

# Women's Issues

## BACKGROUND

Throughout history, with rare exceptions, women have been relegated to second-class status, their lives controlled, regulated, and limited. In the United States, women were denied the right to vote, attend school, own property, keep their wages, or obtain custody of their children. Although gains have been realized, largely because of the first and second waves of the women's movement, much remains to be done. There is a measure of water in the glass, although some might view it as half empty and others as half full. Documentation of the current status of women and girls through numerical evidence builds a case for the social work profession to continue to monitor women's issues and progress (or lack thereof), with a special focus on unique populations of women who are disparately affected by discrimination as a result of the intersecting oppressions of race or ethnicity, sexual orientation and gender identity, citizenship status, disability, socioeconomic status, or religious affiliation. The following statistics indicate the continued disparity between men and women:

- In 2002 there were 144 million females in the United States, 51 percent of the population (U.S. Census Bureau, 2003).
- In 2002, 60 percent of women were in the labor force compared with 74 percent of men (U.S. Census Bureau, 2003). The majority of women were in occupations traditionally identified as "female." For instance, women held 79 percent of administrative support positions, whereas men held 91 percent of the jobs in precision production, craft, and repair occupations (U.S. Census Bureau, 2003).
- There continued to be a gender gap in earnings between men and women. Median weekly

earnings for women employed in full-time work were \$530 in 2002, or 78 percent of the \$680 median for their male counterparts (U.S. Department of Labor, Bureau of Labor Statistics, 2003). Also, earnings differed according to race. For instance, the median weekly earnings for white women were \$549 compared with \$702 for white men; \$474 for black women compared with \$523 for black men, and \$396 for Latinas compared with \$449 for Latinos (U.S. Department of Labor, Bureau of Labor Statistics, 2003).

- Household income varied dramatically by type of family. For instance, in 2001 among married heterosexual-couple families only 2 percent had an income below \$10,000 compared with 17 percent for female-headed households with no spouse present, and 8 percent for male-headed households with no spouse present (U.S. Census Bureau, 2003).
- Women are more likely to live in poverty than men. For ages 18 to 64, the poverty rate for women was 11.6 percent compared with 8.5 percent for men (U.S. Census Bureau, 2003). The differences in rates are more pronounced for older women. For those 65 years and older, the poverty rate for women was 12.4 percent compared with 7.0 percent for men. Poverty, like income, varied by household type. Of families living in poverty in 2001, 50.9 percent were female-headed households with no spouse present, 40.5 percent were married-couple families, and 8.5 percent were male-headed households with no spouse present (U.S. Census Bureau, 2003). Poverty also varies by race. In 2002, 24.0 percent of African Americans lived in poverty compared with 21.8 percent of Hispanics, 10.2 percent of Asian Americans, and 8.0 percent of European Americans.

■ Women are still not represented in government in proportion to their representation in the population. As noted, women are 51 percent of the population, but make up only 14.3 percent of the president's cabinet, 14 percent of the U.S. Senate, 13.6 percent of the U.S. House of Representatives, 22 percent of the U.S. Supreme Court, 20.6 percent of federal judges, 16.0 percent of state governors, 20.8 percent of state senators, 23.0 percent of state representatives, 9.0 percent of state judges, and 20.8 percent of big-city mayors (GenderGap, 2004).

■ The status of women in the area of educational attainment shows substantial progress over the years. In 1978, for the first time, more women were enrolled in undergraduate education in both two- and four-year degree-granting institutions than men. That trend continues today with women's undergraduate enrollment increasing at a faster pace than men's (National Center for Education Statistics, 2004). Since 1976, female enrollment in graduate programs has increased by 73 percent, while male enrollment has increased by only 9 percent. High school completion rates for men and women over age 24 were both 84 percent; men were more likely to have a bachelor's degree or more and women were more likely than men to have some college or have completed an associate's degree (U.S. Census Bureau, 2003).

■ Although more low-income single parents are working after the institution of welfare "reform," more than three-fourths of those workers are concentrated in typically low-wage occupations (Institute for Women's Policy Research [IWPR], 2003b). Low-income single-mother families experienced a decrease in their incomes following welfare reform (from \$664 to \$647 per month) and a decrease in participation in Temporary Assistance for Needy Families (TANF) (from 27.8 percent to 14.6 percent). As a result, these families slid deeper into poverty.

■ Violence against women remains a continuing problem that affects all women, regardless of race, sexual identity, socioeconomic status, or any other identifying characteristic. One study found that almost 3 percent of college women experienced a completed or attempted rape (Fisher, Cullen, & Turner, 2000). Of the 691,710

nonfatal violent victimizations committed by intimate partners, 85 percent of the incidents were committed against women (Rennison, 2003). In 2000, 1,247 women were killed by an intimate partner in the United States. Between 1992 and 2000, on average for each year, 131,950 females were the victims of completed rapes, 98,970 females were the victims of attempted rapes, and 135,550 females were the victims of completed and attempted sexual assault (Rennison, 2002). Female victims accounted for 94 percent of all completed rapes, 91 percent of attempted rapes, and 89 percent of all completed and attempted sexual assaults.

