

Impact of Globalization, Women's Empowerment, and Maternal Health in Sub-Saharan Africa (SSA)

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ABSTRACT

Keywords: Globalization, Women's Empowerment, Maternal Health, Sub-Saharan Africa, The GMM Estimator, The LSDV-Corrected Estimator.

Purpose of the study : Women's empowerment nowadays refers to encouraging women's feeling of self-worth, their ability to make their own decisions, and the right to impact their own and others' well-being. This research aims to look at the impact of globalization and women's empowerment on maternal health in Sub-Saharan Africa.

Methodology : The econometric method is based on a dynamic panel model that was applied to a sample of 37 Sub-Saharan African countries from 2000 to 2017. For a deep analysis, the sample is separated into four subgroups. The results for the African context were obtained using the GMM estimator, whereas the results for the regions were obtained using the LSDV-corrected estimator.

Main Findings : The study's findings show that foreign direct investment and women's empowerment have a significant impact on lowering maternal mortality rates in Sub-Saharan Africa's West, East, Center, and South. According to this study, globalisation is no longer limited to the exchange of goods and services between countries but also includes technological exchange, migration, and impacts on all sectors of activity.

Research limitation : The study's main limitation is that it appears impossible to determine the exact impact of liberalising these services on health. The lack of data on a long series is also a challenge in this study. Future research will need to consider the long-term implications.

Novelty/Originality of the study : This study is distinct from others in that it is not restricted to the general context of SSA. It captures the specific effect of various regions by employing econometric tools tailored to each region. This study adds to the empirical literature on the impact of globalisation and women's empowerment on maternal health in SSA countries.

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1. INTRODUCTION

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Nowadays, globalization has become an inescapable aspect of international discourse because of its effect on different sectors of economic activity (Bolduc & Ayoub, 2000). According to the International Monetary Fund's 2002 report, globalization refers to the growing economic interdependence of countries due to the increase in transnational transactions of goods and services, the free flow of capital, cross-border migration, and the rapid diffusion of new technologies (Spilerman, 2009). Globalization is characterized by transnational movements of capital, technology, goods and services, human relations, knowledge, and fashions and beliefs (Held, McGrew, Goldblatt, & Perraton, 2000). It also means trade and market liberalization, free movement of money, labor, and greater integration of the national economy into global economies by dismantling barriers (Kumar, 2003; Mallavarapu, 2007). It is thus a process by which countries are integrated and interconnected through common economic, trade, political, social, cultural and technological ties.

Globalization is increasing dramatically and creating new opportunities, especially for developing countries, which are now able to attract foreign investors and capital (Kaur, 2018). However, although there are many regional differences, globalization has had not only positive effects on the economic development of countries but also negative effects, especially on disadvantaged countries especially developing countries (Harcourt, 2001). For this researcher, globalization has accelerated negative trends in economic and social development for the very poor. Globalization has undoubtedly brought certain advantages due to access to new jobs because of the internationalization of activities, especially commercial ones (Das & Ray, 2020).

Regarding the effect of globalization on the status of women, the current globalization has significantly improved women's lives worldwide, especially in developing countries (Kaur, 2018). The increased profitability of cash crops in international markets increases women's independence. Thus, women's employment opportunities increase significantly, allowing for an improvement in the family's income level and contributing significantly to family expenses. Along with the increase in family income, women's social choices have increased with the globalization phenomenon (Asongu, Efobi, Tanankem, & Osabuohien, 2002).

In industrialized countries, the process of globalization has a different impact on women than on men. Nevertheless, they are not affected as a group but differently according to their class and ethnicity. In

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contrast, in the context of countries in Sub-Saharan Africa where women are active players in economic activity and particularly in trade, low-income women have been able to access new jobs (Boyer & Guénard, 2014). Women's share of agricultural work is larger than that of men. In addition to the agricultural sector, women also enjoy the benefits of the service sector. Work in the informal sector, especially small businesses, is considered the most important source of income for women without high incomes (Kaur, 2018). Globalization has increased people's standard of living, especially women (Richards & Gelleny, 2007).

