



## Globalization - Women Empowerment and Health

### KEYWORDS

Globalization, Women Empowerment, Women Health, Lack of Education.

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**ABSTRACT** *The paper intends to spotlight the plight of the women health and empowerment in the globalization context. The present wave of globalization has highly improved the lives of women worldwide, particularly the lives of women in the developing world. In fact, women remain disadvantaged in many areas of life, including employment, education, health and civil rights. Women face many injustices and inequalities globally, both in terms of economic factors and human rights. An often overlooked aspect of this phenomenon is their health for example, the world health organization points out that "maternal mortality has barely changed since 1990. This fact points to the great need for a specific focus on women's health issues. Women in the many parts of the world remain more susceptible to poor health because of lack of services and lack of education and information about health issues.*

### INTRODUCTION

Women face the health problems such as malnutrition, sexually transmitted diseases cervical and breast cancer, pregnancy complications, domestic violence. Various issues that need to be addressed for improving overall conditions of the women in many parts of the world include making access to affordable cooking fuel for rural women, providing safe drinking water, sanitation, increasing decision making capacity among women, providing equal wages as that of men, ending their exploitation, improving the political participation of women, eradicating poverty among women, providing affordable healthcare and nutrition and managing the risk of unwanted pregnancies and HIV infections. The issues related to women should be addressed immediately.

### WOMEN AND HEALTH

Today there are lot of things that is happening in the name of women empowerment in the world and lot of resources are spent in this direction. Keeping this in mind it is crucial to have a reality check on what is happening on paper and what is the actual ground situation. Women are discriminated and marginalized at every level of the society whether it is social participation, economic opportunity, and economic participation, political participation, access to education or access to nutrition and reproductive healthcare. A significant few in the society still consider women as sex objects. Everyone in the developing world remains more susceptible to poor health because of lack of services, or lack of access to services, and a lack of education and information about health issues. Women have additional vulnerabilities, especially malnutrition, sexually transmitted diseases, pregnancy complications, cervical and breast cancer, domestic violence, sexual abuse, and genital mutilation. In many cultures, women are the first to take care of the vulnerable, sick, and dying and the last to receive preventative or life saving treatment. Statistically, one in sixty-one women die during pregnancy or childbirth in developing countries, while in the least developed ones one in seventeen die. To alleviate these problems, the World Bank emphasizes public education programs that promote healthy lifestyles, eliminate gender discrimination in education and access to services, and prioritize the help for young girls. According to the Bank, investments that improve women's health and nutrition are justified on

both economic and humanitarian grounds, because they serve to alleviate poverty and develop human resources. Maternal health is one of the most important elements in these efforts. The Millennium Development Goals have charged the UN Children's Education Fund (UNICEF) and the World Health Organization (WHO) with promoting and monitoring a reduction in maternal mortality by three quarters between 1990 and 2015. Thanks to these efforts, maternal mortality decreased by 47 percent between 1990 and 2010 (Gender dimension of Millennium Development Goals Report, 2013). Sub-Saharan Africa has the largest problem with maternal mortality, with 1,100 maternal deaths per 100,000 live births, a figure more than twice as high as in any other region. Sadly, the vast majority of maternal deaths are preventable with proper care and intervention.

Reasons for maternal mortality include delays in seeking medical help, transporting pregnant women to health centers, and receiving medical assistance, and may be attributed to social, cultural, religious, and economic factors. For example, a woman may not alter her lifestyle or workload inside and outside the home, because she cannot afford to and because the expectant father does not alter his, burdening her physically and leaving no time for medical attention, which often requires time and travel to obtain.

A sensitive issue for women's global health is the role of reproductive rights. The Platform for Action takes a definitive stance in defense of such rights, including abortion. Empirical evidence shows that, in all world regions, household size contributes directly to poverty and to the workload borne by women. The percentage of poor women decreases with a corresponding decrease in fertility rate. In addition to being a cause of higher welfare for women, lower fertility rates are also shown to be an effect of other positive indicators of unsafe abortions are also a threat to women's health. About 20 million of the 40 to 60 million absorptions performed each year in the world are unsafe with negative consequences for women's health and 18.5 of these pregnancy un safe absorption are performed in develop countries. Each year 47 thousand women die. World wide as a result of unsafe absorptions and these remain closed to 13% all meternal deaths. (world health organizations).

Another problem that women in particata- must face is the HIV/AIDS virus, especially in the regions of Sub-Saharan Africa and South East Asia. In these areas, HIV/AIDS has grown into an epidemic that affects women more adversely than men, because they are less well educated about it and less well protected from it. Women are twice as likely as men to be infected with HIV/AIDS, and in some areas young women are two to six times more likely than men to become infected. HIV/AIDS is the leading cause of death of women of reproductive age worldwide (Gender dimension of Millennium Development Goals Report, 2013).

In addition to elevated biological vulnerabilities and cultural restraints on their sexual empowerment, women are at increased risk for contracting HIV for economic reasons: "Financial or material dependence on men means that women cannot control when, with whom and in what circumstances they have sex many women have to exchange sex for material favors, for daily survival." The WHO has in response declared that women have a right to sexuality that does not endanger their lives and uses this principle to guide their work to prevent HIV/AIDS.

Physical and sexual violence against women also poses a significant threat. In 2013, the WHO sponsored the first widespread study of global data on violence against women, and found that it constitutes a 'global health problem of epidemic proportions.' Intimate partner violence is the most common form of violence against women, and 38 percent of all women who have been murdered were murdered by an intimate partner. Women who experience physical and/or sexual partner violence are also 1.5 times more likely to acquire a sexually-transmitted infection. During the Sixty-sixth World Health Assembly in May 2013, the governments of Belgium, India, Mexico, Netherlands, Norway, United States of America, and Zambia - declared violence against women and girls 'a major global public health, gender equality and human rights challenge, touching every country and every part of society' (Global and regional estimates of violence against women, 2013).

Finally, some traditional cultural practices impose threats to the health of women, and may be more difficult to change through educational and preventative policies than unhealthy practices that are unrelated to culture, such as nutrition. The UN Human Rights Commission identifies the practices most threatening to women as:

Female circumcision, known as female genital mutilation to its opponents, which involves the excision of a woman's external sexual organs;

Other forms of mutilation, such as facial scarring; various nutritional taboos; Traditional practices associated with childbirth;

The problem of dowries in some parts of the world Honor killing; and, The consequences of preference for male babies, such as parental neglect and infanticide of female babies.

Several UN agencies and other international bodies, especially the WHO, are actively engaged in efforts to eliminate such practices when they affect the health of women and the female children. Female genital mutilation is a special focus of many efforts to end violence against women, although the movement to view it as a violation of human rights meets some resistance to what some consider a violation of family and community and sanctity.

## CONCLUSION

To reemphasize once again, women's empowerment cannot take place unless women come together and decide to self-empower themselves. Self-empower should be all round in nature. Once this happens then we can think about galvanizing the system towards the direction of better health facilities, nutrition and educational facilities for women at a very large scale. A movement has to be built which awakens the individual self in each and every woman for creative and generative action. In this regard progressive and resourceful women in the society need to come forward to help their less privileged sisters in as many ways as possible. This shall help us sow the seed for real women empowerment in India. Studies show that when women are supported and empowered, all of society benefits. Their families are healthier, more children go to school, agricultural productivity improves and incomes increase. In short, communities become more resilient.

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