

## DISCUSSION ON GLOBALIZATION IN PERSPECTIVE OF WOMEN'S HEALTH

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### **Abstract:**

*The contemporary phenomena of so-called globalisation is not the same as what we saw during colonial times. It is largely a late-capitalist period. Globalisation is depicted as a 'inevitable' fate over which we have little influence in popular discourse. We just have two options: endure or relax and enjoy it. Or it is portrayed as something so excellent in official economic discourse that we only escape it at our own peril. We would die an isolated death if we did not globalise. We need to examine what is truly going on in our economy and society in order to comprehend how the changes are affecting us and how we may use them to our advantage. Globalization has the potential to disrupt old attitudes regarding women, allowing them to participate equally in society. Because India is a predominantly agricultural country, women have several options to boost their income in the agricultural industry. The proportion of women working in agriculture is higher than that of males. Women profit not just from agriculture, but also from the industrial and service sectors. People's living standards have improved as a result of globalisation, particularly for women.*

### **Introduction:**

Globalization has a long and complicated history. It's not a new occurrence. We were sucked into a vortex of international pressures by colonialism's foreign trade, which provided us with uneven benefits. The contemporary phenomena of so-called globalisation is not the same as what we saw during colonial times. It is more comprehensive and has numerous features related to modern manufacturing processes. It is largely a late-capitalist period.

Globalization is depicted as a 'inevitable' fate over which we have little influence in popular discourse. We just have two options: endure or relax and enjoy it. Or it is portrayed as something so excellent in official economic discourse that we only escape it at our own peril. We would die an isolated death if we did not globalise. Aside from the rhetoric and exaggeration, we need to examine what is truly going on in our economy and society in order to comprehend how

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the changes are affecting us and how we may use them to our advantage. Many misconceptions regarding the market as a magical agency are present in the discourse.

Globalization, in fact, should be seen as the process of linking an economy to other regions of the world through a two-way network of information, commerce, financial, and people movements. In this sense, no economy on the planet is globalised. The economically developed nations that demand that we open our doors to their goods place limitations on our items crossing their borders. The present wave of globalisation has tremendously improved the lives of women all across the world, particularly in underdeveloped countries. Despite this, women continue to face discrimination in a variety of sectors, including education, work, health, and civil rights. In many regions of the world, care for women during pregnancy is still poor. Approximately 5,29,000 women die each year while pregnant or giving birth (Gender statistics, 2010). The United Nations' millennium development objectives promote gender equality and women's empowerment to help address global gender inequities. Politicians and experts emphasise the benefits of an international division of labour in boosting national and individual wealth (Lafontaine, 1997). Globalization has a different influence on women in developed nations than it does on women in developing countries. They are, however, not impacted as a whole, but in varied ways depending on their social status and ethnicity. Temporary workers are more likely to be women than men. Women make up the majority of those who leave gainful work. The worldwide division of labour was advanced in the 1970s by moving labor-intensive processes of textile and electronic manufacturing from northern industrial countries to southern countries. As a result, the cost of salaries and extra pay costs in highly industrialised nations have gradually decreased. This occurred at the price of women's occupations, as labor-intensive production was and continues to be conducted mostly by women. Female labour is preferred by corporations over male labour because women are thought to be "docile" employees who would comply with production needs at any cost. Certain sorts of employment, such as garment assembly, are regarded an extension of female home tasks in underdeveloped countries. As a result, in emerging countries, cultural factors have an impact on job stratification. Creating a strong demand for work possibilities for women in emerging countries accelerates the transformation of these cultures' social structures. Despite the fact that the need for female work creates a plethora of options and a sense of freedom, the "feminization of poverty" maintains the glass ceiling (Moghadam, 1999).

### **GLOBALIZATION'S IMPACT ON GENDER EQUALITY:**

In India, sex discrimination at birth is among the greatest. According to a 2016 demographic research, India's sex ratio would remain the worst in South Asia even in 2050. The government has been asked to take action in the form of the 'BetiBachao, BetiPadhao' (Scheme started in 2015) initiative to ensure survival, safety, and education to the girl child, based on the 918 girls

for 1000 boys ratio (2011). It can impair a country's capacity to compete globally, especially for nations with high female employment and export potential in products and services. Gender disparity can also harm a country's international status. All of these variables work together to increase the incentives for policymakers to take action in the direction of gender equality across the world. Globalization alone, however, will not be able to alleviate gender disparity in the absence of governmental policies. Globalization's new dynamics - defined as a mix of economic integration, technology diffusion, and wider access to information – have worked through markets, formal institutions, and informal institutions to remove some of the barriers to greater gender equality.

- Trade liberalisation and the spread of new information and communication technologies have resulted in more jobs and greater market linkages for many women, expanding their economic options.
- Many people have gained access to more information, allowing them to learn about life and customs in various regions of the world, perhaps influencing their attitudes and behaviours.