However, globalization has not had the same effect on the most disadvantaged (Harcourt, 2001). Women are disadvantaged in many areas, including education, employment, health, and civil rights. The trend of the new globalization has not fully benefited all population structures around the world. Gender differences in endowments, time-use patterns, and access to the means of production have mitigated positive effects for some and exacerbated gender inequalities (Sangappa & Kavle, 2010). Gender differences in education have limited women's access to new employment opportunities. In agriculture, in addition to positively impacting productivity, education improves farmers' ability to adopt new methods and technologies to improve outcomes. But because of their low level of education, female producers face more difficulties than males in accessing international markets. Gender-related responsibilities may prevent women from pursuing new opportunities in the commercial sector (Beneria, 2010). Globalization has accelerated negative economic and social development trends for very low-income women, and these women have had to bear the heaviest spending burdens (Parida, 2011). In these situations, these women are primarily affected by job cuts, deteriorating working conditions, and increased precariousness or impoverishment. Thus, strengthening the role of women in economic activities is an effective way to fight against the financial and economic crisis of 2009, which is essential for the economy's resilience and growth. The economic and financial crises of 2009 severely impacted the labour market and led to a rapid and massive rise in unemployment (Debauche et al., 2011; Markovits et al., 2014). It is worth noting the negative effect of the recent global health crisis due to COVID-19 on employment in 2020 (Antipova, 2021; Ozili, 2020). Which led to the adoption of response measures, including the containment and closure of certain activity centres, including markets, hotels and restaurants, sectors in which women are particularly involved and present.

The significance of this paper stems from the fact that globalisation now includes not only the exchange of goods and services between countries but also technological exchange and migration, and it affects all sectors of activity. In the African context, where economies are primarily outward-looking, and the informal sector accounts for a significant portion of economic growth, it is obvious to examine the impact of globalisation on women's empowerment, as women are the primary actors in this sector. Even though Sub-Saharan Africa has made significant progress in recent years, maternal mortality rates remain high. Because women play an important role in African households, it is obvious that globalisation could have an impact on women's empowerment and thus maternal health. As a result, this study is of particular interest. To fully understand the impact of globalisation and women's empowerment on maternal health, the empirical analysis goes beyond the general context of Sub-Saharan Africa and examines the specific effects at the regional level. This study differs from others in that it does not confine itself to the general context of Sub-Saharan Africa but instead captures the specific effect of different regions using econometric tools tailored to each context. As a result, this study adds to the empirical literature on the impact of globalisation and women's empowerment on maternal health in Sub-Saharan African countries as a whole and its various regions in particular. To continue our work, we present the empirical framework and some stylized facts about globalisation, women's automation, and maternal mortality around the world using available statistics.

2. LITERATURE REVIEW

In Thailand, operational risk has cost many organizations, businesses, individuals, and financial institutions their money, negatively impacting Thailand's economy. In 2017, two microfinance service providers' in Thailand collapsed, causing fear among the public that caused many clients to lose faith in the sector. This, in turn, affects their success and Thailand's economic growth. Credit and saving cooperative microfinance service providers have the most money in Thailand. Therefore, its collapse or inability to perform better would have a negative effect on credit and saving cooperative MSPs.

With regard to the health sector, globalization has allowed for the strengthening of health systems in developing countries, particularly in Sub-Saharan Africa (Bettcher & Lee, 2002; Bettcher, & Lee, 2002; Bettcher, Yach, & Guindon, 2000), through increased funding and investment in health infrastructure thanks to the actions of financial partners (Organization, 2018). According to the Organization for Economic Cooperation and Development (OECD) statistics, health sector aid has increased by approximately 63% in Sub-Saharan Africa during the period 2010-2018 (OECD, 2020). These statistics show the considerable effort of the international community to improve health indicators in this region, which has the lowest levels of health compared to other regions of the world.

