

Assessing Women's Well-Being in Asia

Asia-Pacific Population & Policy summarizes research on population and reproductive health for policymakers and others concerned with the Asia-Pacific region.

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Throughout Asia, economic and social changes are affecting the well-being of women. After centuries of male domination in much of the region, women's lives are improving with economic development, social modernization, and better access to health and family planning technology.

In most Asian countries, few women attended secondary school or university until recently, and few worked outside the home. Today, more girls and young women are completing primary and secondary school, and the number attending university—although much smaller—is rising. More women are also taking up paid employment.

Yet many Asian women still face problems of low status at home and in the workplace. In the traditional societies of South Asia, most women have little authority within their families and few opportunities to venture outside the household. In the economically advanced societies of East Asia, many married women shoulder the double burden of full-time jobs plus housekeeping and childrearing with little flexibility from their employers and wages lower than men's.

Health indicators are mixed. Better family planning and maternal care have improved women's health and helped them avoid unwanted pregnancies. Women's life expectancy has increased across the region, overtaking men's life expectancy in nearly every country. In some Asian countries, however, girls are more likely than boys to die during early childhood, and in some an unusual preponderance of male births

points to the selective abortion of female fetuses.

This issue of *Asia-Pacific Population & Policy* summarizes some indicators of women's well-being in Asia and offers suggestions for policymakers. The discussion is based on chapters in *The Future of Population in Asia*, a special East-West Center publication supported by the Bill and Melinda Gates Foundation.

GAINS IN EDUCATION

Primary school education is nearly universal in many countries of East and Southeast Asia—both for boys and for girls—and girls' enrollment in secondary school has increased sharply. In Asia as a whole, 26 percent of girls age 15–19 were enrolled in school in 1990, compared with 16 percent in 1950 (Xenos, Kabamalan, and Westley 1999).

East Asia had the highest enrollment rates for girls age 15–19 and the greatest increase over the 40-year period—from 36 percent in 1950 to 74 percent in 1990. In Southeast Asia, girls' enrollment increased from 12 percent in 1950 to 34 percent in 1990. In South Asia, girls' enrollment has been much lower, but the trend is similar—from 8 percent in 1950 to 16 percent in 1990.

In some Asian countries, girls' secondary-school enrollment is steadily catching up with enrollment levels for boys. In South Korea, Thailand, and Hong Kong, secondary-school enrollment is nearly the same for both sexes, while in the Philippines enrollment

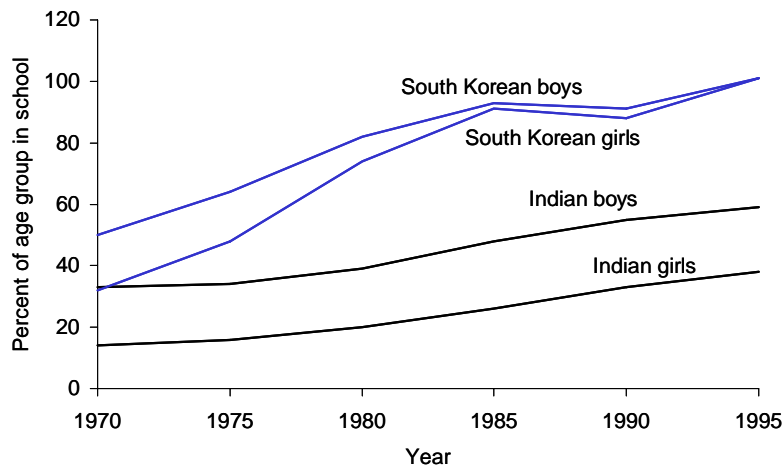


Figure 1 Girls and boys enrolled in secondary school as a proportion of all girls and boys of secondary-school age: South Korea and India, 1970–95

Source: UNESCO (1999).

Note: The percentage enrolled can be more than 100 if girls and boys outside the normal age range are also enrolled in school.

is slightly higher for girls. In many other countries, enrollment levels are improving but gender gaps remain. Figure 1 illustrates two common patterns.