#### **POSITIVE IMPACT OF GLOBALIZATION ON WOMEN:**

Globalization has increased many nations' exports, and salaries in export industries are substantially higher than in other sectors, with women earning more than males in formal industrial sectors in many situations. As a result of globalisation, women's average incomes have increased, and women now receive a larger share of total pay. Women's job prospects have increased as a result of globalisation, and they are now contributing to family costs, which helps to create new resources and enhance the family's income level. With the assistance of globalisation, women's social options have expanded in tandem with their family income. Women undertake a lot of family labour for no pay, and while all women's work is neither respected or devalued over the world, paid employment has improved women's social and personal choices, as well as providing them self-confidence and raising their morale. As more nations participate in the world economy through exports, more job possibilities emerge. Many nations, particularly those with low incomes, have expanded their involvement in international commerce.

This tendency has extremely significant gender consequences if agricultural work is done using traditional techniques. Women's labour is in high demand on small farms where crops are cultivated in traditional ways, but their earnings are poor. Women's freedom grows as the profitability of cash crops rises in international markets. Agriculture is undergoing fundamental changes as a result of globalisation. Many nations began producing agricultural goods in order to boost their export values, and women in particular benefited because these activities provide a better source of high income than labouring on their family farms. Working in a company rather than on a farm improves women's health as well. Working on family farms pays women nothing

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or extremely poor income, but working in firms, particularly in export sectors, pays women more.

We cannot overlook the impact of the service industry when discussing the effects of globalisation on women. Currently, the service sector is the most significant. It is not incorrect to state that the service sector is just as significant as the industrial sector. Some service industries, such as communication and information technology, are seeing similar advances to the industrial sector. In terms of production and job possibilities, this sector is the greatest of all economic sectors in terms of output and employment prospects in many nations. Working in the informal sector, particularly small business, is regarded as the most important source of income for disadvantaged women (Dr. HoodaSobhy). Female employment is on the rise in some of the fastest-growing service industries, such as data processing, industrial export, airlines, trains, banks, and insurance businesses. Women in industrialised nations have enough of quality jobs due to the rise of the service industry.

Multinational corporations hire men and women equally because they operate in a competitive atmosphere and select the best staff regardless of gender. It encourages more women to apply for employment. For men and women in India, globalisation has offered up a plethora of opportunities. Prior to 1991, India's economy was constrained. Following the implementation of "liberalisation," "globalisation," and "privatisation" policies, women have a plethora of new work choices. Women are earning more money as a result of globalisation, which boosts their self-esteem and independence. Globalization has the potential to disrupt old attitudes regarding women, allowing them to participate equally in society. Because India is a predominantly agricultural country, women have several options to boost their income in the agricultural industry. The proportion of women working in agriculture is higher than that of males. Women profit not just from agriculture, but also from the industrial and service sectors. People's living standards have improved as a result of globalisation, particularly for women.

Indian women's health is inextricably tied to their social standing. According to research on women's status, the contributions Indian women provide to their families are frequently neglected, and they are instead perceived as economic liabilities. In India, boys are preferred since they are expected to care for their parents as they age. This preference for sons, along with large dowry expenses for females, might lead to abuse of daughters. Furthermore, both education and formal labour force involvement are low among Indian women. They usually have limited autonomy, being ruled by their dads first, then their spouses, and lastly their children. All of these elements have a negative influence on Indian women's health. While India's women suffer a variety of critical health challenges, this profile concentrates on only five: reproductive health, violence against women, nutritional status, uneven treatment of girls and boys, and HIV/AIDS. Because India's 25 states and 7 union territories have such a diverse range of cultures, faiths, and

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degrees of development, it's not surprise that women's health differs dramatically from one state to the next. Data for the major states will be supplied wherever feasible to provide a more thorough view. Discrimination against girls is widespread and systematic, manifesting itself in a variety of demographic indicators for the country. The infant mortality rate for girls in the country as a whole, as well as in rural regions, is greater than for boys. Female infant mortality rates are often higher in northern and western states, however this is not always the case; a ten-point gap between the two sex-specific rates is not unusual. The infant mortality rate in urban India (as a whole) is marginally in favour of females. However, urban India is defined by better availability to abortion facilities, and undesired girl newborns are frequently terminated before birth. In the context of women's health, it has been suggested that if strategic interventions are performed at important periods, long-term well-being can be achieved.