Over the last few decades, the African region has seen a significant improvement in the health status of populations in general and women in particular, even if the targets have not been met. According to World Bank statistics, maternal mortality declined by 28% from 2000 to 2010 and 14% from 2010 to 2017, from 626 deaths to 534 deaths per 100,000 live births (Indicator, 2021). In contrast to other regions of the world where the trend is downward is 10% and 14%, respectively, for the Organization for Economic Cooperation and Development (OECD) countries and the world in general for the period 2010 to 2017 (Indicator, 2021). This remarkable achievement can be attributed to the will of policymakers to improve maternal health on the one hand and the aid granted to the health sectors from the various actors involved in the health field on the other. In addition, policymakers are interested in achieving the Sustainable Development Goals (SDGs). Although the single health goal, SDG3, focuses on direct actions that affect health, ensuring health and well-being are also intimately linked to other SDGs, including poverty reduction, which is the central theme of the entire SDG program. Including the 13 targets of SDG3, nearly 50 of the 167 targets of the 17 SDGs directly impact population health and well-being.

However, despite these health gains, Sub-Saharan Africa still has the highest mortality in the world. The level of mortality is far from the target, and approximately 529,000 women die each year during pregnancy and childbirth (Organization, 2018). The level of maternal mortality is still high compared to other regions of the world. According to World Bank statistics in 2017, the maternal mortality rate was 534 deaths per 100,000 live births, while the rate was 18 deaths per 100,000 live births in the OECD

area for the same period. This situation can be explained by the unavailability of health services, obsolete or outdated health infrastructures and a notorious lack of financial and human resources in quantity and quality. The main risk factors for maternal mortality include illiteracy, poverty, malnutrition, high fertility rate, low income, weak health systems, and complications during pregnancy and childbirth (Wamala & Kawachi, 2009). In order to bring about sustainable change to improve women's health, efforts are needed to effectively address these structural barriers that prevent the most vulnerable people, including women, children, and adolescents, from accessing quality services.

The importance of this paper is revealed by the fact that enhancing women's economic empowerment is a prerequisite for achieving sustainable development and pro-poor growth and for achieving the Sustainable Development Goals (SDGs). For example, research in development economics indicates that international trade increases women's employment in less developed countries. In recent decades, women's participation in the labour market has increased dramatically in developing countries. Greater economic empowerment means having the means to participate in, contribute to, and benefit from the growth process, as well as the opportunity to negotiate a more equitable distribution of the benefits of growth.

In this context, this paper aims to analyze the relationship between globalization, women's employability and maternal health in Sub-Saharan Africa and thus contribute to the existing literature in this area of research by adopting a methodological approach based on the GMM estimator and the LSDV-corrected.

3. METHODOLOGY

3.1. Data and Model

The dataset comes mainly from the World Bank database (Indicator, 2021). The sample covers 37 Sub-Saharan African countries Table1 for which we use annual observations covering the period from 2000 to 2017. For a more in-depth analysis of our research, we focus the study on different regions of Africa to specifically assess the effect of globalization and women's employability on maternal health in these different regions.

TABLE 1
List of countries

No	Country	No	Country	No	Country
1	Angola	15	Gabon	29	Rwanda
2	Benin	16	Gambia	30	South Africa
3	Botswana,	17	Ghana	31	Sudan
4	Burkina Faso	18	Guinea	32	Senegal
5	Burundi	19	Guinea-Bissau	33	Sierra Leone
6	Cameroon	20	Kenya	34	Tanzania
7	Chad	21	Lesotho	35	Togo
8	Central Africa	22	Liberia	36	Uganda
9	Comoros	23	Madagascar	37	Zambia
10	Cape Verde	24	Mali		
11	Congo	25	Mozambique		
12	Congo (Republic)	26	Namibia		
13	Côte d'Ivoire	27	Niger		
14	Eswatini	28	Nigeria		

Source: World Development Indicator (Indicator, 2021)

