

GLOBALISATION AND IT'S IMPACT ON WOMEN'S HEALTH

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ABSTRACT

Being a man or a woman has a significant impact on health, as a result of both biological and gender-related differences. The health of women and girls is of particular concern because, in many societies, they are disadvantaged by discrimination rooted in sociocultural factors. One of the most important aspects of women's health is reproductive health. Each month, the female body goes through a complete hormone cycle, so when something is off or is unbalanced, it affects their entire life, whether they realize it or not. Abortions are major cause of maternal morbidity and mortality in India. All these statistics present a grim picture of women health in India and are a cause of concern because of poor health. Common health issues faced by Indian women such as menstrual issue which can start from menarche till they achieve menopause; abdomen pain in which pelvic ultrasound helps in diagnosing these conditions; urinary tract infection which is the most common bacterial infection in women. Globalisation has accelerated the negative trends of economic and social development for the very poor, and it is poor women who have had to bear the biggest burden and as a result succumbed to greater ill health. Globalisation increases medical access for people and countries that may not have access or may not be able to afford care. It also increases the world's knowledge and allows for collaboration between nations. The main disadvantage of health globalization is the rapid spread of diseases the health of Indian women is intrinsically linked to their status in society. Research on women's status has found that the contributions Indian women make to families often are overlooked, and instead they are viewed as economic burdens. There is a strong son preference in India, as sons are expected to care for parents as they age.

Keywords: Globalisation, Women, Education, Health, Awareness.

INTRODUCTION

The women in Assam come from a variety of socioeconomic backgrounds. The difficulties in rural Assam differ according to the variations in the ecological environment. Compared to metropolitan women, women from rural areas typically have worse health and fewer access to medical facilities. The government of Assam recently resolved to put the 17 Sustainable Development Goals (SDGs) into practice, which would have a bigger impact on the health, happiness, prosperity, and general well-being of each and every Assamese individual. The objectives undoubtedly address many of the problems with women's health and general empowerment in the State. Indian women's social standing and health are inextricably intertwined. Women's contributions to families are frequently neglected and instead seen as an economic burden, according to research on women in sections of the Baksa district in Assam's rural districts. This patriarchal system occasionally leads to the maltreatment of young girls. In addition, women in rural areas are undereducated and underrepresented in the official work force. They often lack much independence, being ruled first by their fathers, then by their husbands, and eventually by their sons. Low birth weight babies are more likely to be delivered by women who are ill. Also, they are less likely to be able to give their kids healthy food and proper care. Finally, a woman's health has an impact on the household's financial stability because a sick woman will be less effective in the workforce. Although there are numerous major health issues that affect Indian women, this profile only addresses five of the most pressing ones: HIV/AIDS, nutritional condition, unequal treatment of girls and boys, and reproductive health.

Common Reproductive Health Concerns for women are:

- Endometriosis.
- Uterine Fibroids.
- Gynecologic Cancer.
- HIV/AIDS.
- Interstitial Cystitis.

- Polycystic Ovary Syndrome (PCOS)
- Sexually Transmitted Diseases (STDs)
- Sexual Violence.
- Heart disease.
- Stroke.
- Diabetes.
- Maternal health issues.
- Urinary tract infections.
- Sexual health.
- Breast cancer.
- Osteoporosis.

It is not unexpected that women's health varies widely among India's 25 states and 7 union territories due to the huge range in cultures, religions, and degrees of development. The prejudice against girls is systematic and widespread enough to show up in a variety of demographic statistics for the nation. The infant mortality rate for girls is higher than that for men for both the nation as a whole and its rural areas. Female newborn death rates tend to be greater in northern and western states, while this is not always the case; a difference of ten points between the two sexes' individual mortality rates is not unusual. A woman's poor health affects not just her but also her family. Overall, the infant mortality rate is slightly lower for girls in urban areas of the nation. However, access to abortion services is higher in urban India, where unwanted girl children are frequently aborted before birth. It has been said that if strategic interventions are made at crucial periods, sustainable well-being can be achieved in the context of women's health. Hence, the life cycle approach encourages deliberate interventions in the early years of life, adolescence, and pregnancy, with initiatives ranging from nutritional supplements to life skills training. Such measures aim to stop the harmful intergenerational cycle of illness. The vulnerability of females in India in the

crucial periods of childhood, adolescence and childbearing is underscored by the country's sex wise age specific mortality rates.

A factor in determining health is nutrition. A healthy, balanced diet boosts the body's ability to resist infection, helping it both prevent new infections and fight off those it already has. Nutritional efficiency can show up as a variety of disorders including protein energy malnutrition, night blindness, iodine deficiency disorders, anaemia, stunting, low body mass index, and low birth weight, depending on the nutrient in issue. Inadequate dietary intake is also to blame for illnesses like cancer, non-insulin dependent diabetic mellitus, hypertension, and coronary heart disease. South East Asian countries have a high prevalence of several types of nutritional deficiency illnesses, with some areas demonstrating infelicity in particular disorders. The Himalayan region and various tribal communities are prone to iodine deficiency condition, and anemia affects people from all socioeconomic backgrounds in the nation.

