The woman who survives the neglect of this phase of her life is able to finally tap the mortality advantage that women have over men, leading to a seventh phase of the naturally surviving woman. These stages are borne out by evidence that is available from the substantial literature on gender relations.

Stage 1: Missing Daughters

Discrimination against the girl child is so deeply entrenched within the household that it builds a resistance to the very idea of a woman being born. The birth of female child, rather than being celebrated, is avoided, considering her as *parayadhan* (other's property) particularly in societies where marriage is universal.[7] This household preference for a male child is internalized to a point where a woman begins to champion it. A woman's experience of patriarchy leads her to negotiate her own spaces within a male dominated society rather than challenge it. As per the fourth round of the National Family Health Survey, less than three percent of women desired the birth of a daughter compared to 22% who desired a son.[8] This discrimination prior to birth has been enabled by the misuse of ultrasound technology in India for sex determination in obstetrics to ensure selective abortions of female fetuses.[9] The relative ineffectiveness of the Pre-conception and Pre-natal Diagnostic Techniques Act of 1994 has also contributed to technology playing the role of an accelerator and enabler of pre-existing patriarchal norms. This has resulted in a continuous worsening of the sex ratio at birth, much beyond the natural bias. Amartya Sen, recognizing the institutionalization of the social evil, coined the term 'missing women' to uncover her systematic neglect by various pillars of patriarchy[10]. Estimates of about four million 'missing daughters' at birth have been based on 2011 Census enumeration of India, with 2.5 million of this attributed to prenatal discrimination in the form of sex selection.

Missing daughters at birth are an indicator of human meddling that reflects the unjust demands of patriarchy. Adverse sex ratio at birth continues to impact the sex ratio at subsequent age groups unfavourably with daughters who manage to take birth being exposed to several future atrocities for being a woman in an unequal society.

Stage 2: Neglected Daughters

The battle for acceptance that began in the womb marks the onset of her struggle against complex forces of male hegemony at every stage of life. During her infancy and childhood she faces discrimination in various domains of life such as access to nutrition, health care, and education. She is also introduced to her subordinate role in a powerful patriarchal social order. The mobility of a girl child is to be restricted to control her interaction beyond the confines of household which can threaten the very basis of sexual and ideological control

of women by their families. One of the best indexes to capture active gender discrimination, especially in the Indian context, is the relative survival of sons and daughters – an indicator that articulates their access to various rights commencing with the fundamental Right to Life.[11]

The social and economic advantages attached to sons are woven into the cultural and religious fabric of society, manifesting discrimination in nutrition and healthcare to result in higher female childhood mortality. Subject to discriminatory practices in both preventive and curative health care, access, availability and quality of health care provided to females is disparately poor with low, traditional or no treatment for ill health. [12] Consequently, male survival rates in infancy and childhood continue to remain higher than that of females with subsequent decline in sex ratio till teenage, reflecting the cumulative effect of victimization of daughters who managed to survive into childhood. [13] A son, as an inheritor of family resources, carrier of the patrilineal line, and a support in old age, internalizes patriarchy to claim his right of preferential treatment in every aspect of life. While daughters in patrilocal marriage institutions, are considered a burden on household resources (investment in raising daughters is perceived as fruitless). Reinforced by cultural definitions of women's roles and values in favour of patriarchy, their mobility, education and social contacts beyond the confines of the household are regulated to maintain control over her sexual and ideological beliefs and actions. This is often the reason for getting young girls married at a very young age, who, already dispossessed of paternal resources, face new subordination under male members and more senior women in her new family. The practice is so widely prevalent that India alone accounts for one third of child brides worldwide, a complete defiance of the Child Marriage Restraint Act, 1929 and the Prohibition of Child Marriage Act, 2007.[14] Situated in an environment embodying male hegemonic ideals, unique female qualities and her contributions to household productive capacity are rendered invisible. The only option she sees to claim power and a place for herself is by producing male offspring. She is encouraged to undertake the health risks of teenage pregnancies to ensure her position in the patriarchal family structure at the earliest, seeing fertility as a way to gain influence. The 'securing' of patriarchal power by controlling women's bodies, sexuality and fertility leaves little opportunity for negotiating roles of men and women in society, or interrogating patriarchal arrangements. These overtly

discriminatory conditions reflect the vulnerabilities of being a woman and result in the continuous worsening of the sex ratio after birth till she enters the reproductive period of her life. The sex ratio steadily declines from 912 at birth to 884 in the age group of 15-19 years, the lowest sex ratio for any age group.

