



Gender and Well-being in the Dominican Republic: The Impact of Free Trade Zone Employment and Female Headship

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Summary. — This paper examines the influence of gender and free trade zone employment on health. Results from logistic regression analysis provide mixed evidence of significant effects. Findings show the combined negative effects of gender and free trade zone employment on hospitalization, and the negative effects of free trade zone employment on declaring health problems. Findings also demonstrate the positive effects of gender on the usage of preventive medicine, and the positive effects of free trade zone employment on coverage through social security. Demographic factors linked to health include household location, household labor, age, and education.

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1. INTRODUCTION

Many questions have been raised regarding the interaction of gender and export-led industrialization (Deere *et al.*, 1990; Louat, Grosh, & Van der Gaag, 1993; Razavi, 1999; Safa, 1995a, 1995c; Sassen, 2000). Two dominant paradigms are exploitation and opportunity approaches. Exploitation arguments emphasize detrimental work conditions, low wages, and labor segregation (Benería, 1994; Safa, 1995c; Tinker, 1976). Opportunity approaches highlight income availability, income control, and increase of employment options for women (Joekees, 1995; McLachlan & Aguilar, 1998). Emphasized in opportunity frameworks are themes related to the contributions of paid employment and market participation. These contributions extend to women's economic independence, authority, as well as household health, food security, nutrition levels, education, family housing, improvement in transpor-

tation, and community health (Katz, 2000; Kiteme, 1992; Krieger, 2000; Lim, 1997). While there is an extensive literature on an export-led employment and women's overall well-being, there are no conclusive accounts on the nature of the outcomes presented. An empirical examination of this relationship contributes to the discussion of gender issues within the context of economic globalization.

This paper examines how gender and free trade zone employment influence the health of female-headed households in the Dominican Republic. The Dominican case is important for an examination of gender and free trade zone employment, given the primacy of export manufacturing in the country's economy, and the high

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levels of female participation in the export sector (Devault, 1997). The main hypothesis of this study is that female headship and free trade zone employment have negative effects on the health of female-headed households. The paper focuses on female headship since an increase in female-headed households in the Dominican Republic has been concomitant with growth of the free trade zones. Estimates of the percent of households headed by women range from 26.8% to 37.3% in 1996 (Bourque, 1989).

The analysis is based on a 1996 Demographic and Health Survey (DHS) of the Dominican Republic (survey administered by the United States Agency for International Development—USAID). We analyze the results of four logistic regression models that examine the health effects of household labor, age, household location, education, gender, and free trade zone employment. The findings have implications for gender and development theory, the gender, employment and health literature, and policy making in developing countries. The findings also shed light on the relationship between female headship and poverty.

2. BACKGROUND: FEMINIST PERSPECTIVES OF PATRIARCHY, WOMEN'S SUBORDINATION, AND HEALTH

The theoretical relevancy of linking gender and health issues has been justified by the relationship between women's health and the well-being of their children, husbands, and families (Allen, 1997). In this regard, feminist theorists have produced a rich literature explaining the interaction between gender, economic development, formal employment, and health. Within the context of economic globalization, many feminist frameworks link negative gender outcomes to the effects of patriarchy and capitalism (Chhachhi, 1999; Elson & Pearson, 1997; Lim, 1997; Moore, 1995; Ross & Gladwin, 2000). For instance, radical feminists argue that male domination in the public and private sphere account for an important share of gender disparities in a range of social outcomes, including health. Socialist feminists see capitalism and patriarchy as an interrelated system that curtails women's access to socioeconomic, political, and cultural resources. Other feminist frameworks study gender inequality by specifying the independent interaction of capitalism and patriarchy while considering "the opportu-

nities in which capitalism is likely to hinder patriarchy," yielding positive outcomes for women (Ross & Gladwin, 2000, pp. 43–45).

Overall, the literature suggests that patriarchy and capitalism are implicated in women's health. Patriarchy operates in the household by creating unequal social relationships between men and women (Masini & Stratigos, 1991). In society at large, it promotes the social arrangements that perpetuate the socioeconomic vulnerability of many women. An example of the adverse effects of patriarchy and capitalism is the occupational segregation that pervades the labor market, in which women continue to be excluded from occupations with higher social benefits and higher wages (Allen, 1997; Ellis, 1986; Humphrey, 1987). Other examples are the emotional and time constraints faced by women at the personal level due to the accumulation of responsibilities in their roles as workers and homemakers (Kabeer, 1994).

The gender and employment literature supports many of the feminist claims in regard to gender and employment. This literature emphasizes "biological risks, acquired risks, psychological aspects of symptoms and care, health reporting behavior, and prior health care and care takers" as the major factors in explaining gender differences in health in industrialized nations (Fuller, Edwards, Sermsri, & Vorakitphokatorn, 1993, p. 52). Research from developing nations, however, suggests that problems associated with the reproductive system and greater psychological distresses are more relevant for explaining gender differences in health (Fuller *et al.*, 1993).

The gender and employment literature is full of accounts of both beneficial and detrimental effects of employment status on women's health. The Role Substitution hypothesis predicts positive health effects for employed women (Waldron, Weiss, & Hughes, 1998). Accordingly, employment increases well-being by providing income and social support. These resources help to reduce poverty, economic instability and improve household wealth, which are significant factors in predicting psychological distress and susceptibility to disease (Ross & Mirowsky, 1995; Waldron *et al.*, 1998). Positive outcomes are seen among employed married women and married women who declare a positive attitude toward employment.

In contrast, the Role Combination Strain Hypothesis predicts negative outcomes for employed women (Waldron *et al.*, 1998). Role

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