

**Gideon, Jasmine (2014). *Gender, Globalization, and Health in a Latin American Context*.
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Reviewed by Hilary Martin

In recent years, many Latin American countries have passed progressive social policy reforms, but the benefits of these reforms are not equally reaped by everyone. Specifically, there are restrictions on who can access needed health services. In *Gender, Globalization, and Health in a Latin American Context*, Jasmine Gideon explores health inequalities in Chile from a gendered political economy approach.

Gideon is a Senior Lecturer in Development Studies at Birkbeck, University of London, and has previously published works focussed on the gendered political economy of health, such as *Migration, Health and Inequality*. In *Gender, Globalization, and Health*, she seeks to understand why and how health care experiences in Latin America are different for men and women by examining the gendered norms that make up the institutional structures that distribute and provide these services. To do carry out this task, Gideon proposes a gendered political economy approach that regards the health sector as a gendered institution and examines how the unpaid economy affects the paid economy and the health care system. Gideon performs a gendered political economic analysis through a global macro-meso-micro framework that focuses on “the gendered institutions (meso) that shape national policy processes (macro) and influence outcomes (micro)” (p. 196).

First, Gideon outlines what a gendered political economy of health approach is and why it is effective by referencing several feminist theorists, economists, and political scientists. Additionally, she asks the reader to recognize and understand the gender bias in meso-level institutions. Gideon then analyzes how these gendered norms are embedded in Latin American health systems by reviewing past policies. She has found that gendered norms and assumptions

dictate how the health system operates and that these norms are continuously reinforced in meso-level institutions in the present day. These norms negatively impact how women and racialized people access and receive services. In chapter four, Gideon further explores issues of gendered governance in health by looking at the policy process.

The next two chapters consider the informal sector. In chapter five, Gideon observes how the gendered political economy of health can be found in households, or informal work, by looking at labor markets and related policies. By looking at the changing agriculture sector in Latin America, she has found that new jobs are forming for women, but they are low-paying and have poor working conditions. This example reinforces the argument that labor is divided depending on a person's gender and how embedded gender norms are in both informal and paid work settings. Gideon insists that there is a need for informal workers to receive services and for states to update current occupational health legislation.

In chapter six, "Gender, Migrant Labor, and Health," Gideon analyzes the relationship migrants have with health and the debates that surround this topic. The jobs performed by low-income migrant workers, who are mostly women, and the way these workers are treated by health care professionals and citizens impacts their access to health care services as well as future health risks. Gideon concludes by repeating the need to read advancements or changes in Chile's health care system from a gender equality perspective. A gendered political economy of health approach will acknowledge that these changes are taking place where gendered norms are already embedded in households and certain demographics. To see lasting results in the health care system these embedded gender norms also need to be acknowledged.

Gideon provides a thorough analysis of the situation in each chapter of her book. First by theoretically exploring the topic, then by situating it within a broader Latin American context,

and finally by showing how it is playing out in Chile. While addressing the general context Gideon relies on secondary research, but for her analysis of Chile, she conducted her own primary research. This primary research began from a doctoral project spanning a ten year period. Her primary research consisted of semi-structured interviews and participant observations in health care centres in Santiago. The familiarity the author has with her topic and the long time span she has dedicated to her study are shown in her work and this is indeed a major strength of this book. Such an approach allows Gideon to reveal trends and results that may not have been known if the study was conducted in a short-period of time.

Gideon also presents information with detailed sub-headings and constant recapitulations of points made in previous chapters. While a repetition of information is helpful for the reader to understand complex concepts, it can also be distracting. References to previous debates and points can affect how the reader processes the information because it causes the reader to flip back to earlier chapters. The book is also not fully accessible to readers and scholars who are new to feminist writing and research as there are several references to advanced feminist concepts and terminology.

Overall, Gideon provides a thorough analysis of gender inequality in Chile by taking into account the social determinants of health and examining the local, national and global actors at play. While *Gender, Globalization, and Health* focuses upon gendered inequalities, Gideon provides a well-rounded analysis by acknowledging the coexistence of other inequalities, such as race, class, socio-economic status, and migrant status.