

How does globalisation affect women's health?



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In the past 20 years, a body of research has developed that explicitly examines the effects of the economic, environmental, and social changes associated with globalisation on health.¹⁻³ This research has focused, for example, on the effect of increasing levels of trade in health services, such as movement of health workers, medical tourism, and foreign direct investment,⁴ on nutrition, and on related risk factors for non-communicable disease.⁵ The research has also included macro-level research on the effects of foreign direct investment on specific aspects of health.⁶

Evidence generated shows that the processes associated with globalisation have substantial effects on health; for example, an increase in obesity as a result of increased availability of low-cost, processed foods through increased trade.⁵ The evidence also suggests that gender intersects with many of the health effects of globalisation, leading to specific consequences for women's health.⁷ Specific health effects for women have been shown to be related to changing patterns of employment, resulting from changed realities in ownership and investment, and to the effects of migration and urbanisation.^{6,7} Research published in the past 20 years has included a focus on how labour migration affects women's health.⁸ This research extends to the type and pattern of employment and the associated health risks, including trafficking of women and sexual exploitation.⁹ Mental health also emerged as an important area for which the effects of globalisation on health are gender specific.¹⁰ However, research and evidence focusing explicitly on how globalisation affects women's health has been comparatively limited so far.¹¹

The scientific literature has significantly advanced understanding of how globalisation interacts with health, including women's health. However, much of this research on the interaction between globalisation and women's health has focused on developing frameworks for causal association,⁹ mapping the effect,⁷ analysing macro-level trends and data sets,¹² or exploring effects on a specific section of the population.¹⁰ Empirical research focusing especially on foreign direct investment has been limited so far, partly because of the difficulty in obtaining reliable data.⁴

The study by Gábor Scheiring and colleagues¹³ presented in *The Lancet Global Health* breaks new ground. It links, for the first time, data on company

ownership (whether state owned, domestic-private owned, or foreign owned) with individual health, focusing on 52 towns in Hungary. The study shows with much greater certainty the effect of a wider determinant of health, foreign direct investment and the patterns of company ownership, on individual health. The findings present the particularly gendered effect of type of company ownership. The study shows the extent to which changes in employment affect individual health, and that this effect differs between men and women.

The study findings¹³ are fascinating because they reveal that prolonged state ownership had protective effects for women's health when compared with private ownership, and that despite greater income in communities with predominately foreign ownership, health was worse. This finding holds immediately relevant policy advice for countries seeking to transition from state to private ownership—ie, that rapid privatisation will be bad for health, and particularly bad for the health of women. The findings also underline the importance of strong regulation.

The study results¹³ are perhaps even more tantalising for what they suggest but do not fully investigate. Did gender relations and norms change as a result of changes in employment more generally? Are specific associated social changes or organisational changes occurring within the privatised companies (foreign and domestic) that help further account for the findings and that might hold lessons on how to mitigate the effect of privatisation on women's health in future?

In addition to showcasing a novel method of investigating the effect of privatisation on health, the study¹³ also underlines the importance of doing such quantitative analysis together with qualitative work. I would hope that further qualitative research will be done to explain the findings further, both in Hungary and in other countries where researchers could do similar research. Most importantly, I hope that these study findings, particularly those relating to the cost to women's health, will be considered in future plans for privatisation.

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I declare no competing interests.

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