Stage 3: Reproductive Wives

Patriarchal values within the family and the household are reproduced both in the mind, and through control over physical reproductive functions of a woman. Marriage is used as an institution to regenerate the values of patriarchy. Often, this is the reason for universalization of marriage with girls getting married at a very early age in a classic patriarchy into households headed by their husband's father, to be subordinated not only to all men but also to the more senior women, especially their mother-in-law.[15] She enters her husband's family as an individual expelled from her paternal home who can establish her place in the patriliny only by producing male offspring. In addition, the household work carried out by her is defined and constructed in terms of her duty towards family and hence undervalued. It is the family that plays an important role in creating a hierarchical system which gets internalized by both men and women as they grow older.

Far from challenging patriarchy, modernization provides an economic rationale for the internalization of patriarchy, not only by men but also by women. Bearing a son maximizes a woman's financial and social security in her old age, and can also offset the subordination she endured as she will eventually exert control and authority over her own subservient daughters-in-law. So, bearing (male) children to carry forward the patrilineal line becomes more than a patriarchal requirement, but a strategy for a woman to maximize her life chances. Paradoxically, the risks and uncertainties that women are exposed to, create powerful incentives for higher fertility, which in turn support patriarchy further. Concomitantly, the increasing cost of living has prompted families to opt for smaller family size, but with almost negligible compromise on deep-rooted son preference and the resulting termination of undesirable female lives.

The ability of a woman to bear and nurture children marks a transition from a position of undesirability and burden to become a resource over which men compete. The patriarchy's need to continue families' male lineage redefines itself with a male-centric purpose, less focused on the treatment, oppression and suppression of women at this stage.

Receiving extraordinary care, access to facilities and better healthcare, women

of child-bearing age are well-cared for investments that hold special value and status in society and within the family. Realizing the new status and attention afforded to her during this age, a woman realizes the paramount importance of institutionalized social arrangements such as marriage and reproduction in her life. In both her family and in larger kinship networks, she is made to believe that child bearing is necessary to gain stature and visibility in a male dominated world. The turning point at this age gives women recognition, care and attention denied to them so far, but in order to receive these, she must bear sons even if it means multiple pregnancies. The desire for smaller families increases the need for those children to be boys, who women feel will give them greater agency and more bargaining power within the household.[16] The (mis)use of ultrasound technology to achieve the desired family composition has ensured the continuity of patriarchal norms even without legal sanction. It puts a woman under tremendous pressure to conceive and abort as many times as required until a boy is conceived, during which time patriarchy must 'provide' conditions conducive to her wellbeing. Improved access to health care resources, denied to her so far, improves her survival probability and a decline in the rate of mortality change for females (from 0.96 at 15-19 years to 0.32 at 20-24 years) becomes evident. Corroborated by Rural Health Survey data, Dandekar recognized as early as 1975, the connection between child bearing and provision of healthcare facilities at marriageable age. [17]

While for women, childbearing age is an opportunity to carve out a space for them in a gendered social order, it is also the age for men to show off their power and aggression as an expression of 'masculinity'. This dimension of patriarchy encourages men to seek security, status, and other rewards by gaining control over people and situations around them. Fearing the ability of other men to control them, and as a defence against loss and humiliation, men exert overt control over their immediate environments, often engaging in risky behaviour, violence and crime at these ages resulting in an increase in their mortality rate (from 0.78 at 5-19 years to 2.42 at 20-39 years).[18] The percentage of male criminals is highest in the 18–30-year category compared to any other age category.[19] Androcentric beliefs surrounding gender roles reinforce women's subordination to men through the *purdah* system and other similar status markers, while their economic dependence on men pushes men to take on additional economically productive activities and fulfill the role of breadwinner in the family at any cost.