■ Women face unique health risks, and women's health issues have received increased attention in the past decades. Heart disease kills more women than men each year, although on average women develop the disease 10 years later than men (Society for Women's Health Research [SWHR], 2004). Women are two to three times more likely than men to suffer from depression. Female smokers are more likely to develop lung cancer than male smokers, at the same level of exposure (SWHR). In fact, lung cancer kills more women than breast cancer. Women are two times more likely than men to contract a sexually transmitted disease, and 10 times more likely to contract HIV during unprotected sex with an infected partner (SWHR). Women are 18 percent of the cumulative AIDS cases in the United States with the most common exposure due to heterosexual sex, followed by injection drug use (Centers for Disease Control and Prevention [CDC], Division of HIV/AIDS Prevention, 2003). An estimated 14 percent of the population was without health insurance in 2000, which included more than 18 million girls and women (U.S. Census Bureau, 2001).

■ Almost half (49 percent) of all pregnancies among U.S. women are unintended, and almost half of these end in abortion (Alan Guttmacher Institute, 2002). In 2000, 1.31 million abortions took place, with the rate of abortions slowly decreasing each year since a record high in 1980. At the state and federal levels there are concerted efforts to regulate and restrict legal abortion, including no federal funding of abortion unless the mother's life is in danger; the

reinstatement of the global gag rule, which bans federal aid to family planning clinics overseas that counsel on or provide abortions; expanding definitions of children and people that include fetal life; and numerous state regulations such as mandated waiting periods, restriction of minor's access, and restriction of the inclusion of abortion and family planning coverage in insurance plans (IWPR, 2003a). Many women consider the right to control their bodies as fundamental to their rights as free citizens in a democratic nation. The issue is also about health and safety, as risks to women are significantly reduced when abortion remains legal and accessible (IWPR, 2003a). This highlights the necessity to view women's rights as human rights (Jansen, 2000).

## ISSUE STATEMENT

Women make up a majority of the U.S. population and clients that social workers serve. Attention to women's issues is essential because of the disadvantages and discrimination women continue to face in many aspects of their lives. Women perform the majority of the world's work but control a disproportionately small share of its resources. Although women in the more prosperous Western nations often fare better in life circumstances than women in many of the less wealthy nations of the world, economic, political, social, and cultural forces in most societies operate to the disadvantage of women and girls. These disadvantages affect education; health care, including reproductive and mental health; crime, especially as victims of violence; employment; and social welfare, especially income maintenance programs. These disadvantages affect the well-being of women and their families at all stages of the life cycle, from girlhood through old age.

The social work profession has a long-standing commitment to the elimination of all forms of discrimination against women. Many efforts have been made to address the disadvantages and discrimination women face. However, continuing efforts to develop social work practices, policies, and services that better meet the needs of women are essential for enhancing the health, development, and well-being of all

U.S. women, especially our clients and others at great risk.

The social work profession's continued leadership in the struggle for women's increased opportunities is essential. Although social work is often mischaracterized as a "female-dominated profession," the profession is more appropriately described as a "female majority, male-dominated profession" (McPhail, 2004). Although the majority of both social workers and social work clients are female, the underlying structures and functions of the profession are often based on male models and theories. Therefore, achieving gender equity is paramount for both the profession and the clients served. The social work profession commits itself to social justice and ending the oppression of all people (NASW, 2000). This statement of belief exemplifies the perspective of women's rights as human rights (Jansen, 2000). In addition, the National Association of Social Workers' *Code of Ethics* incorporates an antidiscrimination clause, which includes the category of sex (NASW, 2000). Also, the Code states, "Social workers should act to expand choice and opportunity for all people, with special regard for vulnerable, disadvantaged, oppressed, and exploited people and groups" (NASW, 2000, 6.04b). In the history of our nation, women as a group are characterized by those adjectives, essentially second-class citizens in a country that holds out the promise of equality and justice. Part of operationalizing this mandate is continuing to monitor and document the status of women while seeking to make and influence policy and practices that improve the status of women and girls in this society.

Because different groups of women experience their gender differently and often in interaction with other oppressions, termed intersectionality (Collins, 2000), special attention must be devoted to women of color, lesbians, women with disabilities, older women, immigrant women, and poor women.

Although women are gaining parity with men in selected areas, often achieving liberal feminist goals, the goal of changing structures and institutions to make them more equitable for both women and men, rather than merely having women join fundamentally flawed institutions in equal numbers as men, has not

been realized (Saulnier, 1996). Although women have gained some measure of equity in the public spheres, the private spheres remain largely unchanged. Therefore, social work needs to continue to monitor, assess, and advocate for women's issues in policy and practice.