Women need information mainly pertaining to:

- Research
- Educational opportunities including prospects abroad
- Career advancement facilities
- Health and child care facilities which includes sexual and reproductive information
- Art and entertainment
- Social support system for working women

WOMEN AND GLOBALISATION

The processes linked with globalisation have significant implications on health, as evidenced by the data produced by numerous research institutions around the world. For instance, the availability of low-cost, processed foods due to greater commerce has led to an increase in obesity. The research also points to a gendered interaction with many of the health implications of globalisation, with particular health effects for women. It has been established that specific health

effects on women are correlated with shifting job patterns, altered ownership and investment realities, and the impacts of migration and urbanisation. Focus has been placed on how labour migration affects women's health in studies that have been published in the last 20 years. This research also covers the types and patterns of employment as well as the health dangers that come with it, such as human trafficking and sexual exploitation of women. Gender-specific consequences of globalisation on health have also been apparent in relation to mental health, which is a significant topic. Yet, there has been relatively little prior research and evidence specifically addressing how globalisation affects women's health. The current wave of globalisation has significantly improved the lives of women everywhere, especially in poorer nations. Yet, women continue to face discrimination in a variety of spheres of life, including as civil rights, work, and education. Particularly, many regions of the world still don't provide enough care for women during pregnancy. Every year, about 529000 women lose their lives giving birth or during childbirth.

Women in industrialised nations are affected differently by globalisation than males are. A larger percentage of women under 30 die in rural India like the majority of cultures on earth. In India, patriarchal customs and values are ingrained profoundly. It pervades institutions and organisations and undermines women's right to live honourable lives in a variety of cunning ways. Yet, in a large and socioculturally diverse nation like India, women's varied and frequently exceptional demands are experienced on a complicated terrain of age, caste, class, and region. So, it is difficult to discuss women's health and access to healthcare in such a complicated environment.

POSITIVE IMPACT OF GLOBALISATION ON WOMEN

Globalization has increased women's social choices by raising family income and increasing family income. Following the implementation of "liberalisation," "globalisation," and "privatisation" policies, there are now numerous chances for women in the form of new jobs. Women skilled workers are clearly in demand in India's manufacturing sector right now, with the largest all-female e-scooter facility in the world owned by Ola, numerous smart phone assembling

plants, textile businesses, MSMEs, and many more. Due to rising money, women are becoming more independent thanks to this exposure, which raises their understanding of many social and health issues that can be resolved.

This tendency has very serious gender consequences if agricultural work is done using conventional methods. The need for women's labour is quite great yet their pay is poor in small farms where crops are cultivated in the traditional manner. The independence of women expands as cash crops become more profitable on global markets. Agriculture output has changed structurally as a result of globalisation. Many nations began producing agricultural goods to boost their export qualities, and women in particular benefited from this because these jobs pay far better than labouring on their family farms. Working in businesses instead of farms also benefits women's health. By working in family farms, women are paid nothing or very low wages but women get higher wages while working in companies especially in export industries.

Demand for female employees is rising in some of the service industries with the quickest rate of expansion, including data processing, industrial export, airlines, railroads, banks, and insurance firms. Women have access to a lot of high-quality employment in industrialised nations thanks to the growth of the service sector.

Women are earning more money thanks to globalisation, which boosts their independence and sense of self. The old attitudes regarding women have the potential to be destroyed by globalisation, allowing women to participate equally in society. India is an agricultural nation, thus there are numerous options for women to enhance their level of income in the agricultural sector.

NEGATIVE IMPACT OF GLOBALISATION ON WOMEN

Women are found to get engaged in multiple full time and part time jobs to meet their expenses. Although they have moved closer to their places of employment, their household duties have not lessened. They receive no compensation for their domestic duties. Long work hours at the office while also attending to household duties like cooking and child care impairs women's

performance and gets in the way of their success. It also has a detrimental impact on their health owing to increased exhaustion and stress. While some women love the liberty of delaying marriage, they eventually come to the realisation that this kind of independence may wind up being a burden as finding a partner later in life is more difficult than when they were younger.

Women in rural areas are more frequently exploited than women in urban areas because of illiteracy and ignorance. Without a question, globalisation has given women many opportunities to advance. Although gender equality has been encouraged by globalisation, which Indian women have fought for their entire lives, it nevertheless has numerous unfavourable effects.