Eagerness to prove their strength and increased responsibility to provide for the needs of their family puts pressure on their physical and mental health, increasing their susceptibility to various morbidities and thus a higher risk of mortality. The availability of urban employment opportunities coupled with increased mobility encourages them to seek employment, even if they must necessarily migrate.

A continuous worsening of sex ratio since birth to reach the lowest figure for the 15-19 years age group suddenly changes its direction to one favouring female survival, allowing us to identify another stage in the life of a woman. The favourable turn in sex ratio for the age group 25-39 years is, however, not a movement towards natural equality between the sexes, but a consequence of changing patriarchal attitudes. Family structures and controlled socialization processes play an important role internalizing patriarchy and establishing an immutable hierarchy of male domination in the mind of young girls. Inculcating submissive behaviours, silence in the face of discrimination, and acceptance of unfair practices is strengthened in marriage at the cost of her individual personality.

In the complex intersectionality of India's social structure, modernization and transformation have created newer domains of patriarchy.[20] The improving position of women during childbearing years simply confirms the new form that patriarchy takes through its son preference, attaching special value to women who will (potentially) bear sons. It is evident in the literature that as women bear sons, they have greater agency and more bargaining power within the household.[21] Women then start to perceive reproduction as a way to acquire new sources of recognition, power and authority previously denied to her in the household and among social networks.[22] This ideology of paternalism when applied to gender relations (viewing women as needing the care, protection and guidance of men) and accepted by deference on the part of women masks and obscures unconscionable inequalities behind the facade of 'care'. Undisguised in form, male hegemony is able to preserve intergenerational patriarchy yet again.

Stage 4: Neglected Wives

In motherhood, women acquire a new identity interwoven with notions of love, care and duty to family: she completes her role as a son-bearer and it becomes her primary responsibility and obvious duty to raise children and look after other family members. The dramatic reversal of prioritized treatment she received during her child-bearing years

becomes a rationalization of patriarchy as she seeks (and finds) purpose in the lives of others, particularly in the lives of her sons - future patriarchs of the family.

However, in connecting the reality of lived female experiences to an understanding of male power, we see women's positions reduced to that of neglect at the end of her reproductive potential. While on one hand she approaches menopause, the health consequences of multiple pregnancies and denial of health care services throughout her childhood bear on the other. Coupled with midlife transitions, psychological and physical risks to her health increases. Contrary to the belief that non-communicable diseases (NCDs) concern men primarily, women face increasing prevalence of NCDs though gender disparities increase with age and prevent access to treatment. The risk of cardiovascular and metabolic diseases particularly increases amongst women with a history of pregnancy-related complications and adverse pregnancy outcomes.[23] These risks however remain unaddressed as the patriarchy limitedly identifies woman's health needs only with adolescence and reproduction.[24] Consequently, she herself fails to recognize health issues and remains reluctant to seek professional healthcare.

As an important age specific health issue, menopause and related changes to women's health fail to receive due attention and remain taboo as well as under-researched in India.[25] While a few women consider it a liberation in some sense, have fewer complaints and report positive attitudes, it remains medically associated with higher risks of osteoporosis, heart diseases, diabetes, hypertension and breast cancer. [26] A woman's failure to give due importance to her own needs leads to lower rates of medical consultation and she resorts to home remedies.[27] Among women who do recognize it as a healthcare need, additional (social) barriers are faced to receive medical treatment in the form of limited access to physicians (usually male) and a focus on diseases related to producing progeny, only those parts considered significant enough to warrant concern.[28] The shift in social attitudes and withdrawal of care post-reproduction adds to her psychosocial vulnerabilities as she feels a loss in the purpose of life, faces mental health issues, and increased levels of stress and depression. [29] These conditions become major contributors to increased female mortality in the age group of 40-54 years.[30] The consequent decline in age specific sex ratio (from 929 in 40-44 years to 899 for 50-54 years) exposes another dimension of patriarchal hegemony which has been masked by the computation of sex ratios in broad age intervals, and overshadowed

