

# **Empowerment of Women in Asia**

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**MARCH 1996**

**The Asian Population and Development  
Association**

## **Foreward**

Based on our assurance that the ultimate key to attaining balanced population growth and development and providing a sustainable future is the drastic development of women, we conducted surveys and research on Asian women with a three years project that began in 1993. The 1994 United Nations International Conference on Population and Development (called the Cairo Conference) agreed on the historic guiding principle "empowerment of women" designed to improve the overall position of women.

However, the UN says that with 70 percent of the world's poor and two-thirds of the world's illiterate being women, gender discrimination is still severe. The United Nations Children's Fund (UNICEF) recently surveyed abuse of girls in India and reported on the shocking miserable situation of girls suffering from poverty and discrimination against women (The progress of Indian States 1995 (UNICEF) Mainichi Newspaper, 21 December 1995)

The social position of women in Asia is becoming remarkably diverse. These considerable differences in position are attributable to the variant conditions of each country in terms of culture, national heritage, social system and economic progress. In some countries women are highly educated, attaining levels in society that are on a par with men, but in many other countries there is a strong tendency for women to be looked down on. Their social position is low, and in poverty, malnutrition and subjected to harsh labor conditions.

Unfortunately, still wide differences of gender equality among these countries and regions exist but conferences and information exchange are heightening interest in these differences and creating opportunities to move forward in diminishing those differences. The successful experiences about remarkable demographic transition in East Asia is spreading into Southeast Asia. In the same way, the advanced experience of women's empowerment in some countries is favorably stimulating those nations toward promotion of women's empowerment.

The APDA conference seeks to contribute to development throughout Asia and the world by enhancing exchanges of information, and strengthen the empowerment of women in each country, through mutual cooperation and assistance.

In conclusion, I want to thank Japan Shipbuilding Industry Foundation (Ayako Sono, Chairwoman) and The United Nations Population Fund (Nafis Sadik, Executive Director) for the many different forms of assistance they provided us in the preparation of this document.

March, 1996

Fukusaburo Maeda

Chairman

The Asian Population and  
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# **Chapter One**

## **AN ANALYSIS OF EMPOWERMENT**

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## **1. The Epoch-making Role of the Cairo Conference: A Single Principle and Strategy**

The International Conference on Population and Development, held in Cairo, Egypt, from September 5 to 13, 1994, was of historic significance. This international conference, attended by representatives of various nations, was the third such conference in exactly twenty years, the first being in Bucharest in 1974 and the second in Mexico City in 1984 and followed by Cairo in 1994. The reasons for the conference's significance were that, first of all, it was the 20th century's last international conference on population, and, second, that it marked the transition from a "World Population Plan of Action" to a "Programme of Action" — in other words, from the planning stage to the implementation stage.

In the 20 years between 1974's Bucharest Conference and 1994's Cairo Conference, international awareness of population problems underwent dramatic changes. At Mexico City — a mere ten years after intense opposition, at the Bucharest Conference, from socialist and religious elements on the grounds that human beings were a resource, and that population control was against divine providence — all voices united in affirmation of population control, with no trace at all of the kind of vehement opposition heard at Bucharest. Support for a "world population plan of action," which was barely given by the final stage of the Bucharest Conference, gained further emphasis in Mexico City.

A third notable characteristic of the Cairo Conference was not only that "planning" gave way to "programs," as stated above, but that a firm foundation was laid with a single comprehensive principle that integrated policies on population and development that previously were often thought to be an amalgam of several separate, fragmentary thoughts and ideas.

This was an epoch-making concept that also represented a revolutionary new view of women. It held that although women possessed far lower status than men, to whom they were continuously below both in the home and in society, and although they were resigned to secondary roles in society, women played the important role of reproduction, which was essential to the continued development of the family line and society itself.

It was agreed that the unequal treatment of men and women should be eliminated; that the status of women should be improved in a variety of areas; and that women should be "empowered" so as to enable them to speak and act just as men do in all aspects of society's development. This was also a revolutionary change with respect to views of development, for it introduced a new issue: calling for the abandonment of male-centered views of development and the framing of a comprehensive system of development that includes the role of women.

At the Cairo Conference, such comprehensive improvement of the status of women

was called the empowerment of women. In contrast to the previous tendency to discuss women's issues as separate, individual issues, this newly created idea of the empowerment of women was a holistic approach — which could even be called “women's development” — that represented a basic approach to both population and development. This was also the final option for restraining the population explosion and achieving balanced, sustainable development.

## **2. The Four Elements of the Empowerment of Women**

Improving the status of women through women's development represents a advancement from a vertical relationship between men and women to a horizontal one. There are four aspects of this radical improvement in the status of women. These are social, economic and political improvement and the area of health. But while improving the status of women in these areas is in itself a fundamental goal of human society, what is important here is that it is also indispensable to achieving sustainable development. This, it must be noted, is one of the most important conclusions reached at the Cairo Conference.

Experience has already demonstrated that this empowerment of women — or, in common terms, raising and improving the status of women — is an extremely effective approach in terms of population and development.

Today, in almost every region of the world, the lives, health and welfare of women are directly endangered as a result of excessively hard labor. Active policies and programs are needed to achieve such objectives as improving women's lives, assuring economic opportunities, easing the excessive burden of housework, and eliminating legal obstacles to women's participation in public activities. Moreover, it is by improving their status that women's decision-making abilities must be expanded in a broad range of areas of daily life.

These objectives are important to the success of population programs. For instance, raising women's status and higher education affect their decision-making abilities concerning reproduction, enabling them to play an important role in fertility control.

One of the most important measures for empowering women is education. Over 40 years ago, the Universal Declaration of Human Rights emphasized “everyone has the right to education.” At the World Education Conference for Everyone, held in Jomtien, Thailand, in 1990, governments pledged to make basic education compulsory. However, notwithstanding dedicated efforts by many countries to expand their basic education, there are still 960 million people in the world today who can neither read nor write; two-thirds of them are women. In addition, 70% of the 130 million children not enrolled in elementary school are girls (United



Nations, 1994).

In prewar Japan, education for girls was considered less important than boys, which was emphasized in secondary and higher education beyond the scope of compulsory education. At home, as well, men, as heads of their households, had the highest status in the family, followed by the eldest son, the mother, and then the eldest daughter.

However, even in Japan's feudal period, when feudal lords provided their own independent education for the warrior class, the general public had access to small private schools (usually run by temples), and so education was provided extensively. This education system played an important role in Japan's subsequent modernization.

In order to raise the status of women and promote their development, women must be capable of engaging in the same broad range of social, economic and political activities as men. This entails permitting autonomy in domestic life, in society and in economic activity, which includes equal employment opportunities, equal treatment of men and women, the right to run a business and the right to borrow money. Also important is granting women suffrage and fomenting an environment where women can advance to a wide range of public positions. The most important precondition for actualizing women's participation and activity in various areas of society is universalizing and improving education, which is the key to bringing out women's latent capabilities. And, not only full enrollment in compulsory education, but also majority of them entering secondary school are highly desirable and would undoubtedly increase interest in higher tertiary education as well.

Along with empowerment policies for women in the three areas of society, the economy and politics, what must also be emphasized is the fourth element of empowerment: lifelong health policies for women. In short, focusing on women's special infirmities and otherwise improving their health is emphasized as an important prerequisite of empowerment.

### **3. Reproductive Health**

An particularly important aspect of the empowerment of women is reproductive health. This unique concept is a systematic viewpoint that emphasizes comprehensive policies for protecting women from the specific physical and mental infirmities to which they are susceptible. Here, the term "reproduction," namely, the reproductive process whereby the population is replenished from generation to generation refers not merely to birth or delivery, but also, more broadly, to pregnancy, delivery, miscarriage, stillbirths, abortions, postnatal health and illness, and infant health care. In other words, it means woman's health throughout her life cycle.