The life cycle approach calls for targeted interventions in early childhood, adolescence, and pregnancy, with programmes ranging from nutritional supplements to life skills education. These types of treatments aim to stop the intergenerational cycle of disease. The vulnerability of Indian women at critical phases such as infancy, adolescence, and childbirth is highlighted by the country's sex-specific age-specific mortality rates. Women outnumber males in death rates in the country from childhood through the mid-twenties. Women under the age of thirty are more likely to die in rural India. Indian civilization, like other cultures throughout the world, is dominated by patriarchal rules and ideals. In the country, patriarchy displays itself in both the public and private areas of women's lives, affecting their 'life chances' and resulting in their qualitatively lower standing in many socio-economic arenas. It infiltrates institutions and organisations, undermining women's right to live dignified lives in a variety of ways. Due to their gendered existences, women's lived experiences are comparable. Women's numerous and frequently particular requirements are played out on a varied terrain of age, caste, class, and region in a huge and socio-culturally diversified country like India, resulting in a complexity of experiences. Traditional social stratification grounds such as caste and class, as well as rural-urban and regional differences, are reproduced in women's lived experiences. As women advance through the life cycle, new demands develop. In such a complicated environment, talking about women's health and access to healthcare is difficult.

### **ACCESS TO HEALTH SERVICES:**

Women's health requirements differ from men's due to biological variances as well as gender disparities in risk factor exposure. As a result, they are more exposed to globalization's effects. The following are the four elements that influence women's access to health care: Availability - the network of health services and access to it; Promotion - critical variables determining whether women can seek health care; Ability - economic factors enabling women to bear the cost of health services.

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India's official healthcare system is vast and diversified. The provision of healthcare in the country is marked by sectoral and functional diversity. The biological model's prominence in medical schools across the country is reflected in a variety of ways, from gender-blind/insensitive textbooks to physicians' attitudes that may demonstrate a lack of awareness of the socioeconomic roots of ill health. Because of the accomplishments gained prior to the 1990s, the public sector has a significant and diversified physical presence. A sub-centre in a village to multi-specialty, multi-bedded hospitals in metropolitan regions make up the public healthcare infrastructure. Other public healthcare institutions include Primary Health Centers, Rural Hospitals, Civil Hospitals, as well as a variety of municipal hospitals and clinics. The state may also run health facilities targeted to certain diseases (such as leprosy clinics) or subgroups of the population (for instance, Central Government Health Scheme). As a result, the public health sector's structure is quite clearly defined. Across the 1990s, the number of Community Health Centres (CHCs), Primary Health Centres (PHCs), and Subcenters (SCs) in India's states and union territories grew at varying rates. While some jurisdictions have seen a significant growth in such facilities, others have seen extremely little or no improvement.

#### **Nutrition:**

Nutrition is a factor that influences one's health. A well-balanced diet boosts the body's resilience to infection, protecting it from a variety of illnesses while also aiding the body's battle against current infections. Nutritional efficiency can appear in a variety of its orders, including protein energy malnutrition, night blindness, and iodine deficiency in orders, anaemia, and stunting, low BMI, and low birth weight, depending on the nutrient in issue. Improper dietary consumption is also linked to conditions such as coronary heart disease, hypertension, non-insulin-dependent diabetes, and cancer, to name a few. Nutritional deficiency illnesses of various forms are common in Southeast Asian nations, with certain pockets of infelicity in particular types of disorders. Iodine deficiency illness is endemic in the Himalayan region and various tribal communities, and anaemia is a widespread concern across the country's socioeconomic divisions.

#### **Information Needs of Women:**

Women's information requirements in the new globalised world are as different as the socioeconomic situation. Women's information requirements will be oversimplified if they are treated as a homogeneous group. Globalisation has established the haves and the have notes within the women's group, i.e. those who benefit from globalisation and those who are further disadvantaged as a result of the new economic policies. As a result, the information requirements will vary.

**Conclusion:**

Women's empowerment is hampered by a lack of autonomy in a number of areas that have a significant impact on development. Because of their institutionalised incapacity as a result of low literacy, limited access to mass media and money, and restricted mobility, they have limited areas of competence and control (for instance, cooking). For them, the family is the major, if not the only, locus. Even in the domestic sphere, however, women's engagement is extremely gendered. Approximately half of all women (51.6 percent) in the United States are involved in healthcare decision-making. Women's pervasive ignorance of health-related issues is a severe hindrance to their well-being. According to the NFHS-2, out of the total deliveries where no prenatal care was sought during pregnancy, 60 percent of mothers believed it was 'not essential.' As a result, women's lower position has a negative impact on their health and restricts their access to healthcare. In a number of other studies, the household has also been identified as a key locus for gender-based discrimination in healthcare. In India, most marriages are patrilocal, with the new bride relocating to her marital home following the wedding. Early marriage is frequently followed by a shortened education, which disadvantages girls in a variety of ways. In this situation, the new bride, who is already unfamiliar with medical procedures, may find it difficult to seek medical help. According to Basua and Kurz's research on married teenage girls in Maharashtra, "girls had neither decision-making authority nor influence" when it came to seeking medical help for their difficulties. These ailments, which prevented girls from carrying out their home chores, were rapidly cured. The culture of silence discouraged people from getting help for sexual health issues. Because certain reproductive health issues were thought to be "normal," they remained ignored. According to the Nasik research by Madhiwalla et al., 45 percent of women's health crises were unaddressed.

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