Women are much less likely to attend college or university than secondary school, and in most Asian countries, the gender gap at the university level is substantial. In South Korea, for example, 38 percent of women in the appropriate age group were enrolled in university in 1995, compared with 66 percent of men. In India, 5 percent of university-age women were enrolled, compared with 8 percent of men. Thailand and the Philippines are exceptions with unusually high university enrollment rates for women. In Thailand, 20 percent of university-age women were enrolled in 1992, compared with 17 percent of men. In the Philippines, 33 percent of women were enrolled in 1995, compared with 25 percent of men.

EXPANDING EMPLOYMENT OPPORTUNITIES

Over the past few decades, women's labor-force participation has increased steadily, particularly in the rapidly

growing economies of East and Southeast Asia. The most important change in women's work status has been the decline in agricultural employment and the rise in industrial and clerical positions. The proportion of working women who hold relatively well-paid professional and managerial positions has also increased but is still quite small.

Women in an economically advanced economy such as South Korea tend to be heavily employed in clerical, sales, and service positions and in industry (Figure 2). By contrast, women's employment in Bangladesh is overwhelmingly in the agricultural sector. Even in South Korea, however, only 4 percent of employed women hold professional or managerial positions. The Philippines is exceptional, with 12 percent of economically active women in the professional and managerial category. This pattern, like the high levels of university enrollment, reflects relatively low discrimination against women in Southeast Asian societies.

Although women have played a key role in Asia's rapid industrialization, there is considerable evidence of gender discrimination in the work force. In the manufacturing sector, women

have been heavily concentrated in low-wage, labor-intensive industries, and there is a significant gap between the average wages paid to women and to men. During the late 1990s, women's wages were 74 percent of men's in the Philippines, 68 percent in Thailand, 63 percent in Malaysia, 59 percent in Singapore, 58 percent in Japan, and 55 percent in South Korea (ILO 2000). The wage gap is narrowing in some countries, but there is no consistent trend.

LINGERING PROBLEMS WITHIN THE FAMILY

Expanding education and employment opportunities suggest that women's status is changing for the better. Yet significant improvements in the position of women require changes in attitudes that are embedded in centuries of traditional culture. These attitudes often play out within the family.

Persistent problems in South Asia. Research in South Asia has revealed patterns of family decision making that are seriously detrimental to women's and children's health. One study in rural Bangladesh found that most married women have little or no say in deciding whether to see a doctor when they become ill or whether to buy medicine for a sick child. Nearly two-thirds can take a sick child to a hospital outside their village "only in an emergency" or "almost never" (Balk 1997). Similarly, the second National Family Health Survey (NFHS-2) in India found that nearly half of married women have no say at all in whether they should seek health care (IIPS and ORC Macro 2000).

These and other studies have found that high levels of education and household income do not necessarily assure women's status in societies that are strongly male dominated. Relatively wealthy, educated women often appear