The model chosen is the health production model as defined by Phelps (1995) and formulated as follows :

$$H = f(M, X) \text{ ----- (1)}$$

Where **H** represents the health measure, **M** represents the medical care consumption, and **X** represents the consumption of goods and services. Referring to the studies of Azemar and Desbordes (2009), Okafor and Oseghale (2019), and (Nagel, Herzer, & Nunnenkamp, 2015a/201b), this theoretical model leads us to the general empirical formulation as follows:

$$MM = f(TO, FDI, EMPF, SEE) \text{----- (2)}$$

Where **MM** is the maternal health indicator; **TO** represents the openness rate; easing and increasing trade can allow governments to obtain more resources to improve the well-being of their populations, including health actors in trade negotiations and agreements related to public health, and take steps to remove import duties on health-related products (Byaro, Nkonoki, & Mayaya, 2021). FDI represents a foreign direct investment. FDI can act as a catalyst to improve the health sector, increase educational opportunities, and create a better lifestyle (Golkhandan, 2017; Siddique, Hasan, Chowdhury, Rahman, Raisa, & Zayed, 2021). EMPF represents the employment rate of women; the literature has shown the importance of the level of employment synonymous with an increase in resources to facilitate access to care and thus to mortality reduction (Gjerdingen, McGovern, Bekker, Lundberg, & Willemssen, 2001; Waldron, 1980). SEE represents the vector of socioeconomic and environmental variables (Wang, 2014).

However, the methodological approach follows a panel data model for African countries.

Equation (1) is specified as follows:

$$MM_{it} = \beta_0 i + \beta_1 TO_{it} + \beta_2 FDI_{it} + \beta_3 EMPF_{it} + \beta_4 DPS_{it} + \beta_5 URB + \beta_6 TMNN_{it} + \beta_7 INF_{it} + \epsilon_{it} \dots \dots \dots (3)$$

Where β_i represents the country-specific effect; i and t represent the number of individuals (country) and time period (year), respectively; **DPS** represents public health expenditure. Increased public investment in health would improve health care provision and thus health status (Boachie & Ramu, 2017; Nwankwo, 2018; Rana, Alam, & Gow, 2018). **URB** represents the rate of urbanization. High urbanization accompanied by sanitation infrastructure and health services would improve health status (Kamal, Curtis, Hasan, & Jamil, 2016; Matthews, Channon, Neal, Osrin, Madise, & Stones, 2010). **TMNN** indicates neonatal mortality rate. The literature has shown a correlation between neonatal mortality and maternal mortality. Thus a high level of neonatal mortality increases the maternal morbidity rate (Moucheraud, Worku, Molla, Finlay, Leaning, & Yamin, 2015). **INF** represents the level of inflation. Rising food prices negatively affect nutrition and lead to higher mortality levels as food represents a larger share of household expenditures (Bourne, Sharpe-Pryce, Francis, Solan, Hudson-Davis, Campbell-Smith, & Coleman, 2014; Lee, Lim, & Park, 2016).

3.2. Analysis of the Descriptive Statistics of the Variables

The descriptive statistics of the variables show heterogeneity between countries in Sub-Saharan Africa. The level of maternal mortality is estimated to average 580 deaths per 100,000 live births, with a maximum of 2480 deaths per 100,000 live births. The variation in maternal mortality from country to country is estimated at 331 deaths per 100,000 live births. Other statistics can be seen in the table (2) below.

