Women’s Health Transnational Networks

Laura Corradi
Giovanna Vingelli*
University of Calabria

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Abstract
The emergence and diffusion of global networks working around health issues with a gender perspective (gender & health organizations) is a relatively new phenomenon characterizing the last three decades with growing interest in gender studies, sociology of health and sociology of social movements. A transnational dimension seems to be more fit to negotiate women’s different conditions and interests – compared to traditional ones, whose actions remain limited to national arenas. We carried out exploratory research of about 284 international health-related organizations. Here we are going to present the results of a quantitative survey of 48 of them, dealing specifically on women and gender inequalities, and the outcomes of a qualitative investigation on 2 of them. In this essay, we focus on transnational organizations’ missions, activities and strategies.

Keywords
gender, reproductive rights, global networks, social movements, empowerment

Introduction
Beginning in the 20th century, health became a field of social action, increasingly crossing all types of borders. Today health is one of the objects of social policy deeply invested by globalization processes.1

*) This research project is collaborative. “Conceptual framework” and “The quantitative research methodology” has been written by Giovanna Vingelli; “Quantitative research results” and “Qualitative research results” has been written by Laura Corradi. Introduction and Conclusions have been elaborated together by both authors.


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While in the late XIX and early XX centuries most health promotion and protection efforts occurred within national boundaries, as part of a national agenda, today public health is commonly assumed to be of global concern: activities and projects are progressively promoted and co-ordinated by organization networks and international agencies. Even though some of the latter started to be active on health-related themes in the XVI century, it was at the end of the XX century – especially after World War II – that activities and networking rapidly increased. After its birth in 1948, the World Health Organization (WHO) has acted as organizational guide of (mostly national) policies and health activities.

Since then, many governmental and non-governmental organizations decided to enter the health field; among them, Save the Children (1919), the United Nations Children’s Emergency Fund (UNICEF, 1946), and the International Alliance of Women (1980). Other organizations were conceived precisely with the goal of working on health at the international level. Eventually, intervening on health also became one of the World Bank’s areas of interest; for poor governments this meant public health could turn into an object of barter, as a condition of loan money – with tremendous results on the affected populations.

In the same period, WHO changed the definition of health and its meaning: from ‘the absence of illness’ to a ‘state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO Constitution, 1948). Even though the new definition has been criticized in literature as being ‘utopistic’ – one never gets to such a state – the new definition of health was an important step forward in terms of looking at social and economic inequalities affecting health standards among different populations.

Conceptual Framework

During our work we have encountered a diverse terminology both in order to define health and gender organizations (associations, networks, coalitions, NGOs, consortium) and to indicate their action span (international, global, world-wide, transnational). For the purpose of this article, we are

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2) Inoue 2003.
3) Khagram, Riker, and Sikkink (2002) usefully distinguish between transnational networks, coalitions and advocacy campaigns – and social movements, which respectively involve informal transnational contacts, coordinated tactics, and the mobilization of large