

## Gender – a critical determinant of health in a global world

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*Life chances and life choices are very clearly gendered in all parts of the world: no country treats its women as well as it treats its men. Gender is not just a question of socially acquired female and male roles it is an organizing principle of social life. It is about power. In defining gender as a key determinant of health we recognize not only how central the power relationship between women and men is to our daily life and wellbeing – but that it can be a question of life and death. A strategy of empowerment therefore is about a power shift between women and men. To be aware of this is absolutely critical for health policy and research. Quite simply, if research is not gender sensitive then it is not good research and if policies do not take gender differences into account then they will most probably perpetuate inequalities rather than address them successfully.*

*I would like to complement the excellent work presented in this special issue with some additional reflections. In a global world gender relations have become more dynamic than ever before and we are only beginning to develop frameworks that can track the immensity and the speed of this change and its impact on health in the context of everyday life. (Kickbusch et al. 2005) We need to capture better the extent to which gender as an organizing principle is subject to change and the exact manner in which this change manifests itself at the global and the local level, in particular how power relationships change. While our unit of analysis is most frequently the border of the nation state much of this process is trans-national and cannot yet be captured through the methodologies available to us.*

*How can we best analyze the impact on health of the two big forces that are reshaping the social organization of our societies: globalization and individualization? We need indicators that capture both the micro and the macro level and this means that we need to harness the frameworks and*

*methodologies of many disciplines. We know that the global flows (Appadurai 2005) break open long standing patterns of social organization – the family and the community – and subject them to both new opportunities and vulnerabilities. Globalization is a juggernaut (Giddens 1990) – it is destructive and disruptive but also creative and liberating. We know little yet about how it manifests itself as body politics.*

*In a deterritorialized world the boundaries between nation states and cultures have become fluid and identity needs to be constantly constructed and reconstructed. This has made gender relations complex. This is best exemplified in the multifaceted patterns of migrant families as they continuously balance tradition and modernity in the relationship between men and women and parents and children. In this balancing act “the work of cultural reproduction becomes a daily hazard” (Appadurai 2005) and everyday life can become a threat, especially for women. For example, some authors (Friedman 1999) see the increase in gendered violence as an expression of the disorientation following the breakdown of a centuries old model of social organization through patriarchy which does not hold any more – both at home and abroad.*

*In consequence we need a much better understanding not only of how global flows influence the health of women and men but in particular how global flows influence gender relationships and through them health. In order to formulate policies and programmes we need to know if changing gender relationships can be a pathway to better health, and if changing health patterns can be a pathway to more social equity and how the two processes interface. Let me illustrate this with three short examples: the globalization of aspirations, of rights and of the division of labour.*

**Aspirations:**

*One critical pathway is the relationship between health, social change and modernity. The former Director General of the World Health Organization called tobacco a “communicated disease” and highlighted the role that global media play in relation to health behaviours, but this only works because smoking is a signifier of modernity for women and girls. It is cheap, accessible, contemporary, and feminine and it gives sensory pleasure. There is a clear correlation between the gender development index and female smoking and multinational corporations build their strategies around this gendered product opportunity. Body and beauty images also fall within this pattern.*

**Rights:**

*Another critical pathway is the relationship between individual rights, social change and modernity. In health it manifests itself in the assertion of women’s reproductive rights or the rights of people living with HIV/AIDS. It shows that global flows are not only those of finance and media but also of social movements and ideas of human rights. Through health people learn that they have rights – health transports individualization. Most interestingly these movements are as much global as they are local - increasingly making use of the electronic media to fight for their cause. But international organizations and development agencies have also contributed towards strategies that combine rights, equity and health, one example being the World Health Organizations’ activities in this area. Continuously these norms and their policy base are challenged by positioning “culture” in opposition to gender equity and human rights.*

**Labour:**

*A third critical pathway is the deterritorialization of women’s work within a new global gendered division of labour. Women’s mobility drives the global sex market, is the basis of cheap labour in the production centres of the developing countries and a key factor of an underclass of service workers in the developed world. This import-export of gendered human and social capital has led to a disruption of families and communities in countries of origin and at the same time helps them survive through remittances; it binds women to old ties and yet offers many of them a new life outside of traditional boundaries. We know very little about the health impacts – particularly the mental health consequences – of these human capital flows at both the individual and the social level.*

*Health stands prominent because the health arena and the health system are the space in which women’s lack of rights and power is made particularly visible and tangible: maternal mortality, female genital mutilation, unwanted pregnancies and violence are cases in point. The two most prominent gender sensitive health indicators world wide are the increasing number of women infected with HIV/AIDS, the number of girls denied education and the 500 000 women every year who still die in childbirth. All three are expressions of lack of political commitment at local, national and global level. We need to measure women’s ability to use rights, capabilities and resources to make strategic choices and decisions and analyze the policies and structures that allow women to exercise agency. In summary the one most critical gender sensitive indicator is empowerment.*

**References**

*Appadurai A (2005). Modernity at Large. Cultural Dimensions of Globalization. Minneapolis and London: University of Minnesota Press.*

*Friedman TL (1999) The Lexus and the Olive tree. Understanding Globalization. New York: Farrar Straus Giroux.*

*Giddens A (1990) The Consequences of Modernity. Stanford: Stanford University Press.*

*Kickbusch I, Hartwig K, List J (2005). Globalization Women and health in the 21<sup>st</sup> century. London and New York: Palgrave and Macmillan.*

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