by heavily-reported mortality advantages of females. The rate of mortality change for females exceeds that of males between the years 40 to 54 as male employment preferences shift away from strenuous, labor-intensive occupations and consequently experience a fall in mortality rates. These differentials in age specific mortality rates explain the sex ratio pattern to reveal the altered shape of patriarchy: well cared-for reproductive wives are now subjugated to new inequalities and become 'neglected wives'.

The experience and demands of patriarchy differ for both men and women, with contrary effects on their mortality patterns. Women have to struggle with the loss of care and status in the family and society, while men after having proven their power in strenuous jobs, return to less demanding jobs and seek stronger patriarchal roles within the household. Cultural institutions respond to these mortality changes by redefining motherhood as shaping future generations in the patriarchal mould. Even structural changes like rural transformation occurring from these changing work and life situations of men and women continue to endure patriarchal ideology by preserving gender discriminatory practices among households, kin, caste and social networks.

Stage 5: Venerated Mothers

A subtle dilution of historical patriarchy occurs with the emancipation of younger men from their fathers and earlier separation from parental households: women are able to escape the direct control of their mothers-in-law and head their own households at a much younger age. Combined with her upgraded status as mother, this offers her the new opportunity to strategize her position within the framework of patriarchy to gain more authority and decision-making power.

The widespread prevalence of patriarchal norms in every walk of life has made it so universal, so ubiquitous and so complete that they appear natural. The material conditions which create this are familiarity with the ideas of family and childcare being natural and the home being the natural and primary place of women. These cultural norms constitute the everyday exercise of patriarchal power outside which women fear to step, and whose non-fulfillment bring guilt and failure.[31]

In order to survive, maximize security and optimize life options, a woman learns to bargain with patriarchy.[32] The constrained set of norms creates various interpersonal strategies and coping mechanisms that ground patriarchy in her social choices. Her

keen desire to rear a male child is in the anticipation of gaining social status as the mother of a male head of the household. Family organization around a patrilocal male head compels her to gain the favour of her sons. Suppression of the conjugal bond of her son with his wife to keep it secondary, and claim her sons' primary allegiance become a mother's only source of power and security. This offers her the opportunity for control in later years over younger female members particularly submissive daughters-in-law, offsetting her own loss of control to men. She is able to achieve freedom of mobility, new status and authority. However, these interpersonal strategies do not alter structural patriarchy. Instead, the cyclical nature of a woman's power in the household encourages her towards a thorough internalization of patriarchy. In these interactions, she becomes the protector of the patriarchy and a symbol of the continuation of patriarchal norms through her sons and grandchildren.

Transforming herself from neglected wife into a repository of patriarchal conventions, she assumes the moral and cultural role of 'Venerated Mother'. She develops a vested interest in the social identity of her son, symbolically measuring his 'value' as a measure of her own value in raising him. In acting according to their defined roles as mothers, motherhood is glorified and eulogized not only in society but in the wider constructs of literature, art and religion. Receiving social sanction and status from this position, her conformity to patriarchal expectations is complete when she embodies the popular cinematic and fictional image of devoted, wise, ever loving mother. Culture actively mediates patriarchal authority in restricting her behaviour and activities to the sacred, chaste, dutiful and resolute self-sacrificing qualities of an imposed morality. Institutions of family, religion, education, politics, media and society elevate mothers to deified positions within the family and society, not allowing her to realize that they are instruments of male domination, and convincing her to actively want to essay these roles. In one cult classic movie, a mother is deemed so invaluable, alone outweighing all material wealth. Through these cultural myths, norms of patriarchy are made acceptable (beguiling into acquiescence or compelling through coercion). Acting in accordance to patriarchal values, a woman's relative survival increases so that she outnumbers males in later age: sex ratio for the first time crosses the mark of 1000. Her inherent mortality advantage becomes pronounced after the age of 55 and lasts for the remainder of her life span. At the same time, an increasing rate of male mortality change contributes to a

favourable sex ratio for women at 1022 females per 1000 males, climbing to 1044 by the age of 65-69 years. However, female longevity fails to reflect the worsening quality of her life, concealed in newly acquired authority.