WHO defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Thus, reproductive health refers to all matters associated with reproduction and which fall under this definition of health. To this above definition of health has been appended the clarification “in all matters relating to the reproductive system and to its functions and processes.”

This definition, which defines health as it pertains to the reproductive system, implies systematic health measures for women that encompass all health-related problems concerning human reproduction.

It has also been noticed that this concept of reproductive health includes family planning; namely, the freedom to decide the time and method of reproduction, and the freedom to choose the method of fertility control.

Although reproductive health is defined in Japanese as “sei to seishoku ni kansuru kenkou” (literally, health concerning sex and procreation), this does not adequately convey the true meaning of reproductive health. As the term “reproductive” is a demographic term commonly used to mean reproduction, a more precise translation would be “saaiseisan ni kansuru kenkou” (i.e., “health concerning reproduction”). “Reproductive health” in English is also re-defined clearly and practically. As the meaning of the term has thus been clearly defined, translating it directly from English should promote proper understanding of the concept.

This concept of reproductive health was first developed by WHO and used exactly in the same way at the Cairo Conference. To understand it properly, this text is given below in its entirety (United Nations, 1994):

“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its function and processes.

Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health-care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant.

In line with the above definition of reproductive health, REPRODUCTIVE HEALTH CARE is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being through preventing and solving reproductive health problems.”

## 4. Trends in Reproductive Health in Japan

Another basic characteristic of concept of reproductive health is that it implies a comprehensive system of women's health care for the various aspects of health and the various diseases concerning reproduction. In other words, it is an integration of the medical services provided by clinical professionals in the separate fields of, for instance, obstetrics, gynecology and pediatrics. Also included in this system are welfare and other services associated with health care.

The simplest example is the relationship of obstetrics, gynecology and pediatrics. Although a series of directly related actions is involved — a baby's being born during delivery by a pregnant woman — this chain of indivisible process is mechanically separated into delivery and baby care, which are the responsibility of the gynecologist/obstetrician and the pediatrician, respectively. At the very least, services concerning the initial stages of pregnancy, fetal growth, delivery and child rearing should be integrated into a single, comprehensive health care system.

As already stated, an extremely broad definition of reproductive health was adopted in Cairo. Perinatal medical system constitutes a comprehensive approach to the series of activities unique to women (namely, pregnancy, childbirth and child rearing). Maternal and child health care is important and effective as a local health care service or preceding stage of perinatal medicine. This is the area of health care that concerns the continuing and comprehensive care of mothers and the children they bear.

In Japan, maternal and child health care was expanded by the founding, in 1934, of the Aiku Association for Maternal and Child Health and Welfare (Imperial Gift Foundation Boshi Aiku Kai) and the establishment of Aiku villages and Aiku squads across the country. At the time, Japan had a very high infant mortality rate — over 100 per 1,000 births. The activities of the Aiku Association, implemented as independent community activities, are characterized by their objective of improving and maintaining the health of mother and child as an integrated entity.

However, it was not until after World War II, in the 1950s, that the concept of systematically managing health care concerning childbirth (i.e., perinatal medicine) came to the attention of a group of specialists and clinical physicians. With the system of treating obstetrics and pediatrics as separate fields of specialization firmly established in university schools of medicine, integrating the two, even in clinical medicine, was easy to say, but extremely difficult to implement.

It was in 1956 that a program of perinatal medicine integrating obstetrics and pediatrics was actualized in the field of clinical medicine: At the Kobe Parumoa Hospital, hospital director, Dr. Ren Miyake established a system integrating obstetrics and pediatrics in accordance

with a personal idea that at the time was thought to be impossible. Under this new unique system, obstetricians and pediatricians worked together to monitor the health of the mother before and after delivery and the health of the child until the age of 15.

In conservative university schools of medicine, it was extremely difficult to establish comprehensive medical centers that horizontally combine disparate fields of specialization. In 1984, under the resolute initiative of Professor Shoichi Sakamoto, the Comprehensive Maternal and Child Medical Center, a center for perinatal care, was established at Tokyo Women's Medical College. This, interdisciplinary system comprises three fields: maternal and child care; neonatal care; and pediatrics.

The Japan Association of Perinatal Medicine, founded the year before (in 1983), held the 1st International Conference on Perinatal Medicine, in Tokyo in November 1991, and has been praised for its pioneering work in perinatal medicine in Japan. It is interesting to note that a WHO-sponsored symposium titled "Reproductive Health: A Key to a Brighter Future" was given at this Tokyo Conference, clearly indicating that by 1991 the concept of reproductive health had already been established by WHO. Furthermore, the holding of a symposium on reproductive health at a conference on perinatal medicine also clearly indicates that perinatal medicine had become a key element of reproductive health.

The question is how perinatal medicine system should be expanded from now on in Japan, where interest has been high. On June 8, 1995, Japan's House of Councilors and House of Representatives, in a plenary session, passed a supplementary resolution addressing the need for a new approach to reproductive health in accordance with a partial revision of the Eugenic Protection Law. The essence of resolution, the bill for which was proposed by a Dietwoman who had attended the Cairo Conference (which was held at almost the same time as the Cairo International Conference on Population and Development and which was attended by Asian parliamentarians), is summed up in the following quote:

"To strive to promote proper understanding of reproductive health and rights in accordance with the Programme of Action adopted at the UN International Conference on Population and Development; to establish a comprehensive system of consultation and guidance; and to further promote related investigations and research" ("Family and Health," ("Kazoku to Kenko") No. 496, July 1, 1995).

It would be necessary to establish a Japanese-style reproductive health care system, which is based on unique experience of maternal and child health care system and perinatal medicine developed in Japan, and also characterized by its origins in an experiment in perinatal medicine.

## **5. Conclusion: The Universality of the Empowerment of Women**

At the Cairo Conference, the so-called concept of women's development — i.e., improving the status of women, institutionalizing a reverence for both men and women as equal human beings, and maintaining women's health throughout the cycle of reproduction, which is a burden that must be borne by women alone — was agreed upon as the last resort for solving problems related to population and development.

For instance, a UNICEF (United Nations Children's Fund) report in India revealed that shocking customs relating to women, particularly young girls, still exist. Government efforts at improvement notwithstanding, the abortion of unwanted female fetuses, the abuse of girls and a general contempt for women remain deeply rooted in India's culture and customs. The UNICEF Report states that, based on actual numbers of men and women in India's 1991 census, there were 1,390,593 girls under the age of six who have "vanished" (i.e., should be present but are not) ("Mainichi Shimbun," morning edition, December 21, 1995). The official infant mortality rate is 79 per 1,000 births (in 1994), which in absolute numbers translates into roughly 2.06 million deaths, while there were also 3.1 million deaths of children under five years of age (also 1994). If young girls are assumed to account for the majority of these deaths of infants and children under five, these are truly shocking statistics ("The State of the World's Children 1996").

The Cairo Report also states that in some parts of Africa, the circumcision of girls (i.e., cutting off the clitoris) is even performed, and emphatically calls for the immediate termination of this practice. At the same time, however, it should be pointed out that developing countries which have promoted modernization and actually improved the status of women are increasing. In these countries, education levels are also rising, and remarkably large numbers of women are participating in the labor market and advancing socially.

But are advanced nations actually free from problems concerning the empowerment of women and reproductive health and rights? In advanced nations with multiethnic populations, there is discrimination against people — especially women — who are minority ethnic groups. In the U.S., for instance, there are clear disparities between the education, employment opportunities and wage levels of white and black women. Similar differences also exist in reproductive health care services provided.