TABLE 2
Descriptive statistics of variables

Variable	Observations	Average	Standard deviation	Minimum	Maximum
MM	684	579,958	330,528	53	2480
TO	684	68,404	33,559	16,141	311,354
FDI	684	4,493	8,474	-6,057	103,337
EMPF	684	45,364	5,727	27,838	55,248
DPS	684	1,597	1,010	0,062	5,275
URB	684	39,363	15,533	8,246	88,976
TMNN	684	30,574	9,817	5,6	54,7
INF	638	8,976	29,297	-8,975	513,907

Source: Calculated by the author based on WDI data, 2021

3.3. Estimation Technique

To analyze the relationship between globalization, women's employability, and maternal health in SSA, the econometric approach is based on a panel model of 37 countries in SSA covering the period from 2000 to 2017, for which the GMM estimator is used to control for unobserved fixed effects, endogenous independent variables, the presence of heteroskedasticity, and autocorrelation across or within the panel (Arellano & Bond, 1991). For further analysis, the sample is divided according to the different regions of Sub-Saharan Africa. For the analysis of these areas, the LSDVC bias correction estimator was used for the regressions through a dynamic approach. However, the LSDVC estimator is preferred to the GMM estimator because the latter becomes inefficient when the study period is greater than the number of observations. Thus to have unbiased estimates in a small panel data context, the appropriate estimator is the LSDVC.

This method is an appropriate estimation technique for small sample dynamic panel data where GMM cannot be applied effectively. Okeke and Okeke (2016), referring to the study by Bruno (2005), showed the effectiveness of the LSDVC estimator under conditions where the number of observations (N) and sample size (T) is small or in situations where $T \geq N$ for panel data (Bun & Kiviet, 2003). Thus, we use the Least Squares Corrected Dummy Variable (LSDVC) estimator for the country-level analysis of the different regions. The inclusion of lagged values allows us to control for potentially important variables omitted in the model. Thus, in its dynamic form, the operational model in equation (3) can be rewritten as follows :

$$MM_{it} = \beta_0 i + \beta_1 MM_{it} + \beta_1 TO_{it} + \beta_2 FDI_{it} + \beta_3 EMPF_{it} + \beta_4 DPS_{it} + \beta_5 URB + \beta_6 TMNN_{it} + \beta_7 INF_{it} + \epsilon_{it} \dots \dots \dots (4)$$

MM_{it-1} Represents the lagged variable of maternal mortality.

4. RESULTS AND DATA ANALYSIS

Table (3) below presents the overall results of the relationship between globalization, women's employability and women's health in SSA. The results show that an increase in FDI of 1% leads to a reduction in maternal mortality of about 0.23%. Similarly, increasing women's employability leads to an improvement in maternal health of about 5.4%. The results also show that increasing the level of urbanization by 1% leads to a reduction in maternal mortality of about 1.23%.

TABLE 3

Estimates Results of the Effect of Globalization and Women's Employability on Maternal Health in Sub-Saharan Africa

Variables	GMM Estimator
L.MM	0.782*** (0.0141)
TO	-0.0353 (0.0305)
FDI	-0.233*** (0.0684)
EMPF	-5.397*** (1.323)
DPS	0.757 (1.735)
URB	-1.226*** (0.387)
Tmneonatal	3.858*** (0.413)
INFLATION	-0.00694 (0.0378)
Constant	288.4*** (57.08)
Observations	570
Number of ID	37

Standard errors in parentheses, **Note** : *** p<0.01, ** p<0.05, * p<0.1

Source: Author's estimated based on WDI data, 2021

For an in-depth analysis, table (4) below presents the results of the relationship between globalization, women's employability, and women's health in the different regions of Sub-Saharan Africa. The results reveal that globalization affects maternal health overall. Indeed, the coefficients associated with the degree of trade exchange (openness rate) and FDI are significant and negative, which shows that they respectively allow a reduction in the level of maternal mortality, especially in West Africa, of about 0.13% and 0.48%. While in the South African region, the degree of openness increases the level of maternal mortality by about 0.03%, in the Central African region, FDI contributes to improving maternal health by about 0.52%. However, while women's employability allows a reduction in maternal mortality by about 2.42% and 9.22%, respectively, in West and Central Africa, it contributes to the deterioration of maternal health by about 4.68% in East Africa.

