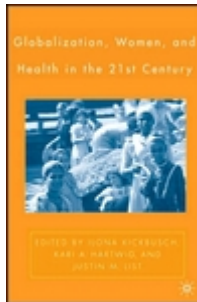


## Health Risks, Outcomes, and Globalization Issues With Women

A review of



### **Globalization, Women, and Health in the 21st Century**

by Ilona Kickbusch, Kari A. Hartwig, and Justin M. List (Eds.)

New York: Palgrave, 2005. 265 pp. ISBN 1-4039-7031-9. \$65.00

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Is women's health at risk worldwide? What are the forces that put women at added risk for HIV/AIDS, sexually transmitted diseases, problematic pregnancies, and death? How are politics, philosophy, and religion affecting health outcomes for women? How do the forces of globalization and gender issues affect health risks for women? These are the questions that *Globalization, Women, and Health in the 21st Century*, a book edited by Ilona Kickbusch, Kari A. Hartwig, and Justin M. List, attempts to answer. The book contains a collection of chapters dealing with the complex issues of the interactions among the forces of globalization, gender issues, politics, and religion. Case studies from across the world illustrate how these forces are affecting women's health, specifically their health risks and health outcomes.

This volume examines the positive and negative influences of globalization on people's health and changing gender roles. *Globalization* is a broad term with a variety of definitions. What is globalization? Globalization means

the processes which are changing the nature of human action by reducing barriers to time, space and ideas which have separated people and nations in a number of spheres of action including, health and environment, social and knowledge and technology and political institutional. (Lee, 2000, p. 19)

The editors comment that this definition, although a sufficient start in defining globalization, ignores the concept of human agency. “Individuals are, after all, not merely objects to be affected by global forces, but subjects who, in turn, can affect the interplay of these forces as they carry out their social roles, resisting as well as bearing their effects” (p. 95). The editors also remind us that there are local issues embedded within the context of global forces to be considered:

This movement of technologies around the globe is both a deeply historical and inherently localizing process. In other words, globalization is not enacted in a uniform manner around the world, nor is it simply culturally homogenizing—necessarily “Westernizing” or even “Americanizing” in its effects. The global is always imbued with local meaning, such that local actors, living their everyday lives at particular historical moments in particular places, model the very form that global processes take. (p. 114)

By and large, the editors assert that “globalization generally refers to intensively increased flows of capital, information, traded goods, services, and people resulting from unbridled (or relatively unbridled) capitalism and assisted by advances in information technology” (p. 168).

For me, the most fascinating parts of the book are the case studies from around the world. For instance, one chapter covers gendered cures for global health initiatives in Africa, written by Nhongo-Simbanegavi. This chapter illustrates the importance of customs and local culture within the context of political forces affecting women's health. Traditional systems cannot be ignored within the context of health, and in Africa, historically, women have been significant forces in the health system. Also, “initially designated as witches, traditional healers' very existence was later denied through the passing of witchcraft suppression legislation in most of the conquered territories” (p. 151). This was the impact of early global restructuring.

The concept of global restructuring offers a more flexible framework for understanding what has been describes as “as a set of multi-dimensional, multispeed and disjuncted

processes.” It incorporates a range of social, cultural, and other dimensions of change and also allows for the impact of human agency. (p. 10)

Today, men dominate the production of medical knowledge, and women are the primary disseminators of health services. Nhongo-Simbanegavi concludes by stressing the need for refocused gender awareness. With the HIV/AIDS epidemic in Africa, it is essential to recognize the grave position of women:

Already, women's trading networks are critical channels through which this vital knowledge is transmitted within and across the boundaries of several African countries. Health organizations, whether local or international, should follow the directions that the women are currently charting. In this way, the gender and global discrepancies will be addressed, and in the process, the major health challenges will be confronted. (p. 155)

Another chapter covers gender, health, and globalization in the Middle East. Specifically, it focuses on male infertility, intracytoplasmic sperm injection (ICSI), and men's resistance to fertility options. The chapter is written by Inhorn, who notes the stigma of and resistance to ICSI, as male infertility, worldwide, is one of the most stigmatizing of male health conditions:

Men who do not become family patriarch through physical and social reproduction may be deemed weak and ineffective and may be encouraged to take additional wives in order to contribute to the patrilineage and to provide their masculine virility. In addition, a repeating theme in the growing literature on Middle Eastern masculinities is one of homosocial competition between men in the realms of virility and fertility, which are typical conflated. (pp. 116–117)

ICSI is an expensive technique that costs \$2,000 to \$5,000 per cycle; therefore, it is only available to middle- and upper-class elites in Middle Eastern countries, where there are strong prohibitions against sperm donation. “ICSI itself engenders a range of moral anxieties among Middle Eastern Muslim men, who may fear (un)intentional sperm “mixing” and “mix ups” in Middle Eastern IVF laboratories” (p. 118). In addition, they may worry about the stigma of a test-tube baby, which is a technological stigma. This is another example where one must understand the local within the context of the global with respect to health issues.

Other than the redundant language in Doyal's chapter, “Understanding Gender, Health, and Globalization: Opportunities and Challenges,” the book is well written and well edited and provides a view of current health issues, risks, and outcomes facing women around the world.

In critiquing the hegemony of economic and political global forces, it emphasizes the need for structural accountability, political representation of individuals and their communities, improved access to health care services, and gender equity as crucial components for development and economic security. (p. 3)

This book is very helpful in illustrating the myriad forces that affect women's health. Specifically, it contributes to the understanding of health and gender within the milieu of globalization. Reading this work will challenge one's attitude toward gender and health inequities.

The book would be most suitable for graduate students and their instructors. It may be too overwhelming for undergraduate students as it presents a complex body of work. Students and educators interested in sociology, health, globalization, and gender issues would benefit greatly from this text as a complement to their current texts on gender issues or sociology. I teach sociology and would highly recommend this book as a complement to the current course readings.

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## Reference

Lee, K. (2000). Globalization and health policy: A review of the literature and proposed research and policy agenda. In A. Bambas, J. A. Casas, H. A. Drayon, & A. Valdes (Eds.), *Health and human development in the new global economy: The contributions and perspectives of civil society in the Americas* (pp. 15–41). Washington, DC: Pan American Health Organization.