In the U.K., in contrast to a certain amount of gender discrimination in society, women are "overwhelmingly predominant in the home" (Michio Morishima). In fact, there is even a

hotline for husbands who are physically abused by their wives. Thus, men in the U.K. might joke to say it outrageous to empower women any further.

Nonetheless, even advanced nations would seem more or less in need of further empowerment for women and improved reproductive health care. However, what we must place the greatest emphasis on are, needless to say, radical measures concerning the empowerment of women and reproductive health in developing countries, particularly those where the status of women is extremely low and conspicuous discrimination against women exists. This is because as these countries account for the largest portion of the world's population, and also their increasing populations poses a potential threat to the sustainable development of the entire world population, and so women's empowerment and reproductive health in these countries represents the final means of solving this problem.

## References

- 1) United Nations, "Program of Action of the United Nations International Conference on Population and Development" (unofficial information version, as adopted by the Conference in Cairo on Tuesday, 13 September 1994).
- 2) UNICEF, "The State of the World's Children 1996," UNICEF Japan Office, 1995. UNICEF : The Progress of Indian States 1995.
- 3) Morishima Michio : Zoku Igrisu to Nihon – sono Kokumin-sei to Shakai – , Iwanami Shinsho, 1978 (Continued : United Kingdom and Japan – Nationality and society).
- 4) Nakahira Kunihiro : Parumoa Byoin Nikki ~ Miyake Ren to Niman-nin no Akanbotachi, Shincho Bunko, 1990 (Diary of Palmore Hospital ~ Ren-Miyake and 20,000 babies).
- 5) Sakamoto Shoichi : Ori ni Furete Hito to Watashi Sakamoto Shoichi Zuihitsu-shu (hibai-hin), Tokyo Joshi-Ikadaigaku Boshi Sogo-iryō center, 1992 (Collected essays of Sakamoto Shoichi).
- 6) Kazoku to Kenko, No. 496, July 1, 1995, Nihon Kazoku Keikaku Kyokai (Family and Health, No. 496, July 1, 1995, Japan Association of Family Planning).

## **Chapter Two**

### **WOMEN'S EDUCATION AND SOCIAL DEVELOPMENT**

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## **1. International Society and the Women of Japan**

The term "empowerment" literally means providing women with economic, social and health-related power in order to revitalize their activities. Empowerment also means not merely protecting women from discrimination and raising their status in the passive sense, but rather that from now on women should actively participate in the building of nations and societies. Although the importance of raising the status of women has been a social issue in the West and Japan as well for some time now, with the history of each nation's women's movement going back some years, perspectives on this issue have changed considerably since 1975, when raising the status of women became a common international issue, both in the industrialized and developing world. Specifically, many developing nations, under the pressure of the urgent necessity of developing their lagging societies and economies, have come to see raising the status of women as part of their efforts at socioeconomic development, or as a means of stimulating their economies.

In other words, the appearance of the term "empowerment" reflects a time in Asia and other developing nations in which women have become a mainstay of economic and social development and are being called on to raise their own status. Moreover, the transition of the women's movement from a response-oriented movement to an active one, a development triggered by these changes, is providing women's movements in both developing and industrialized nations with new perspectives and a new energy.

The women's empowerment movement, which developed through international cooperation on improving the status of women, can be seen as having its origins in the International Year of Women, 1975, and in the United Nations Decade for Women, which began that year. Also, at the World Conferences on Women held in Copenhagen in 1980 (the interim year of the United Nations Decade for Women) and in Nairobi in 1985 (the final year), representatives from various nations devised future strategies in response to changes in the times, thus providing women's movements around the world with a concrete policy. And as evinced by the adoption of a new action plan at the U.N.'s 4th World Conference on Women, held this September in Beijing, international society continues to play a major role in this field.

While the specific achievements of the Beijing Conference are not yet clear, newspaper and television reports have shown that conferees from Asia, Africa and other developing regions were conspicuously active at the NGO forums. This most likely reflects the severity of problems concerning women's health, education and economic power in these countries, and the dire need for appeals and support from international society to solve them. In Asia in particular, women's participation in politics is extremely limited (excepting certain



countries), and the poor state of women's health, education and economic activities relative to men has been identified as an impediment to economic and social progress in these nations, where solutions to these problems have therefore become urgent issues.

## **2. Human Development Indicators and the Status of Women**

As a major economic power, Japan has in recent years played a leading role in international society, and has become especially involved in interchange with Asian nations that promotes economic and social development. Nevertheless, the status of women in Japan has not been very highly praised by other nations. For example, let us look at HDI (Human Development Index), an indicator released each year since 1991 by the UNDP (United Nations Development Programme), an international organization. Intended as an alternative to conventional development indicators, which emphasize national income and other economic factors, often to the exclusion of human and social development, this indicator takes into account not just per-capital income but also average life expectancy and education levels as compared internationally. Since first released, HDI has been the subject of various criticisms, and small and large changes have been made in the way it is calculated. In 1991, the year HDI was first released, Japan ranked first among the world's industrialized and developing nations (HDI ranges from 1 to 0, and in 1991 actual scores ranged from a high of 0.993 [Japan] to a low of 0.048 [Sierra Leone]), reflecting not just Japan's high national income but also high education level and a life expectancy that was the world's highest. Although an unusually appreciating yen was one reason for Japan's high incomes, even accounting for this produces a figure that the Japanese should be proud of. (Owing to a change in the way HDI is calculated, Canada was ranked 1st and Japan 2nd in 1994.)

Highly relevant to this discussion, however, is gender-sensitive HDI, an indicator that takes into account inequalities between men and women. This is done by calculating HDI separately for men and women, and then reducing HDI by the difference between them. It must therefore be noted that in terms of gender-sensitive HDI, Finland ranked 1st in 1991, while Japan was only 16th, placing it with Italy and Portugal as the lowest-ranking industrialized nations. This means that the gap between men and women in education level and average income was larger in Japan than in any other advanced nation. In fact, in the 1st Report, the gap between Japan's HDI (0.993) and gender-sensitive HDI (0.764) was 23.0%. Although five of the 20 industrialized nations (including the Netherlands) had gender-sensitive HDIs that were at least 20% lower than their non-adjusted HDIs, only two -- Iceland and Portugal -- had a gap that was larger than Japan's. Incidentally, in Finland, which ranked 1st in gender-

sensitive HDI, the gap between HDI (0.963) and gender-sensitive HDI (0.902) was only 6.3% (UNDP, "Human Development Report 1991," p. 17).

Fortunately, Japanese women have made significant inroads economically and in education in the 1990s, and it is only a matter of time before these improvements are reflected in Japan's gender-sensitive HDI -- though it will not be easy for Japan to secure a foothold among the industrialized nations with the highest gender-sensitive HDIs. Because of restrictions on comparable statistics, however, gender-sensitive HDI is a relatively simple indicator that does not adequately reflect all the issues relating to women. In fact, there are many aspects that need to be incorporated, such as women's participation in politics, their share of housework and child-rearing responsibilities, domestic violence and the decision-making process of married couples. If these were also taken into account, Japan would be forced to say that significant problems concerning the relative status of Japanese women still remain.

Viewed in terms of the entire region of Asia, conditions in Japan are unfortunately not exceptional: women in Asia commonly occupy a low relative status, and Japan has yet to rise above these characteristically Asian levels. Of course even in Asia there are female prime ministers, and they display no less leadership than do their male counterparts, but the important roles played by certain women (from prominent families, for instance) is, naturally, a separate issue from the low status of women in society in general.

