Globalization, Poverty and Women's Health

Mapping the Connections

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ABSTRACT

Poverty and other forms of inequity undermine individual and population health and retard development. Although absolute poverty has reportedly declined in recent years,¹ research suggests that relative poverty or the gap between the rich and poor within and between countries has been exacerbated over this same period.² There is growing concern about the feminization of poverty, and the impact globalization is having on this important social problem. Gender inequality persists in all regions, and women and girls continue to be over-represented among the world's poor.² This suggests that women are not consistently benefitting from the economic, political and social gains globalization can offer. Instead, it appears that poor women and girls, particularly those living in developing countries, are disproportionately burdened by the costs of these swift changes to the detriment of their personal health and well-being.³ Immediate action is needed to correct these disparities and ensure that globalization supports both national and international commitments to poverty reduction, and the promotion of women's health and human rights.

MeSH terms: Women's health; poverty; public health; social change; social conditions

La traduction du résumé se trouve à la fin de l'article.

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Definitions of poverty are typically based on per capita income, with related estimates of the number of people living below a set poverty line – for example, the number of people living on less than one dollar per day. Current estimates from the World Bank reveal that more than 1.2 billion people around the world live on less than \$1 per day, while 2.8 billion, or almost half of the world's population, live on less than \$2 per day.⁴ However, poverty incorporates much more than income deprivation. Narrow definitions of poverty, which underpin macro-economic models and policies, disregard the realities of people's lives, including their experiences of social exclusion and vulnerability, the denial of their human rights (including their right to health and basic health care), and the lack of empowerment, opportunity, capacity and security that so often accompany the kind of income deprivation current poverty estimates describe.⁵⁻⁷ Despite growing acceptance of this broader definition, there is an alarming paucity in comparative, gender-sensitive data on poverty which hinders evidence-based policy.^{3,7}

In recent years, as the debate surrounding globalization has intensified and our understanding of poverty has expanded, there has been growing concern about the 'feminization of poverty' and the way the current wave of globalization may be contributing to this serious social problem.^{8,9} Women are thought to be more vulnerable to poverty because of the existence of multiple layers of gender discrimination and inequality, resulting in a higher incidence and more severe experience of poverty among women than men. Frequently cited estimates suggest that as much as 70% of the world's poor are female.^{2,10} Research has also shown that poverty is greatest among rural women, with a 50% increase in rural women's poverty from the period 1970 to 2000, compared to a 30% increase for males over this same period.¹¹

An expanded and gender-sensitive understanding of poverty and a careful review of the literature on social inequalities and health suggest that women typically face weaker and conditional entitlements in terms of their lack of access to and control over productive resources (land ownership, credit, education, employment in the formal sector, legal protections, health and social services). As

such, women are more vulnerable to poverty than men, and once poor, have fewer opportunities and options to escape this poverty.^{10,12,13} The combination of poverty and gender inequality can have a profoundly negative effect on health and development. Nations with extreme poverty and high levels of gender inequality continue to be plagued by alarming rates of maternal and infant mortality and do poorly on other human development indicators.¹⁴⁻¹⁶

Globalization and the feminization of poverty

While its precise meaning is contested, globalization is defined here as a multi-dimensional, historical phenomenon that consists of numerous complex and inter-related processes with worldwide implications that cut across spatial, temporal and cognitive boundaries.^{2,17,18} A review of the literature identified a number of key trends or characteristics that distinguish the current wave of globalization – which began in the mid-to-late 1940s – from past stages (see Table I).

The potential and actual benefits frequently ascribed to globalization by its proponents include economic growth and a decline in *absolute* poverty worldwide; a dramatic increase in life expectancy in many parts of the world; a significant global increase in women's participation in the paid workforce that presumably bolsters their economic independence; substantial gains in female enrolment in primary education; the spread of democracy and gradual increase in women's political participation and representation; and new opportunities to mobilize, partner and advocate that have fuelled the unprecedented proliferation of non-governmental organizations (NGOs) focussed on women's health, sustainable development, poverty reduction, and human rights.¹

These important and impressive gains are vital to achieving the Millennium Development Goals (see Appendix, pg. 31 this issue) and realizing global commitments to gender equality and health entrenched in the Beijing Platform and related agreements.³ However, critical views of globalization that utilize poverty and gender-based analysis call these benefits into question and reveal a number of hidden costs and related health disparities.

TABLE I

Characteristics Associated with the Current Wave of Globalization

Inter-dependence and recognition of the increasingly global nature of public health issues (environmental, social, economic, political), and a need for new forms of global governance (Kickbusch cited in ref. 3).