Stage 6: Ignored Grandmothers

Institutionalized patriarchy takes away the status of venerated mother from a woman as soon as she descends into older age and tends to lose control and authority. Susceptible to greater health risks, likely widowed, and her power unwillingly relinquished to junior women in the household, elderly women are disproportionately oppressed by newer patriarchal structures. Their inherent mortality advantage and greater life expectancy unfolds into another phase of prolonged agony making them vulnerable to neglect and abuse within the household and subject to disregard and ostracization outside. [33]

Within the family, changing family structures work together with traditional patriarchal sanctions to render older women unwanted and ignored. Their limited ability to contribute to domestic chores and growing frailty increases dependency on others.[34] Simultaneously a woman is outranked by younger members in the family structure. And although she acquires a new role as grandmother, the denial of educational opportunities and limited interaction with the outside world make younger generations perceive her as a relic, out of touch with life outside and off-track with the rapidly evolving world. They end up ignoring her very existence. Studies have highlighted poor treatment of elderly women within the home: subject to abandonment, impoverishment, neglected health, high levels of undernourishment and a prominent risk of mortality.[35] Globalization-led out-migration further erodes traditional systems of multi-generational co-residence, leaving the elderly to struggle with old age issues alone.[36]

In society, patriarchy continues under the combined influence of sex, age and exogenous economic and religious oppression. Gender differences in life expectancy, practice of marrying older men, and social restrictions on widows to remarry increase incidence of widowhood: more than half of all aged women are widowed compared to less than 20% men.[37] In religious practices, remnants of conservative practices remain in social behaviours and treatment; it is believed that a widow brings ill luck, her presence at rituals and ceremonies considered unpropitious, and her life expected to be one of austerity and renunciation of all comforts. Patriarchal norms tying

women's claims on resources to marriage render them vulnerable in widowhood, with implications for their mortality, health and economic wellbeing. [38] Deprived of resources all throughout her life, older women have been dispossessed of paternal wealth and inheritance, and have had limited opportunities to build financial security for their old age through education and employment. The State as an instrument of patriarchy does little to safeguard her interests by choosing not to intervene or being slow in intervening in cases of injustice against her. The legal structure does have a place for protecting women's rights, for instance, the right to inherit assets. However, the realization of these rights within the realm of patriarchy is difficult. An entire range of customary practices, emotional pressures and social sanctions prevent her from acquiring actual control over assets. State complicity does little to challenge patriarchy through reform in law, social security, policy and practice to end gender discrimination.

The general subordination of women assumes a particularly severe form in India through the powerful instrument of religious traditions shaping social practices. Women even at this stage of life remain subject to the patriarchy imposed on them by newer generations who have imbibed male hegemony and internalized misogyny. The effect of gender hierarchy is reflected in age specific sex ratio which drops to 990 for the age group 70-74 years. This stage of neglect of 'ignored grandmothers' is a direct product of their subordinate status to men throughout their life cycle, always seen as dependent upon men – father during childhood, husband in adulthood, and son in their old age.

Stage 7: Natural survivors

In the deeply embedded patriarchal society of India, women enter the last stage of their lives overcoming institutionalized discrimination patterns as well as a culturally imposed value system to survive into very old age (above 75 years). These 'Natural Survivors' have surmounted mortality risks at every age since conception to outlive men over several age brackets. Their biological advantage of longevity results in lower age specific death rates and an improved sex ratio that remains steadily above 1000, improving to 1056 at 75-79 years and reaching its highest point of 1151 at ages above 85.