An analysis of conditions in Japan and the rest of Asia reveals that women's active participation in society is inhibited by deeply-entrenched social and cultural beliefs that women should behave in a feminine manner. Of course, women and men differ physically and psychologically, and it is these differences that enrich human life, but deliberately distorting these differences to justify the oppression of women is intolerable. Thus, empowerment also means women's active involvement in efforts to make society a place that permits men and women to coexist free of oppression.

### **3. The Participation of Women in Japanese Society**

In today's Japan, women are prominent in a wide range of fields, and there are indications that women are bringing about a change in society. However, while apparent in sports, the arts and culture, such progress is conspicuously lacking in politics and the economy. In short, women's participation is still limited in policy- and decision-making processes in the private sector and civil service (i.e., legislation, administration and judiciaries).

Japan has never had a female prime minister, and most of its ministers are men. Even the Hosokawa Cabinet, which had more female ministers than any other, had only three women,

while the current cabinet (the second Murayama Cabinet) has none. The same trend is observable in Diet members, the most visible representatives of Japan's legislative system: in March 1994 female Diet members accounted for only 2.7%, which, according to a survey by the Interparliamentary Union, puts Japan at 149th place out of 176 nations -- the lowest of all industrialized nations. Even in the House of Councilors, which has a relatively large number of women, female councilors accounted for only 15.1%. In local assemblies, the tendency is the same: women account for only 3.4% of all local assembly members, 2.6% in prefectural assemblies and 5.9% in municipal assemblies (Office of the Prime Minister, "Women's Conditions and Related Policies 1994," pgs. 45-46).

In the Japanese government's various councils, which are supposed to be a means by which public opinion is incorporated into national policy, female members as of the end of March 1995 numbered only 507, accounting for only 11.3% of all 4,478 members -- far from the 15% goal for 1995 set forth in the New Domestic Action Plan for Preparing for the Year 2000. Also, 20% of all councils have no female members at all.

As women's employment is discussed in Section 3, here I shall briefly state that the 1990 census showed that women accounted for only 8.8% of all persons in managerial positions. This ratio is 1.7% among national civil servants and 3.6% in private corporations. In contrast, the percentage of women in managerial positions is relatively high (12.1%) among officers of private-sector organizations ("Chiebukuro," 1994).

At the 34th United Nations General Assembly, in 1973, the Treaty on Eradicating Various Forms of Discrimination Against Women was adopted, and Japan, prior to ratification in 1985, revised many of its national laws. Although the legal basis of sexual discrimination has thus supposedly been eliminated, actual conditions bespeak the numerous problems that still remain. For instance, the Equal Employment Opportunity Law -- stated objectives aside -- in actuality defines sexual equality merely as a "goal for businesses to strive for." Because of this and the lack of penalties for violations of prohibitions, implementation of the law has not eliminated actual obstacles to equality faced by women.

Furthermore, activities promoting the debasement and abuse of women continue unabated in various spheres of society, such as women's abuse by their husbands and boyfriends, sexual harassment at the workplace, prostitution, and the popularity of obscene materials. And in the home and workplace, the roles that women are expected to play are shaped by everyday customs and discriminatory practices that would be unthinkable in a world of true sexual equality but which nevertheless go unquestioned. Improving such circumstances not only requires that women protect themselves, assert themselves and protest such objectionable practices, but also necessitates changes in the social fabric that permits such practices. Thus, empowerment is an important prerequisite for enabling women to create such a society on their own.

## 4. Empowerment and Education

While there are many macroeconomic improvements (e.g., eliminating legal inequalities and improving economic terms and conditions) that a national government must make in order to promote women's independence and participation in society, such improvements alone are not enough. Most important is that women themselves acquire the power to drive such improvements; this will trigger social reform. Essential to this, in turn, is not just women's health (i.e., physical capabilities) and economic independence, but also the development of their intellectual and psychological capabilities through education. In view of the fact that the elimination of sexual discrimination and inequality will not be bestowed but must instead be attained by women themselves, it is impossible to overemphasize the importance of education that develops the capabilities of individual women.

UNDP data from 1980 shows that of 32 Asian nations (excluding West Asia), a considerable level of sexual equality in education (defined as girls' average years of school attended that is at least 80% of that of boys) has been achieved in only 8: Japan, Australia, New Zealand, the Philippines, Mongolia, Fiji, Samoa and Brunei. In contrast, girls in seven nations on and near the Indian subcontinent attend school an average of no more than 50% as long as boys. Similar trends are observed in literacy rates and rates of secondary and higher education attendance (UNDP, "Human Development Report 1991," table 10).

Let us now look at the state of education in Japan: girls account for 49% to nearly 50% of all students in kindergarten through high school. Given the ratio of men to women in the total population, girls' school attendance rate is slightly higher than boys'. Since roughly 1960, girls' high school attendance rate has also exceeded that of boys; in 1993, the high school attendance rate was 95.3% for boys and 96.5% for girls.

The same trend can be seen in higher education: in 1993 girls' university attendance rate (which includes junior colleges), at 43.4%, was 5 percentage points higher than boys' 38.5% ("Japan's Education Policy 1993," pg. 535). In 1989, women's university attendance rate, which had been showing a steadily rising tendency, for the first time exceeded men's university attendance rate, which had been falling for some years because of the significant demand for male labor, thus bringing about this reversal. Despite the subsequent rise in men's university attendance rate to between 38% to 39%, the figure for women rose beyond 40%, thus remaining higher than that of men.

It has not been that long since Japan's university attendance rate exceeded the international norm of 35%. In 1995, the average attendance rate for men and women was 10.1%. This rose only to 17.0% by 1965, half of today's rate ("Statistics on Japan 1994," pg. 295), but rose rapidly in the ten-year period between 1965 and 1975, by which time the rate

had reached 37.8%. It must also be noted here that although men's university attendance rate doubled in this period, women's rate actually tripled.

Behind this rapid rise in university and junior college attendance rates is the astonishing economic growth that occurred in the 1960s and early 1970s: it was the great rise in the people's standard of living that enabled so many young people to attend university. There are, however, also special demographic changes that pushed up this attendance rate. The number of universities and junior colleges slots was rising moderately, with the number of incoming students at university and junior college rising from 330,000 in 1965 to 610,000 in 1975. In contrast, the number of 18-year-olds (i.e., potential college students) actually dropped by nearly 40% between 1966 and 1976 (from 2.49 million to 1.54 million). Because, however, the number of applications received by universities and junior colleges continued to far exceed the number of slots available as before, the number of people enrolling universities rose, not fell, and considerably larger percentages of 18-year-olds (who had decreased in number) went on to university.

This fact has significant implications for forecasts of Japan's future university attendance rates. Japan's total population of 18-year-olds began shrinking after peaking at 1993's 2.05 million, and is expected to drop to 1.51 million by 2000 and 1.29 million by 2007 ("Japan's Education Policy 1993," pg. 315). And because of the Ministry of Education's current policy of discouraging the establishment and expansion of universities, junior colleges and technical colleges, the number of university and college slots available should remain stable at its present large size. Thus, if the number of university and college applicants continues to far exceed the number of slots available (barring significant fluctuation in the rate of high school students applying for university or college, which is now showing a slightly rising tendency), the university and college attendance rate should rise even further as a consequence.

Japan's institutions of higher education encompass not only graduate schools (master's and doctor's courses), four-year universities and two-year junior colleges, but also technical colleges (four-year and technical courses), national training institutes for teachers of handicapped children, national training institutes for technical instructors, and vocational colleges (defined as those special vocational schools that offer vocational courses and whose requirement for admission is usually a high-school diploma). In 1993, the combined total of four-year students at technical colleges and incoming students in the categories of institutions that the Ministry of Education classifies as institutions of higher education (i.e., junior colleges, universities, graduate school master's and doctor's courses, national training institutes for teachers of handicapped children, and national training institutes for technical instructors) was 876,000 incoming students (i.e., freshman) and 2.94 million enrolled students. Universities (excluding junior colleges) accounted for the largest share: 555,000 incoming students in

1993, or 63.4% of all incoming students at institutions of higher education. The next-largest share was absorbed by junior colleges, whose 255,000 incoming students represented 29.1% of the total, followed by graduate schools' 55,000 incoming students.