Proliferation of legally binding, Multi-Lateral Agreements that have far-reaching consequences for population and public health, such as the Trade-Related Aspects of Intellectual Property Agreement (TRIPS).^{2,24,25}

Unprecedented levels of Foreign Direct Investment, and dramatic increases in financial, capital and service flows resulting in global economic integration.^{2,25}

Neo-liberal forms of state restructuring and related shifts in domestic policy that increasingly view health as a commodity and subject it to a market model via privatization and the introduction of cost-recovery schemes including user fees.^{3,24,25}

Distinct patterns of population mobility within and between countries including increased travel/tourism, employment-related rural-urban migration, and internal displacement due to conflict and humanitarian crises.^{2,3}

Changing modes of production including the growth of export processing zones, introduction of cash crops and subsequent shifts in land use, the emergence of global supply chains, and a growing demand for an inexpensive, docile and flexible labour force, with related shifts in patterns of consumption.^{2,3,24}

Increased cultural diffusion, particularly of Western culture, and the spread of values and practices that affect patterns of individual and population health.^{2,25}

The emergence of global citizenship, and the dramatic proliferation of non-governmental and civil society organizations.^{2,3,25}

Advances in Information Communication Technologies and reduced costs of transportation over the past 50 years that have facilitated globalization and hastened the pace of change.³

For instance, while *absolute* poverty appears to be decreasing, *relative* poverty or the gap between the rich and poor persists both within and between countries, as does gender inequality – an equally important determinant of health.⁷ Furthermore, dramatic growth of the informal sector, widespread privatization, and corresponding reductions in the public sector have had important consequences for women.^{3,8,13,19-22} Specifically, job losses resulting from cuts to the public sector and the privatization of health and social services have posed a unique threat to the health of women who have traditionally been employed in this sector. With this important source of decent and secure work gone, a growing number of women in developing countries must now work in the volatile, poorly regulated and low-paying informal sector.^{3,13,22-24} In addition, the number of women who are self-employed, working part-time, or doing seasonal jobs has increased, as has their engagement in transactional sex work as a means of augmenting their low earnings.^{3,13,22}

Clearly, this changing political and economic landscape deepens gendered income disparities and health inequities as cuts to government spending, privatization, and the subsequent feminization of informal labour reduce the tax base needed for the

provision of basic health care and the building of health-promoting infrastructure such as roadways, schools, and water and sanitation facilities. Women and girls absorb much of the resulting hardship as they are left to fill the care gaps these reforms generate.^{3,23-25} Indeed, these changes have spurred a dramatic increase in women's caring responsibilities at home and in the community – a considerable burden in countries where HIV/AIDS and other infectious diseases are already rampant and contributing to extreme levels of poverty. These processes have also put multiple demands on women's time, limiting their ability to engage in education and other income-generating activities, and exposing them to a wider range of health risks and disease vectors.^{3,8,21} Simultaneously, because of the combined effect of lower wages, little or no employee health benefits, and the introduction of user fees for health and social services, women's ability to access services that prevent disease and promote their health and the health and well-being of their families has also been seriously undermined.^{3,12}

Ways forward

Immediate action is needed to ensure that globalization is inclusive and that much needed progress is made towards achieving

global commitments to poverty reduction, improving health, and protecting and promoting the human rights of women and girls worldwide. To begin, there must be greater commitment among donor agencies and governments to fund research training and capacity building on issues at the intersection of globalization, gender and health. Second, innovative frameworks must be developed that are rooted in a human rights perspective, incorporate mixed methodologies, and engage a wide range of actors across disciplines and sectors. These frameworks must be widely disseminated to ensure that policy-makers begin to systematically address gender inequality and health inequity in their daily work. Only then can a more nuanced understanding of the complex relationship between globalization, poverty, gender and health emerge. Furthermore, use of these frameworks will help to generate the evidence base needed to inform policy and ensure that political and economic forms of globalization are measured against something other than traditional notions of economic growth. Finally, women (particularly women from developing countries) must be better represented at all levels of national and international decision-making. This includes greater representation in government offices that have traditionally been held by men, including Ministries of Finance and Trade. Women must also be better represented in the senior ranks of international organizations that play a significant role in shaping globalization, including the United Nations, World Bank, World Trade Organization, and International Monetary Fund. Without greater participation and representation, the knowledge, voices and experiences of many women worldwide will continue to be neglected, and the positive impact globalization can have on the health and development of women and men, boys and girls, and entire nations will not be fully realized.

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RÉSUMÉ

La pauvreté et d'autres formes d'inégalités minent la santé individuelle et collective et retardent le développement. Malgré un recul de la pauvreté absolue ces dernières années selon certaines sources¹, des études donnent à penser que la pauvreté relative ou l'écart entre les riches et les pauvres à l'intérieur des pays et entre les pays s'est creusé pendant la même période². On se préoccupe de plus en plus de la féminisation de la pauvreté et de l'impact de la mondialisation sur cet important problème social. Les inégalités entre les sexes subsistent dans toutes les régions, et les femmes et les filles sont encore sous-représentées parmi les pauvres du monde³. Les femmes ne profiteraient donc pas uniformément des gains économiques, politiques et sociaux que la mondialisation peut procurer. Au lieu de cela, il semble que les femmes et les filles pauvres, surtout dans les pays en développement, supportent démesurément le fardeau des coûts de ces changements rapides, au détriment de leur santé et de leur bien-être³. Il faut agir immédiatement pour corriger ces disparités et faire en sorte que la mondialisation appuie à la fois les engagements nationaux et internationaux envers la réduction de la pauvreté et la promotion de la santé des femmes et des droits humains.