The female mortality advantage is statistically evident from childhood but its translation to improved sex ratio is connected to varying demands of patriarchy. After the age of 75, a woman's life is marked by a completion of filial responsibilities as well as the needs of patriarchy. She is hence relegated to a

lowered position within the household and in society, carrying social burdens of being old, neglected, widowed, with poor legal and institutional arrangements to support her. Longevity thus becomes an added crisis in the Indian cultural and value system.[39] Ageing women witness a new form of discrimination as living burdens, subject to practices that dangerously unify elderly issues with gender hierarchies to increase vulnerabilities. However, these interactions of institutional oppression, even when combined with external forces like poverty, globalization and cultural, modernization are unable to deter the natural survival of women. In reaching old age, woman has overcome several material, ideological and cultural manifestations of patriarchy. She has negotiated male hegemonic control, bias and discrimination at every age by outliving her oppressors.

This examination of her survival helps us understand that gender inequalities are not random but regular and patterned, are deeply linked with other gendered evils and that different forms of male domination help systematically maintain each other.[40] In the process, offering a conceptualization of patriarchy where women's experiences at each stage of life should be examined deeply and from female perspectives of patriarchy.

Conclusion

Connecting levels of mortality and fertility to the sex ratios gives us insights into the changing nature of women's status in India. Beginning from before her birth, a woman has to deal with extreme gender inequality at different stages of her life. The fact that the extent of this inequality is reflected in the rate of change of mortality rates brings out the life-threatening aspect of gender inequalities. The impact of gender inequalities on her ability to survive can be seen in each of the seven stages we have identified. Even before being born, a woman has to overcome the discrimination that will prevent her birth, leading to a much more adverse sex ratio at birth. This discrimination affecting mortality extends after birth, with the sex ratio turning even more adverse in the first two decades of her life. The improvement in her ability to survive in the next phase of her life – leading to less adverse sex ratios – is also deeply influenced by patriarchy. The desire for a son contributes, in no small way, to a woman facing relatively less adverse mortality rates in her reproductive years. But the older and more negative forms of patriarchy return after her reproductive years to make the sex ratios more adverse. The next turn in the sex ratios is enabled by the greater assertion

of the adult son, an assertion that takes the form of venerating the mother. This again slips into neglect as the woman grows older and assumes the status of a grandmother. In the final stage, her biological longevity advantage finally asserts itself. Thus, while patriarchy is a consistent feature in the life of a woman, it takes very different forms as she moves from stage to stage from being an infant to an elderly woman. It is then not enough to record the influence of patriarchy; it is also important to explore the different stages of this systemized discrimination.

The variations across the stages of patriarchy also emphasize the need to explore gender relations in the context of larger biological, socioeconomic and even technological processes. At the very first stage of gender discrimination – before the birth of a girl child – the role of ultrasound technology in foeticide is recognized in official Indian policy. At other stages the biological influence is more dominant, especially in the longevity of the woman finally resulting in favourable sex ratios towards the end of a woman's life. The biological dimension can also interact with the social, as in the reproductive years of a woman's life where the dominance of son preference can at least temporarily curb the increase in her mortality rate. In yet other stages, transformations within the family could affect the nature of gender relations. This is arguably most striking when the assertion of the adult son contributes to the change in the status of the woman within the family from a neglected wife to a venerated mother. The varying pressures across each stage of patriarchy ensure that the Indian woman has to deal not just with the extent of systemized discrimination but also with the complexity of its changing forms.

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11. **Abstract:**

The paper uncovers different forms of patriarchy as experienced by Indian woman at various stages of her life. It argues the ultimate effect of sustained and extreme discrimination is differential mortality rates, which get reflected in changing sex-ratios. It identifies specific stages pointing to distinct phases of gender relations.

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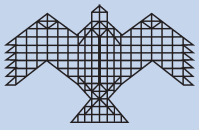

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