Nonetheless, regarding women's education, there are still considerable problems with Japan's higher education. Consider the significant deviation in women's shares of all persons going on to institutions of higher education as of May 1994: junior college students, 91.8%; university undergraduates, 31.8%; graduate school master's candidates, 20.9%; graduate school doctor's candidates, 18.6%. Thus, a majority of women going on to higher education (61.6%) were concentrated in junior colleges, which, being two-year colleges and therefore not able (in terms of time) to offer advanced technical education, primarily teach liberal arts and general education subjects. This becomes a disadvantage when seeking employment in technical occupations after graduation.

In contrast, because most boys going on to higher education enroll in four-year universities, accounting for only 2.5% of all those enrolling in junior college, boys are clearly ahead and girls behind in terms of both years spent in school and technical knowledge acquired ("Women's Conditions and Related Policies 1994," pg. 297).

At four-year universities, a large percentage of women major in humanities subjects; at junior colleges, in humanities subjects, home economics and education. Thus, women majoring in science subjects (including science, engineering, agriculture, medicine, pharmacology and health care) accounted for only 12.6% of the total in 1992. Although this same trend (i.e., small percentages of women among students majoring in science subjects) is found in the West, it is more pronounced in Japan. According to an international comparison by the Ministry of Education, women accounted for 25.1% of all science subject majors in the U.K. and 30% in Germany (Muramatsu, "Empowerment in Women's Studies," pg. 78).

Because of the rapid rise in the university attendance rate among Japanese women between the late 1960s and early 1970s, there are considerable differences in average education level among women of different age groups, and a generation gap that begins at a certain age group. The 1990 census reflects the rapidly rising tendency of women's higher education attendance rate: female graduates of an institution of higher learning account for 12.0% of all women ages 45 to 49; 18.7% of women 40 to 44; 26.7% of women 35 to 39; and 39.0% of women 30 to 34. Moreover, women who have graduated or are currently enrolled in an institution of higher learning account for 47.3% of all women ages 20 to 24. While the same rise in education levels has also occurred among males, in absolute terms their higher education attendance rate has not risen as rapidly as it has among women for the simple fact that in the 1960s, when this trend began, a much larger percentage of men than women were already going on to higher education. Among all Japanese ages 45 to 49 (as of 1990), who graduated

university in the late 1960s, 12.0% of the women and 21.7% of the men had completed higher education (calculated from figures given on pg. 218 of the 1995 Census Report, part I, section 3).

It is only natural for there to be considerable differences in awareness and activities between a generation of women of whom less than 10% are college graduates, and another generation of women of whom nearly half are college graduates. These differences become even greater when this increase in the percentage of college graduates is paralleled by increases in overall standards of living and changes in the economic environment. Although their specific nature is not yet fully understood, these changes have clearly manifested themselves in women's vocational, matrimonial and reproductive behavior. As women's inroads in the workplace are discussed in a separate section, let us examine here the effects that higher education levels have had on reproduction.

## **5. Japan's Education Levels and the Family/Reproduction**

Japan now has an extremely low birth rate: in 1994 the gross birth rate was 10.0 birth per 1,000 people, and the total special birth rate was 1.50, a slight recovery over 1993 (9.6 and 1.46 respectively) but still some of the lowest rates in the industrialized world (according to "Yearly Totals of Monthly Statistics on Dynamic Trends in Population for 1994," released in late June 1995 by the Statistics and Information Department of the Minister's Secretariat, Ministry of Health and Welfare). Furthermore, much research has shown that the primary causes of these low birth rates are a rising average age at marriage (i.e., the postponement of marriage) and increasing numbers of unmarried persons (i.e., those deciding to forego marriage).

Statistics on dynamic trends in population issued by MHW (the Ministry of Health and Welfare) show that in the early postwar years, the age of first marriage remained relatively stable at 27.3 for men and 24.5 for women, then fell slightly for both men and women in the late 1960s through the early 1970s, reaching 26.7 for men and 24.2 for women in 1972. A rising tendency began in 1973, however, continuing until 1993, when the average age of marriage had risen to 28.4 for men and 26.1 for women -- an increase of 1.7 for men and 3.6 for women over a twenty-year period. During this same period, the difference between men's and women's average ages at marriage fell from over 4 years before the war to 2.8 years in the 1950s and 1960s, then fell further, to 2.3 years, in 1993.

This increase in average age at marriage, though unmistakable, does not alone explain today's continuously low birth rates. In other words, age at marriage merely reflects men's and women's average ages in the year they were married; it does not explain the unexpected

rise in the percentage of older persons who remain unmarried. In order to determine the extent to which marriage is being postponed or foregone, it is necessary to look at the percentage of unmarried persons in each age group as determined from national censuses and other sources.

According to calculations (based on census data) by MHW's Institute of Population Problems, numbers of both unmarried young men and women as a percentage all young people began increasing in 1975 (Institute of Population Problems, "Collection of Population Statistics 1994," pg. 95). For instance, in 1975 the percentage of unmarried women ages 20 to 24 accounted for 69.2%, a figure that continued to rise in subsequent censuses, reaching 85.0% by 1990. Among women ages 25 to 29, the percentage of those unmarried nearly doubled in the same period, rising from 20.9% to 40.2%. That the increased in percentages of unmarried men and women is not due to an imbalance between men and women (e.g., a shortage of men of marriageable age) is established by the fact that the percentage of unmarried men is also rising at a similar pace: from 1975 to 1990, the percentage of unmarried men rose substantially, from 48.3% to 64.4% among those 25 to 29, and from 14.3% to 32.6% among those 30 to 34.

Many will first blame worsening economic conditions for these changes in the dynamics of marriage, and it is common knowledge that the oil crisis that occurred in the fall of 1973 brought an end to the years of high-level economic growth in Japan and ushered in an era of stable growth. To the general public, this meant the end of the days when real wages rose at annual rates exceeding 10%. For instance, Ministry of Labor statistics show that the annual rate of increase of average wages for all industries dropped substantively, from an average of 18.7% for the years 1970 to 1975, to 7.9% for 1975 to 1980, and to only 3.7% for 1980 to 1985. Before the oil crisis, debt incurred by couples borrowing money for a wedding ceremony and a new apartment would be quickly wiped out by wages rising at over 10% annually. Low rates of growth after the oil crisis, however, signaled an end of these days and no doubt affected young people's decisions concerning marriage.

Nonetheless, these changes in economic conditions cannot alone satisfactorily explain the continuing long-term tendency toward postponing and foregoing marriage: though lower than before the oil crisis, annual rates of real economic growth have, excluding certain exceptional years, remained above 5%, and post-oil-crisis rates of complete unemployment in the two to three percent range are by no means high. In fact, it is only recently, in the years 1992 and beyond, that unemployment has exceeded 3% and the rate of growth of GNP has fallen below 1% or even zero (Ministry of Labor, *op. cit.*, pgs. 352-360).

Why, then, has the tendency toward postponing or foregoing marriage continued in Japan for the past two decades? Regarding young single persons' attitude toward marriage, MHW's 10th Survey on Trends in Birth, conducted in 1992, shows that the percentage of unmarried people with no intention of getting married is clearly rising: in the 10-year period



between 1982 and 1992 (when MHW's 8th Survey on Trends in Birth was conducted), the percentages of men and women 35 or under (this includes those already married) who stated they had no intention of getting married rose from 1.3% and 1.6% to 3.4% and 2.8%, respectively. Nonetheless, these are still very low percentages, allowing us to conclude that many young people still wish to marry some day.