The low level of public investment in health contributes to a deterioration of maternal health by about 2.03% and 9.23% in East and Central Africa. Similarly, the accelerating level of urbanization unaccompanied by basic health care services increases the level of mortality in West and East Africa by about 0.76% and 3.19%, respectively. However, controlling the level of neonatal mortality in East Africa leads to an improvement in maternal health of about 3.54%.

TABLE 4

Results of estimates of the effect of globalization and women's employability on maternal health in Sub-Saharan Africa regions

Variables	LSDVC Estimator			
	West	East	Center	South
L.MM	0.875*** (0.0377)	1.044*** (0.0276)	0.947*** (0.0132)	0.865*** (0.0292)
TO	-0.130*** (0.0400)	-0.194 (0.140)	-0.0338 (0.412)	0.0326*** (0.00201)
FDI	-0.481*** (0.0758)	1.008 (1.003)	-0.516*** (0.198)	-0.132 (0.402)
EMPF	-2.419*** (0.581)	4.697** (2.303)	-9.219*** (0.912)	-0.494 (0.388)
DPS	-2.507 (4.477)	2.032*** (0.0358)	9.230** (4.419)	0.0103 (2.365)

URB	0.756*** (0.230)	-0.628 (0.702)	3.185*** (1.204)	-1.695 (1.143)
Tmneonatal	1.803* (1.004)	-3.539*** (0.0697)	4.887*** (1.689)	0.669*** (0.0655)
INFLATION	-0.391 (0.580)	-0.141 (0.180)	0.0168 (0.0548)	-0.00917 (0.0458)
Observations	244	85	101	177
Number of ID	15	5	6	11

Standard errors in parentheses, **Note:** *** p<0.01, ** p<0.05, * p<0.1

Source: Author's estimated based on WDI data, 2021

5. DISCUSSION

The analysis of the results presented in the tables above shows that, overall, globalization is essential for improving maternal health, especially in the East and West African regions. The effect of FDI on health can be explained by the fact that the increase in FDI leads to an increase in income and, therefore, an improvement in well-being. This result is also consistent with the work of [Alam, Raza, Shahbaz, and Abbas, \(2016\)](#), who find that FDI positively influences health through increased life expectancy. The influx of FDI has enormous benefits for recipient countries in terms of strategies for improving the economy, promoting development, new methods of production, technology transfer, domestic competition between firms and improving the people's skills ([Osano & Koine, 2016](#)). This is necessary for countries in Sub-Saharan Africa that have embarked on strategies for the structural transformation of their economies.

Like FDI, trade liberalization would therefore allow for an improvement in health status through the acquisition of new health care technologies (devices, equipment or infrastructure), pharmaceutical products and food ([Oberlander, Disdier, & Etilé, 2017](#)). This confirms the significant effect of trade openness on the decline in maternal mortality in West Africa. Yet, according to the study by [Nagel et al. \(2015\)](#), there is a non-linear relationship between FDI and health. For these researchers, FDI has a positive effect on the health of populations at low-income levels, and this effect decreases with increasing income and then becomes increasingly negative at higher income levels. These results confirm those found and show the importance of FDI in improving health status.

Regarding the effect of women's empowerment, the analysis of the results showed that high female employability improves maternal health. High female employability would increase women's income, especially in the African region where women head most households. The importance of women's empowerment was revealed in Goal 3 of the MDGs, which states to "Promote gender equality and empower women". Women's empowerment is about giving women a better political, social and economic status so that they can have access to resources as much as men and are guaranteed the right to make strategic decisions for their lives (WHO, 2008). However, women's empowerment must be accompanied by gender equality, which means that men and women of all ages have equal opportunities to access and use resources and services within the family, community, and society. Promoting gender equality creates the conditions for these vital services to existing by ensuring that public policies and budget allocations benefit women.