The amount of part-time, low-wage, and abusive professions available to women has increased due to globalisation. Increasing costs brought on by an open economy force women to adapt more. The lives of elderly women have gotten pitiful as the number of nuclear families has increased; they sometimes spend their final years in old age homes and solitude without access to proper care and medical services, putting them vulnerable to a variety of geriatric ailments. The population's feminization has made this issue worse. The triple burden of caring for the home, farming, and employment in the rural sector has been placed on women as a result of male migration from rural to urban centres. At the same time, greater exploitation, such as sexual exploitation and human trafficking, has resulted from women migrating for economic reasons.

DISCUSSION

Since the beginning of the 1990s, there has been a significant growth in research on women's health. The National Institutes of Health (NIH), the Agency for Health Care Policy and Research (AHCPR), and the Centers for Disease Control and Prevention (CDC) provide funding for basic, clinical, epidemiological, and health services research. These organisations concentrate on a wide range of illnesses and health issues that affect women throughout their lives, such as heart disease, breast and ovarian malignancies, mental and addiction problems, osteoporosis, autoimmune disorders, gynecologic disorders, and AIDS. A large-scale study called Study of Women's Health Across the Nation (SWAN) looks at the health of women in their forties and fifties and how it influences their health later in life. The study examines aspects of health, function, and general well-being, including body composition, bone density, cardiovascular

function, sexuality, menstrual patterns, diet, physical activity, stress, social support, use of health care services, relationships with families and friends, and other data. The Indian Health Service (IHS) handles issues related to behavioural health, cancer, diabetes, maternal-infant health, substance addiction, child/sexual abuse, family violence, and teenage pregnancy. Adolescent women and mothers with dependent children can benefit from demonstration programmes for substance addiction prevention funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). In order to assist women in preventing HIV infection, the Department of Health and Human Services (DHHS) also supports a million prevention effort for the development of secure and efficient microbicides. The Federal Coordinating Committee on the Environment and Women's Health, which was established by the Office on Women's Health (OWH), is concentrating attention on how environmental exposures from the workplace, the home, the atmosphere, and other environments affect women's health. It is also developing a national strategy to identify these avoidable health risks and remove them from the lives of American women.

The International Institute of Health Management Research (IIHMR) in Delhi suggests that Assam's primary and secondary healthcare systems employ the same number of healthcare workers as recommended by the NHM, and that the state's health budget be doubled over the next five years. Although Assam has made progress in improving its health indices, there is still much space for improvement. The state also has a severe lack of qualified medical personnel, including radiology specialists, nurses, paramedics, and even management of hospitals and healthcare facilities. The effectiveness of healthcare provided by government-run hospitals and health facilities is seriously in doubt.

DATA SOURCE

The presented paper is based both on primary and secondary data. The secondary data sources are the Census of India, DLHS, NRHM and other government publications.

SUGGESTIONS

- Encourage communities to lobby for supporting laws that take into account their particular requirements for sexual and reproductive health care.
- Bring together experts from around the world, government representatives, and healthcare professionals to share knowledge and develop strategies for advancing sexual and reproductive health and rights globally.
- Involve key stakeholders in governments and communities to enhance funding for sexual and reproductive health where it is most needed.
- Raise our voices in order to inform, influence, and advance worldwide initiatives to ensure that everyone has the right to make their own decisions about their bodies and their future.

CONCLUSION

Women's empowerment is hampered by a lack of autonomy in many areas that have a significant impact on development. Its institutionalised incapacity as a result of low literacy, limited access to mass media and money, and restricted mobility results in narrow areas of competence and control (for example, cookery). Even in the family sector, however, women's engagement is extremely gendered. Almost half of all women (51.6%) participate in healthcare decision making at the national level. Women's pervasive ignorance of health issues is a significant hindrance to their well-being.

The inferior status of women harms their health and limits their access to medical care. Further research has revealed that the household is a significant hub for gender-based

discrimination in healthcare. A truncated schooling is typically followed by early marriage, which disadvantages girls in a number of ways. The newlywed, who is already unaccustomed to medical practices, would find it challenging to seek medical help in such a circumstance. These illnesses, which hindered the females from doing their household duties, were treated right away. Since they were viewed as "normal," a number of reproductive health issues went undetected. Women are more prone than men to experience hunger, stunted growth and development, illness, disability, and even death between the ages of 14 and 45. Although being born inherently stronger than boys, female children have greater rates of illness and mortality. Girls and women are not treated equally with boys and men in any setting or circumstance. People from all around the world who are fighting for the drastic change needed to achieve true gender equality come together under the umbrella of the UN Foundation Equal Everywhere. One-third of all health issues in women between the ages of 15 and 44 are illnesses related to sexual and reproductive health.

As a result, it is clear that globalisation has a big impact on women's health, and organisations are stepping up to collaborate on a greater scale to address the weaknesses in dealing with adversities affecting women's health.

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