Dividing single people who wish to marry into those who wish to marry by a certain age (whom we shall term "the age-conscious") and those who wish to marry only after finding the ideal mate ("idealists"), we see that the latter have increased rapidly in recent years. Among young men, the percentage of idealists rose from 37.5% in 1987 (MHW's 9th Survey on Trends in Birth) to 45.5% in 1992, while the figure for women rose from 44.5% to 49.6% in the same five-year period (MHW's 10th Survey, 2nd Report, pgs. 15-16). Conversely, the age-conscious have decreased in relative terms. Although questions on this subject seem to have first appeared in this survey in 1987, as no earlier data was found, it would not be erroneous to assume, concerning young people's desire to marry, that age-conscious men and women's share of the total was at its highest in the 1960s, when marriageable age was given considerable social weight and nearly all young men and women in an extremely narrow marriageable age range were married.

Looking at different age groups, we see that the percentage of idealists among men drops in successively higher age groups, while among women, in contrast, this percentage rises with age. These very intriguing figures suggest that age-conscious women marry at relatively young ages, leaving behind larger percentages of idealists in higher age groups. Although it is not known why the percentage of age-conscious men rises in higher age groups, it could be because men become more realistic about marriage as they become older, or because within the context of continuing social activity they feel pressured by society and compelled by personal inconvenience to marry.

What these data do show is that women's selectiveness in choosing a mate has resulted in more and more men who are unable to marry. This signifies a change in Japanese women (who previously were very conscious of "marriageable age"), not merely implying a major change in traditional attitudes toward marriage but also potentially capable of fundamentally changing the Japanese family. Why, then, have women become so selective in choosing a mate? Analysis of female idealists reveals a clear correlation with educational background: the percentage of idealists is lowest in women whose education ended at junior high school, and gradually higher at each successive level of education (i.e., high school, junior college and university). There is also a considerable gap in the percentage of idealists among high-school graduates and university graduates: 38.9% and 54.8% (respectively) in 1987 (according to study performed that year), and 46.6% and 55.9% in 1992. Although increasing

percentages of idealists among high-school graduates is narrowing the gap with university graduates, the rising tendency among the latter has kept this gap at nearly 10 percentage points.

Do these data support the conclusion that these large numbers of idealistic female college graduates are the reason for greater and greater numbers of unmarried men and women? Strictly speaking, this difference between high-school graduates and university graduates is rooted in differences in age structure, which may support the argument that there are more idealists among university graduates because there are so many older unmarried women in this group, not the other way around. Perhaps with an awareness of this argument, MHW's Institute of Population Problems calculated the individual effects of each factor using multivariate statistical analysis (i.e., logistic regression analysis). Released in the aforementioned 1992 report, these results show that the odds of a woman joining the "age conscious" group is a low 0.799 (where 1.0 is the average for male and female high-school graduates) if she is a college graduate. These same odds in the case of female junior-college graduates are nearly the same as those of female high-school graduates, while the odds of a man becoming one of the age conscious are higher if he is a university graduate.

Although occupation is believed to be at least as important a factor as age and educational background, the same report shows that relative to women in clerical, sales and service positions, the odds of women in the categories "professional and managerial positions," "part-timers, temporary employees, unemployed or housework," and "students" becoming one of the age-conscious are actually quite low. In other words, there are more idealists in these groups. Though the reason for increasingly more idealists among those in professional and managerial positions seems obvious, given the great degree of economic independence these positions afford, it is noteworthy that idealists have a larger presence among women in the categories "part-timers, temporary employees, unemployed or housework," and "students" than they do among women with continuing careers. Thus, having a career does not always predispose a woman to being an idealist in terms of marriage. Instead, educational level would seem to be more of a deciding factor in producing idealists than occupation is.

The attitude toward marriage of female college graduates differs in certain respects from the attitude of women whose formal education ended with junior high school, high school or junior college. First, with respect to single life, a survey shows that over 90% of women who have graduated at least junior college appreciate the benefits of single life, the most-cited reason being "freedom in activities and one's way of life," followed by "the ease of associating with a large circle of friends and acquaintances." A far greater percentage of female college graduates than female junior-college graduates value this freedom (65.1% versus 59.6%, respectively), suggesting a strong tendency among female graduates of four-

year universities to be attached to their individual ways of life and to defer marriage in order to achieve greater gratification in the future.

At the same time, there are many unmarried women who acknowledge the advantages of marriage -- 72.0% and 72.9% among high-school and junior-college graduates, respectively, but slightly less (70.6%) among female university graduates. The advantages of married life most widely cited by unmarried women in general include "psychological peace of mind," "being able to have children and a family" and "being able to live with the one you love"; very few women cited economic affluence as a reason. Among different categories of educational background, more female university graduates cited "psychological peace of mind" (65.1%) than did women in any other group, but cited "being able to have children and a family" much less than did female graduates of junior college (16.9% and 23.1% respectively). The foregoing demonstrates that as the number of years spent at university increases, women are less likely to see marriage as an economic safety valve or a means of reproduction, and more likely to see marriage as a means of achieving individual gratification.

Thus, women with a background in higher education appreciate the joys of single life and are very aware of the advantages and disadvantages of marriage. While women who have graduated from junior college tend to hold on to traditional attitudes toward marriage (i.e., that it enables them to have children and a family), predominant among female university graduates is an emphasis on psychological freedom and other aspects of their individual lives. Perhaps these women of today, in the realization that marriage and childbirth followed by discontinuation of their careers is the typical pattern that awaits them, have decided that such a life would not be very appealing without an ideal mate. These women no doubt are also fully aware of the fact that a dual-income family places an excessive burden on the woman because of the social environment and men's attitude toward housework and child-rearing.

In the past some politicians made controversial remarks blaming women's higher education for falling birth rates, but it is unrealistic to conclude that women therefore do not require higher education. Nor it is correct that the increasing number of years women spend in school have directly pushed up women's average age at marriage. Because education enables both men and women to view circumstances objectively, it would be illogical to condemn education as having made educated women aware of the various problems involved in marriage. In short, the question at hand is whether women are capable of resolving such problems themselves. Thus, the empowerment of women has begun changing families and a wide range of other aspects of society.

## 6. Conclusion

In a variety of countries, economic and social development will not be possible unless education for the general public is improved and made universal. Impediments to the development of women's capabilities and the lack of opportunities for women to become active socially are not just unpardonable from a humanitarian standpoint, but are also a great loss to society. The nations of Asia are all striving for economic development, but in many of these nations, plans for further economic and social development are being thwarted by the failure to resolve problems relating to the status of women, particularly discrimination in education. As part of Asia, Japan must also remember that the same type of unprogressive tendency remains deeply rooted in its society.

Compared to other countries, the status of women is still relatively low in Japan. The stated intent of the law notwithstanding, the social tradition of male superiority, which has been fostered since the Meiji Restoration, cannot be swept away overnight by a single piece of legislation. Although steady progress has been made in women's education in spite of these circumstances, and though higher education attendance rates seem to suggest that equality between the sexes has already been achieved, there is still much room for improvement, as indicated by the concentration in junior colleges of all women going on to higher education. Nevertheless, that women's education has progressed this far despite such restrictions suggests the beginning of undeniable changes in society and in women's status and role in society. Thus, the power of women at home and at the workplace is shaking Japanese society to its very foundations in the unexpected form of falling birth rates and rising percentages of women who have decided to postpone or forego marriage.