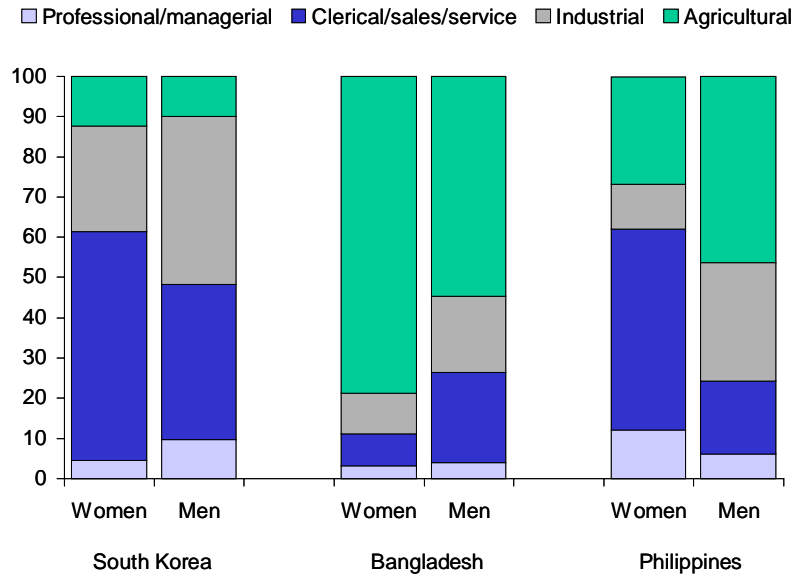


Figure 2 Percentage of economically active women and men working in the professional/managerial, clerical/sales/service, industrial, and agricultural sectors: South Korea (1999), Bangladesh (1996), and the Philippines (1999)

Source: ILO (2000).

to be more restricted within the household than poor, uneducated women who are forced to play a stronger, more independent role by economic necessity.

One aspect of women's low status in South Asian families is the persistence of early marriage and childbearing. All across Asia, women are waiting longer to marry and have children, but surveys in the late 1990s found that more than one-half of young women in Bangladesh, India, and Nepal gave birth to their first child while still in their

teens. This is a serious health concern for mothers and their children. In Nepal, infant mortality is 50 percent higher for children of teenage mothers than for children of mothers in their 20s. In India, it is 60 percent higher.

Women's low status in some South Asian families is reflected in abnormally high death rates for young girls. In Nepal, Bangladesh, and India, many more girls die between the ages of 1 and 4 years than boys (Figure 3). This contrasts with child mortality in Southeast

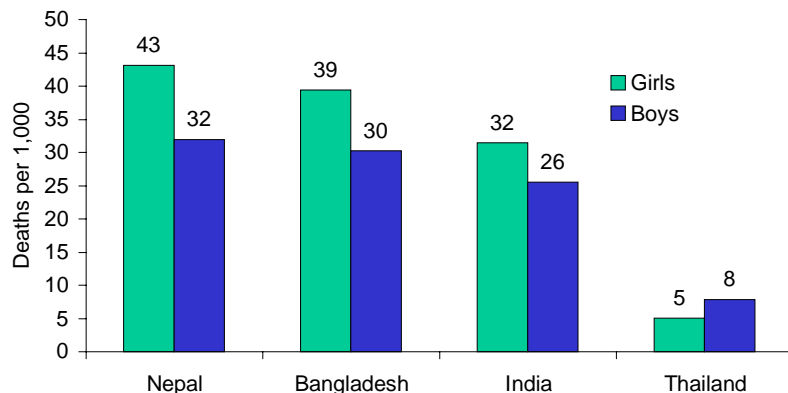


Figure 3 Child mortality (annual deaths at ages 1-4 years per 1,000 children surviving to age 1) in 1995-2000: Nepal, Bangladesh, India, and Thailand

Source: United Nations (2001).

Asian countries such as Thailand where women and girls enjoy higher status.

How does low women's status result in higher mortality for girls? In families with limited resources, boys may receive more food than girls, better care to prevent diseases and accidents, and better treatment when they do become ill. In India, boys are breastfed slightly longer than girls, and they are slightly more likely to be fully vaccinated and to be taken to a health facility when they are ill (IIPS and ORC Macro 2000).

In societies where women have low status, several practices may also lead to an abnormal preponderance of male births. The births of baby girls may not be reported, or girls may not be counted in census enumerations. In some cases, families may even resort to female infanticide.

In some Asian countries, the introduction of ultrasound and amniocentesis technologies combined with the widespread availability of abortion has led to a record preponderance of male births, indicating that couples are selectively aborting female fetuses. In China, Taiwan, and South Korea, the proportion of male births began to rise above the biological norm in the 1980s but now appears to be returning to normal. More recently, data from some Indian states show as many as 123 boys born for every 100 girls (Premi 2002).

Stressful changes in East Asia. With economic development and modernization, women in most East Asian societies now enjoy more autonomy than they did in the past. Once women marry, however, their roles are still defined primarily within the household. Employment opportunities are curtailed, responsibilities for housework and child care are onerous, and middle-aged women are expected to look after elderly parents or parents-in-law.

