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Providers and Consumers

by Ms. Josie F.

Introduction

Women are providers and consumers of food and health. As such, women fear the breaking down of borders that allow those with capital and goods to dominate the globalising world economy. Uneven global development will continue to stagnate and marginalise further poor countries and poor women.

This article briefly examines two critical consumer issues—food and health in the context of women and globalisation. The effects of globalisation of the world economy and its impact on women's role as providers of food and health are discussed here.

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Food

The globalisation and liberalisation of agricultural trade as a strategy for achieving universal food security and its impact on poor women requires more investigation and studies.

However, available studies show that in the 1960s, the main policy of poor countries was still self-sufficiency in food production but in the 1970s this shifted to a rapid growth of food imports, mainly cereals from rich countries particularly the Organization for Economic Cooperation and Development (OECD) countries. The oil crisis and the influx of loans from OECD countries are some reasons for this shift.

The debt crisis of the 1980s and the General Agreement on Tariff and Trade/World Trade Organization (GATT/WTO) rules on agriculture opened up the food sector to free trade on a world scale. National policies of subsidies and import restrictions had protected this sector previously in rich and poor countries. When farm subsidies are removed, small farmers particularly women are marginalised. This situation results in less home food production.

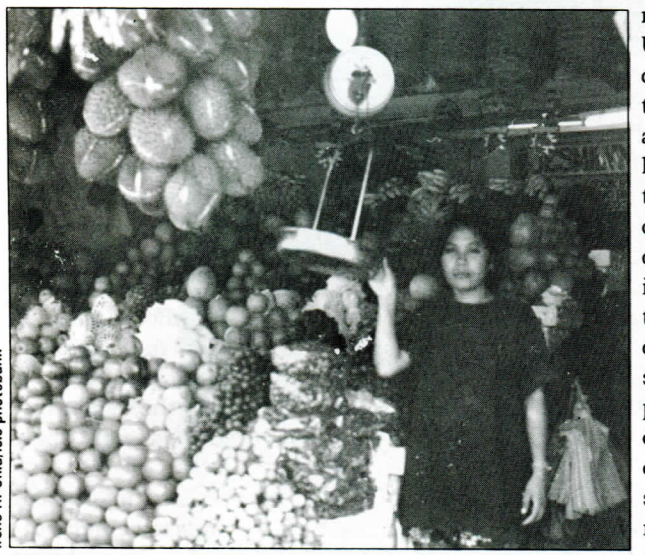
The establishment of regional trade blocks like the European Union (EU), North America Free Trade Agreement (NAFTA), Asia-Pacific Economic Cooperation (APEC) and Southern Cone Common Market (MERCOSUR) are entering the free flow of agricultural commodities. Today, in a supermarket in Manila, Kuala Lumpur or Jakarta, you find more New Zealand/Australian apples, South African oranges, Spanish pomegranates, Chilean grapes than local guava or starfruit. Locally produced food is now more expensive than imported items. Consumers' choice of product is often on the basis of price and affordability. If apples are cheaper than guavas, the purchase would obviously be apples resulting in the consumption of imported food more than local products.

The massive flooding of local markets with imported commodities produced by large transnational corporations/big farmers will inevitably see the displacement of small farmers.

Women as producers and consumers are central to achieving household, national and universal food security. The worldwide liberalisation of trade in food and agricultural products threatens particularly poor women's roles in the goal of achieving universal food security. Women's active participation in food security is only possible when they have access and control of the resources required for sustaining food security such as land, the ecological and social conditions of food production and active participation in the distribution and consumption of food. However, the neglect of women in most national agriculture policies has resulted in the unequal distribution of food to

poor women and their families. This was a statement articulated at the Rural Women's Workshop at the World Food Summit in November 1996.