## Sources

- \* Ato, Makoto; Takahashi, Shigesato; Nakano, Eiko; Watanabe, Yoshitoshi; Kojima, Hiroshi; Kaneko, Ryuichi; and \* Mita, Fusami, "Attitudes Toward Marriage and Children Among Young Single Persons," *Population Problem Research*, vol. 50 issue 1, April 1994, pgs. 29- 49.
- \* Ohashi, Terue, "The Sociology of Foregoing Marriage," *NHK Books*, NHK Publication Association, 1993.
- \* Kaneko, Ryuichi, "Trends in the Supply and Demand for Marriage Among the Unmarried: From the Results of the 10th Basic Survey on Trends in Birth (A Survey of Single Men and Women)," *Population Problem Research*, vol 50 issue 2, July 1994,

pgs. 1-24.

- \* Institute of Population Problems, Ministry of Health and Welfare, "Marriage and Birth in Japan 1987: The 9th Survey on Reproductive Capabilities," Health and Welfare Statistics Association, 1988.
- \* Institute of Population Problems, Ministry of Health and Welfare, "The 2nd Report of the 10th Basic Survey on Trends in Birth 1992: Attitudes Toward Marriage and Children Among Young Single Persons," Survey Research Report Document No. 8, March 1, 1994.
- \* Institute of Population Problems, Ministry of Health and Welfare, "Population Statistics Document 1994," Institute of Population Problems Research Document No. 280, 1994.
- \* Kono, Tyuka, "The Role of Women and the Population Problem," Research on Population Studies (Japan Population Society), issue 18, May 1995, pgs. 45-52.
- \* Nakano, Eiko and Watanabe, Yoshitoshi, "Attitudes Toward Marriage Among Unmarried Men and Women," Population Problem Research, vol. 50, issue 3 (October 1994), pgs. 18-32.
- \* General Affairs Agency, Statistics Bureau, "Statistics on Japan 1995," Ministry of Finance Printing Bureau, 1995.
- \* General Affairs Agency, Statistics Bureau, "World Statistics 1995," Ministry of Finance Printing Bureau, 1995.
- \* Office of the Prime Minister, "Women's Conditions and Related Policies 1994: An International Comparison of Japanese Women," Ministry of Finance Printing Bureau, 1994.
- \* Muramatsu, Yasuko and Muramatsu Yasuko, "Empowerment in Women's Studies," Yuhikaku, 1995.
- \* Ministry of Education, "Japan's Education Policy 1995," Ministry of Finance Printing Bureau, 1995.
- \* United Nations Development Programme, "Human Development Report 1991," Oxford University Press, 1991.
- \* (Translated from Japanese text by the Asian Population and Development Association.)

## **Chapter Three**

### **EMPOWERMENT AND THE ECONOMY: THE ECONOMIC PARTICIPATION OF WOMEN IN ASIA**

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## 1. Introduction

From the economic point of view, the empowerment of women must be examined from various angles, such as participation in productive activities, evaluation of the contribution to the economy, ownership of assets, and behavior as consumers. None would deny that these are influenced by social customs, cultures and religion. The roles that a society expects women to play, for instance, have a considerable effects on the degree of women's education, jobs open to women, and women's labor conditions including wages and salaries.

*The State of World Population 1995* describes "In the developing countries women grow up to 80 per cent of all food produced, but rarely hold the title to the land they cultivate. World-wide, they constitute one third of the wage-labour force. Much of their work, however is unpaid. --- In most of the developing world, women dominate the "informal sector" of the economy. They are also disproportionately represented in low-wage positions in the formal economic sector. --- The use of part-time and temporary workers is becoming increasingly common world-wide, and 65-90 per cent of these workers are women. This has had short-term benefits by increasing the availability of jobs that can be handled along with household responsibilities. There are long-term disadvantages to this type of employment, however, including diminished job security, retraining opportunities, and fringe benefits."

In this chapter we will examine the current situation of female labor in Asia. And we will discuss the relationship between economic development and female economic participation by using the experiences of Japan, Korea and other Asian countries of which long time-series data are available.

## 2. The State of Female Labor

In 1992, there existed 3.36 billion working age population (aged 15~64 years) in the world, of which 2.29 billion or 68% were counted as labor force. Of the total labor force, 35% or approximately 800 million were women. Women's share of labor force varies form region to region. In Asia, the share is high in East and Southeast Asia and low in South Asia and the Middle East.

Table 1 shows a comparison of women's economic participation in 13 selected Asian countries. There are great differences in female economic participation rates between countries. The women's economic activity rate in Thailand defined as share of labor force to total

population aged 15 and over, is 76.3%, the highest among Asian countries. And Pakistan is the lowest (14.0%). In most all countries there is a substantial gap in the rates between women and men, partially caused by undercounting in official statistics. As to the ratio female labor force per 100 male ranges between 50 to 70 in most countries. Three countries of Thailand, China and Bangladesh exceed 70, especially the ratio of Thailand is nearly 90. In contrast, the ratio of Pakistan is below 20, the lowest among these Asian countries.

When we compare the female participation rates by age group, we find differences in both the rates itself and age-patterns due to differences in cultural backgrounds and industrial structures. In agricultural economies, women work at farming throughout their lives without interruption for raising children. In this case, the age-pattern is nearly trapezoidal like Thailand and Bangladesh. In Islamic countries like Pakistan, as it is generally restricted for women to work outside the home, the female economic participation rates are relatively low at any age-group. In industrialized countries, the peak in female participation rates reaches at 20-24 years age-group, then it drops. This pattern is observed in Japan, the NIEs and recent Malaysia. Like Japan and Korea, some of these countries show a tendency for women to reenter the labor market after child-rearing is complete.

The position of women as members of the work force cannot be assessed merely in terms of their rates of participation instead, it is also necessary to examine sexual job segregation and wage-discrimination. The workplaces of men and women differ substantially due to various restrictions. Tables 2, 3 and 4 respectively show which industries, occupations and vocational statuses female workers are concentrated in. Each table also shows women's share of the total labor force in each category.

In Japan and the NIEs, economic development has reduced the relative importance of agriculture and other primary industries (this importance was low to begin with in Hong Kong and Singapore because of the limited availability of land), and consequently the component ratio of female labor is low. It is a different story, however, in other Asian nations: this component ratio is highest in Thailand (63%), and exceeds 50% in India, Indonesia and Pakistan, for example. (Although their data are not available, Bangladesh, Nepal, Laos and Myanmar are also believed that the share of primary industry in female workers exceed 50%.) In other words, except for countries where income levels have risen due to changes in the industrial structure brought about by economic development, agriculture still remains a major source of employment for women in many Asian nations. Women's share of primary industry's entire work force is slightly less than 50% in Thailand, Korea and Japan, indicating roughly equivalent numbers of men and women engaged in this industry. In other countries this percentage ranges from 20% to just below 40%, suggesting that although agriculture is a major source of employment for women, men are the primary component of the agricultural work force.



Male workers are generally dominant in manufacturing sector in the world, but in many Asian countries female workers are dominant or equivalent in the sector. Not just in Japan and the NIEs, but also in Southeast Asia and Sri Lanka, where rapid industrialization is being driven by foreign investment, manufacturing is becoming increasingly important as a sector that absorbs female labor. In fact, women occupy a majority (55%) of all manufacturing jobs in Sri Lanka. This share is slightly under 50% in Thailand, Malaysia, Indonesia, the Philippines and Singapore.