In recent years, more married women in East Asia continue to hold down

full- or part-time jobs while looking after a household and raising children. Yet few employers provide flexible work arrangements for married women, and few East Asian husbands provide much help at home. Possibly as a result, young women in East Asia are waiting later to marry, and some may not marry at all.

IMPROVEMENTS IN HEALTH AND HEALTH CARE

Asian women have better access to reproductive and maternal health care than they did in the past, including access to family planning. In India during the early 1990s, for example, 34 percent of births were delivered by a doctor or other health professional, and 36 percent of married women were using a modern contraceptive method. By the late 1990s, 42 percent of births were delivered by a doctor or other health professional, and 43 percent of married women were using a modern contraceptive (IIPS and ORC Macro 2000).

Improvements in health care and reductions in fertility have contributed to better life expectancy for Asian women. By 2000, women could expect to live longer than men, on average, in every major country of the region except Nepal and Pakistan.

In East Asia, where the risks of dying in infancy and childhood have been low for some time, women's gains in life expectancy are associated with reductions in old-age mortality and the greater inherent frailty of elderly men (Mason 1995). In South Asia and the less-developed countries of Southeast Asia, women's gains in life expectancy mostly reflect real improvements in nutrition and health care.

In societies where women live longer than men, improvements in women's life expectancy come at a cost, however. In many Asian societies, elderly

women are the fastest-growing population group. As women survive their husbands and live into old age as widows, issues of financial support, medical care, and companionship become critical.

POLICY CONSIDERATIONS

What does the future hold? Advances in women's education can be expected to continue, although in some countries the pace of change is slow. Future demands for labor will exert pressure on employers to hire more women and to retain women in the workforce.

Policies that encourage women to enter and remain in the workforce have clear economic benefits. In Asia's developing countries and advanced economies alike, employers need to review their hiring practices to offer women better long-term career opportunities and reduce gender discrimination. They also need to provide more flexibility in employment conditions to help both mothers and fathers balance work and family obligations.

Improvements in women's education and access to reproductive health and family planning services need to be sustained and expanded if women are to play a full role in economic development. Women in many Asian countries still have more children than they want, and declining fertility rates must not be viewed as a pretext to reduce support for family planning and reproductive health. Working women also need good-quality care for their children, and husbands need to take on more responsibilities at home.

Although governments can make women's education and health a priority, it has proven difficult to solve problems of gender discrimination by government intervention alone. At the same time, economic development may not fully counteract women's low

status in societies that are traditionally male dominated.

In the long term, education, media exposure, and work opportunities can provide both men and women with access to new ideas about women's roles. Meanwhile, specific issues—such as sex-selective abortion and care and support for elderly women—require immediate policy attention.

REFERENCES

- Balk, Deborah. 1997. *Change comes slowly for women in rural Bangladesh*. Asia-Pacific Population & Policy, No. 41. Honolulu: East-West Center.
- IIPS (International Institute for Population Sciences) and ORC Macro. 2000. *India: National Family Health Survey (NFHS-2) 1998-99*. Mumbai: IIPS.
- ILO (International Labor Organization). 2000. *Yearbook of labor statistics*. Geneva: ILO.
- Mason, Karen Oppenheim. 1995. *Is the situation of women in Asia improving or deteriorating?* Asia-Pacific Population Research Reports, No. 6. Honolulu: East-West Center.
- Premi, Mahendra K. 2002. *The girl child: Some issues for consideration*. Paper presented at the Symposium on Sex Ratio in India, organized by IIPS and the Ford Foundation, Mumbai.
- UNESCO (United Nations Educational, Scientific, and Cultural Organization). 1999. *Statistical yearbook 1999*. Paris: UNESCO.
- United Nations. 2001. *World population prospects: The 2000 revision*. New York: Population Division, Department of Economic and Social Affairs.
- Xenos, Peter, Midea Kabamalan, and Sidney B. Westley. 1999. *A look at Asia's changing youth population*. Asia-Pacific Population & Policy, No. 48. Honolulu: East-West Center.