However, the results show that in East Africa, the increase in women's employability leads instead to an increase in maternal mortality. Women's poor working conditions jeopardize their survival, and wage labour prevents married women from fully attending to their natural obligations. Apart from the women who work formally, most are in the informal sector, which is heterogeneous by definition, meaning that these women devote more of their time to market production. In Africa, the proportion of women in the informal sector is often higher than that of men, and these women are often from low-income families. In most countries, conditions due to change in marital status, widowhood, abandonment, repudiation or separation are the causes that lead women to become heads of households.

With regard to the effect of urbanization on health status, the results showed a negative and significant effect of the coefficient associated with this variable on maternal mortality in Sub-Saharan Africa. This can be explained by urban areas' access to sanitation, electricity and health services ([Filmer & Pritchett, 1999](#)). However, the increase in the rate of urbanization must be accompanied by policies for sanitation, provision of clean water, and improvement of the living environment of the poor living in the urban periphery to avoid a rapid increase in urban poverty such that the urban poor lose the health benefits of those living in rural areas ([Anyanwu & Erhijakpor, 2009](#)).

According to the [Organization \(2014\)](#) reported that the rate of urbanization in Africa is among the highest in the world and is one of the main causes of increased pollution; others being fiscal policies that encourage the use of adulterated fuels, the surge in imports of often antiquated used cars, and the lack of efficiency in industrial manufacturing processes. Access to improved sanitation facilities (improved toilets) is very limited in most countries, especially in rural areas. Open defecation remains a problem in sub-Saharan Africa due to the lack of improved facilities, especially in rural areas. This situation explains the deterioration of maternal health due to the consequences of heavy urbanization in West and Central Africa.

Regarding the effect of public health expenditure on maternal health, the results show that the low level of public health expenditure contributes to the increase in maternal mortality in East and Central Africa. The low level of health spending or the poor condition of governance may explain this result ([Frag, Nandakumar, Wallack, Hodgkin, Gaumer, & Erbil, 2013](#)). In the existing literature, health spending is important in improving health ([Boachie & Ramu, 2017](#)). Public investment in health must

be carried out through the construction of healthcare centres to improve access to healthcare services, the improvement of healthcare infrastructure, the quality of healthcare provision and the purchase of healthcare equipment. All of these factors are necessary to maintain and improve the population's health. Fortunately, public spending has been growing in recent years, even if slowly in all countries, which may explain the willingness of public decision-makers to ensure better health for the population (Arthur & Oaikhenan 2017). Efforts still need to be made to achieve the commitment to devote at least 15% of their budget to the health sector at the meeting of heads of state in Abuja in 2000.

6. CONCLUSION

This study looked at the impact of globalisation and women's empowerment on maternal health in SSA and other regions. To that end, the econometric approach is based on a panel model of 37 SSA countries from 2000 to 2017. The findings show that FDI makes a significant contribution to the reduction of maternal mortality. Similarly, the findings indicate that women's empowerment is important in lowering maternal mortality by improving women's well-being. These findings have important policy implications, indicating that further trade liberalisation and FDI attraction can indeed create opportunities for improved health in low-income countries. Policymakers should also implement policies that promote women's employability and empowerment in the region. Market and commercial investment globalisation have significant negative and positive implications for public health. However, trade liberalisation in health services can be beneficial by increasing foreign investment and technology transfer, as well as facilitating greater access to health care providers.

7. LIMITATIONS AND FURTHER RECOMMENDATIONS

A major limitation of this study is that it appears impossible to determine precisely what effect liberalisation of health services might have on health status because it is difficult to measure the volume of trade in health services and to estimate precisely the degree of market openness. The availability of data over a long series is a second limitation. As a result, future research should consider the long-term impact.

As a policy implication, it is critical to close these gaps as soon as possible in order to provide decision-makers with more accurate information on which to base policies. Furthermore, policymakers in these countries must implement policies to attract FDI and facilitate inter-country trade in order to promote the adoption of new technologies and the opening of the domestic market. This must be done in conjunction with the implementation of good governance policies. As an extension of this study, it would be obvious to analyse the effect of globalisation on the quality of care through structural transformation, taking into account both short- and long-term effects.

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