Further, farmers are now using their land for export crops like flowers or exotic fruits like strawberries for the urban rich. Coastal lands in India for example are now used for shrimp farming for export to Japan, Europe and the U.S. These changes result to the lack of arable land for home production and ecological destruction of food producing lands. And these consequences will result in the displacement of local small farmers and small-scale producers, most of whom are women. Transnational corporations will dominate agriculture, resulting in the loss of self-sustaining local food security systems, local dietary habits, traditional knowledge, biodiversity and small-scale production. The main losers are poor consumers especially women and children for whom food will be expensive and less accessible. Less food will adversely affect the health, nutritional and educational standards of the poor. Majority of the poor are women.



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Health

Globalisation has meant that many health care products and drugs produced by the multinational drug industry or their subsidiaries are available in most countries around the world. For many developing countries with weak standards of testing, acceptable promotion and marketing practices and with poor control over the import and export of drugs and medical devices, globalisation also means the entry of drugs that have never been approved or have been recalled in developed countries where regulations are more stringent.

As Shila Rani Kaur, CI ROAP's (Consumer International Regional Office for Asia Pacific) Project Officer on Health and Pharmaceutical Programme states, "Because women are the primary care providers and largest consumers of health care products and drugs, they also are the first victims of the effects of globalisation.

The multibillion-dollar drug industry realises that there are profits to be gained from women living longer, from their role as primary care providers as well as their increased spending on health care. Women's health care has now become big business.

For a long time, women's health care, meant reproductive care. Women suffered and continue to suffer from the consequences of taking drugs or using devices to regulate fertility. Women continue to suffer from cancers of the reproductive system and sexually transmitted diseases."

However with the globalisation of the marketplace and its logical consequence—health marketing—women's health today has been extended to include conditions that are specific to women such as menopause and bone deterioration, but also heart disease and cancer that often affect men and women differently. This has been made possible because drug companies are aware that women can be convinced to accept medical treatment for these conditions.

Women's health marketing is also part of a larger phenomenon of drug companies going directly to patient populations and increasing their anxiety so that they feel compelled to buy drug products. The companies project themselves as helping women when in

fact they are out to raise profits for an increasingly older population.

While the research on women's health may be producing helpful information that enables the public to understand a whole range of diseases and their specific impact on women, drug companies have been using the same information to push drugs that in some cases are not really necessary and in almost all cases are quite expensive. In February 1997, Procter & Gamble Co. donated US$1 million to Columbia University to study why heart problems tend to appear in women 10 years later than in men and why brittle bones afflict women more than men. The Pharmaceutical Research and Manufacturers of America, the largest lobbying group for prescription drugmakers, launched an ad campaign in 1993 to enhance consumer awareness about drug industry research. The effort has included three campaigns on TV and in major newspapers and magazines touting the companies' research in menopause, breast cancer and osteoporosis.

Not to be left out, one third of hospitals in the U.S. today have some kind of women's health centre, states the American Hospital Association. These centres do not just focus on reproductive care but also on managing menopause and osteoporosis, conditions that have suddenly become the subject of medical research and treatment—interestingly just after business got into the act. Unfortunately, the drug and the care for these illnesses are beyond what poor women can afford.

Purchasing Power

Women make up a large work force in the export industries in boom countries. But the women's role here is a secondary one. Women provide cheap labor, are exploited and easily controlled. Women continue to receive low pay, have low educational levels, poor skills, and work under hazardous conditions. They have limited wealth measured in terms of land ownership, properties, capital and other factors of production, little access to credit, entrepreneurial opportunities and minimal organisations in unions. Their limited earnings and weak political power place them at great risks as consumers and providers of health care and food. It has been well documented that women have little say in national policies. As consumers, women have not mobilised their power particularly in developing countries.

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Globalisation means the breakdown of national boundaries as barriers of economic exploitation. Every country, rich or poor, developed or developing would have access to every other country. The poor countries would have access to the markets of the rich, unrestricted. In return, or rather by right, the rich will have access to the markets of the poor. But nothing significant has happened thus far to justify this utopian dream. The poor are no longer independent—both women and men. They have already lost control over their own currency, over their basic needs such as food and health. If the rules are not changed in favour of poor countries and poor consumers, the hardship and instability in those countries will spill over to the world at large. The alliances between people's movements—consumers, women, environmental and labor are necessary to regulate globalisation and rechannel it in a socially responsible way.

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