## ***POLICY STATEMENT***

NASW recognizes the wide range of issues that affect women and is committed to advancing policies and practices to improve the status and well-being of all women. Although every issue is a "woman's issue," only a select number of policies and practices are highlighted in this document. More important than a focus on specific issues, it is vital for social workers to develop a critical consciousness about gender (Brown, 2004) or use a feminist policy analysis (McPhail, 2003) that enables the ramifications of gender to be made visible in every issue, in every policy and every practice, at all three levels—micro, meso, and macro.

## ***EMPLOYMENT***

NASW supports the following:

- legislative and administrative strategies that address pay equity and comparable worth initiatives for increasing women's wages in both the public and private sectors, including addressing the pay inequities within the profession of social work (Koeske & Krowinski, 2004)
- breaking the "glass ceiling," the "Lucite ceiling" for women of color, and the "maternal wall" that affects mothers in the paid labor force, while addressing the "glass escalator" phenomenon for men in social work (Williams, 1995)
- ending sexual harassment and occupational segregation, which clusters women in low-paying, "pink-collar" occupations
- initiatives that conceptualize caring as work, to value it socially, legally, and economically, which might include reducing the paid work week, creating more part-time jobs with benefits, equalizing social security for spouses, offer-

ing work-related social insurance programs to all workers (including unwaged caregivers), universal preschool for all three- and four-year-olds, subsidized child care, child allowances, free health care coverage to all children and their primary caregivers, and including unpaid caregiving labor into the calculations of the nation's gross domestic product (Crittenden, 2001).

## ***PUBLIC ASSISTANCE PROGRAMS***

NASW supports the following:

- comprehensive funding of TANF that would address structural causes of poverty as well as provide temporary assistance, which would include creating stable jobs with living wages, with special attention to the inner cities; allowing education (including college) and training as alternatives to work requirements; subsidized child care and health insurance coverage while on TANF and continuing after leaving the program; transportation assistance; and addressing the multiple problems that often affect women and their children who receive assistance, such as mental and physical health issues, learning disabilities, domestic violence, and drug and alcohol abuse (Anderson, Halter, & Gryzlak, 2004; Taylor & Barush, 2004)
- programs for the enforcement, collection, and distribution of child support
- initiatives for social security and Medicare reform to provide increased retirement security for women who are disproportionately poor as they age
- viewing housing as a women's issue and increasing funding to programs that provide affordable housing.

## ***Education***

NASW supports the following:

- adequate and equitable funding for non-sexist public education for all students, including vocational education, special education, and higher education for all women

- curricula that include women's issues, history, and experiences, including social work education, especially theories developed by and about women such as the relational-cultural theory or the "tend-and-befriend" model of stress response (Jordan & Hartling, 2002; Taylor et al., 2000)
- vigorous enforcement of Title IX and other civil rights laws, including affirmative action initiatives that address sexual discrimination in education.

### ***Health and Mental Health***

NASW supports the following:

- initiatives to reduce teenage pregnancy, as it has been demonstrated that, intended or unintended, adolescent motherhood truncates the educational, vocational, and economic lives of young women
- adequate funding and increased research on health and mental health services and issues that address the special needs of women, including adolescent women, poor women, women of color, lesbians, older women, and women with disabilities
- access to adequate health and mental health services regardless of financial status, race and ethnicity, age, or employment status, which would require universal health care coverage, although incremental expansions of coverage for low-income women and their children are a first step
- developing practices and programs that empower women and girls, enabling them to resist gender stereotypes; become resilient to shame; critique sexist and misogynist media representations of females; develop positive self-esteem and body image; confront internal and external sexism, racism, and homophobia; and challenge sexual double standards, so girls and women might develop the power and sense of entitlement that fuels self-advocacy
- reproductive freedom and safe access to the full range of reproductive health services for all women, including access to abortion; over-the-counter emergency contraception; comprehensive sexual education; family planning services; education and screening for a variety of sexually transmitted diseases, including HIV, with special attention to groups of women at increased risk, such as African American women
- gender-sensitive and culturally competent substance abuse programs that provide child care and other child services along with integrated substance abuse and mental health services for dually diagnosed women (DiNitto & Crisp, 2002).
- participation in both prevention and intervention efforts that address all forms of violence against women across the life span, including adequate health and mental health services, crime victim assistance, and other social services while educating all social workers about violence, including screening for past and current violence in all psychosocial assessments (Danis & Lockhart, 2004)
- efforts to seek out, study, develop, and disseminate theories of psychosocial development and models of services delivery in the social work curriculum that recognize, and do not pathologize, the unique developmental patterns of women, recognizing the diversity of women's experiences, situations, cultural and ethnic identifications, and sexual orientation and gender identities, including critiques of the gender bias in the *Diagnostic and Statistical Manual of Mental Disorders* (Caplan, 1995).

### ***Global Women's Issues***

NASW supports the following:

- ratification by the United States of the Convention to Eliminate All Forms of Discrimination against Women (CEAFDW)
- international programs that address women's rights as human rights, including having women in each country involved in defining their needs, identifying their oppressions, and developing programs that meet their needs
- increased attention by social work education to problems facing women internationally, often due to the effects of globalization and colonization, as well as traditional patriarchal structures.

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