While many Asian women are employed in manufacturing industries, it must also be remembered that these are some specific industries.<sup>5</sup> For instance, in Hong Kong (1993), three industries -- the garment, textile and general and electric machinery industries -- together account for 70% (40%, 15% and 15% respectively) of total female manufacturing workers. Men's concentration ratio in these three industries is 46%, much lower than women. In Malaysia (1991), the electric machinery and electronics industry accounts for the largest percentage of female workers in manufacturing (38%), followed by the garment industry at 12%. The electric machinery and electronics industry also employs the largest number of male manufacturing workers, but men's share is only 15%. In the Philippines, the garment industry accounts for the largest share (35%), followed by food processing (17%), electric machinery and electronics (12%) and textiles (11%). Thus, these four industries account for 75% of all female manufacturing workers. In contrast, men's concentration ratio in these four industries is only 45%.

In Asia, as these examples show, many women are employed in manufacturing, but they actually work in a very limited group of industries -- textiles, garments and electric machinery and electronics. Behind this is the fact that Asian industrialization has centered around the relative predominance of these labor-intensive industries, one of the results of industrialization driven by foreign direct investments from developed countries like Japan, and the USA and, more recently, the NIEs in pursuit of "cheap labor." Incidentally, compared to the average wage in manufacturing (= 100), wages in the garment industry and electric machinery and electronics industry are respectively 67 and 92 in Korea (1992), 59 and 106 in Singapore (1993) and 75 and 92 in Thailand (1991), showing that wages in the garment industry are considerably lower than the sector average.<sup>6</sup> In short, while manufacturing is part of the formal sector, the women it employs tend to work in low-wage industries.

Except for countries where the agricultural sector predominates, female labor accounts for a large portion of the tertiary-industry work force in most countries. When we talk about tertiary industry, we have to remember that the industry includes various kinds of industries. Women are concentrated in commerce and service industries -- primarily personal services, but not business services, where, as in the finance industry and transportation, women account

for a low percentage of the work force. In relatively low income countries, a larger portion of commerce and the service industry is a part of the informal sector : this is a major factor behind the concentration of women in these industries. It must also be noted that in such industry as commerce and personal services wages are relatively low.

Now the discussion turns to occupational structure of female workers. Women generally comprise a large percentage of clerical and related workers, sales workers and service workers, although there are slight differences from country to country. For instance, these industries have less weight in Bangladesh and Sri Lanka (agriculture in the former, agriculture and production in the latter are the important industries), while clerical and related work has less weight in Indonesia. In Singapore, sales and production have greater weight; in Japan and Hong Kong, clerical work has considerable weight, as does the service industry.

In each country, administrative and managerial occupations, which afford greater involvement in decision-making in the society, have less weight in terms of the combined total of male and female workers, and so we will use the percentage of women in this occupation (i.e., the ratio of women to all administrative and managerial workers) as a means of measuring women's relative degree of advancement. Although this percentage is relatively high in Singapore (35.8%), the Philippines (33.7%) and Sri Lanka (24.6%), it is low in Korea (4.0%), Bangladesh (5.1%) and Japan (8.5%). In the case of professional, technical and related workers, the same indicator exceeds 40% in all countries except Singapore and Bangladesh -- slightly higher than women's share of all occupations. In the Philippines, 62.7% of all professional, technical and related workers (nearly 2 in 3) are women, a particularly high ratio.

As for work status of female workers, employees have considerable weight in Japan, the NIEs and other industrialized countries with high income. In other countries, in contrast, the categories "employers and own-account workers" (in many cases very likely part of the informal sector) and "unpaid family workers" have greater weight. In each nation, however, women account for a far larger proportion of unpaid family workers than do men. In Thailand, for instance, 54.2% of all women but only 26.3% of all men are unpaid family workers. These percentages are 15.6% and 47.7% (men and women respectively) in Pakistan and 14.1% and 44.7% in Indonesia. Thus, with the exception of Pakistan, where the overall representation of women in the work force is low, a large majority of unpaid female workers in each country are women.

Employment opportunities for women are generally limited because of factors such as lower levels of education, the duties of housework and childbearing, and social and cultural restraints. Consequently, they tend to get a job in less skilled occupations, in lower wage industries and occupations than men, and they also tend to work in informal rather than formal sector. Then they are often placed in a position of disadvantage working conditions, with

lower wages and fewer chances of promotion than men, and even placed outside protection by law. Asia is no exception. For instance, as Table 5 shows, except for Sri Lanka, there is considerable disparity between female and male wages in non-agricultural jobs: relative to men's average wage of 100, women's wages are 72 in Singapore, 63 in Hong Kong, 56 in Korea and 51 in Japan. This wage gap has become especially large, in relative terms, in manufacturing in nearly every country, which, as stated above, is because of the concentration of women in relatively low-wage industries.

### **3. Economic Development and Female Labor**

With a difference among countries, it is undeniable that female workers in Asia generally face more unfavorable conditions than do men, as evinced by the low wages they receive and by the high percentage of women among unpaid family employees. When we compare these Asian countries, however, we see that the higher a nation's income level is, the lower the share of female unpaid family workers is and the higher the share of female employees is. This suggests that as economic development progresses, the economic contributions of women become more evident socially. However, no definite conclusions are possible because in cross-sectional comparison, the effects of social differences (e.g., religious and cultural ones) are indistinguishable from those of differences in income levels. Instead, let us look at Table 6 and 7, which show time-series changes in several nations of which data are available. Table 6 shows changes in the employment structure and Table 7 shows changes in status in employment.

In Japan through the high-economic-growth period of the 1960s, and in the NIEs in 1970s and ASEAN members in the 1980s, rapid industrialization triggered great changes in the industrial structure and also caused incomes to rise rapidly as well.<sup>7</sup> Looking at changes concerning female workers in this light, we see that in each country economic development has clearly reduced the percentage of women engaged as unpaid family workers, and, although by a slight degree, as the percentage of women classified as employers and own-account workers (many of whom are most likely part of the informal sector or, say, owners of small shops).

In Japan, for instance, which enables the observation of long-term changes, unpaid family workers accounted for 54.3% and employees yet only 32.7% of all female workers in 1955, around the year the high-economic-growth period just began. Most of these unpaid family workers engaged in agricultural works. By 1975, just after the termination of the high-economic-growth period, Japanese income level had caught up North American and European

countries and the labor market situation had substantially changed. The rate of unpaid family workers dropped to 27.6% and that of employees rose to 58.6% of all female workers. And nowadays, three in four female workers are employees, and only one in 10 is unpaid family workers. Increases in the number of clerical and related workers account for most of the increase in the number of employees since the early 1970s: between 1970 and 1990, the total number of clerical and related workers throughout Japan rose by 4.67 million, of which 3.56 million, or three fourths, were women.

The same trend is observed in Korea, where, for example, the percentage of unpaid family workers in total female labor dropped from 52.8% in 1966 to 23.0% in 1993. In Thailand, unpaid family workers still accounted for a high 54.2% of all female workers in 1990, this is because the agricultural sector is still absorbing large amounts of female labor. The percentage of Thai women engaged as unpaid family workers is high relative to other nations, but is nonetheless steadily falling -- from 81.7% in 1960, 76.0% in 1970 and 68.1% in 1980. And with industrialization proceeding rapidly in recent years, this rate is expected to drop much further in coming years.

Thus, in each country female labor is "modernizing" as economic development progresses, and the contributions of female workers are become more apparent socially. However, the wage gap between men and women still remains large in Japan and Korea,<sup>8</sup> and while women's degree of advancement in administrative and managerial positions is still low. There remain many tasks to carried out.

## Notes

- 1) UNFPA, *The State of World Population 1995*.
- 2) World Bank, *World Development Report 1994*.
- 3) When using statistics, attention must be paid to the discrepancy between labor statistics and the actual state of the female work force. The more traditionally agricultural a nation's society is, the greater the extent to which women are involved in productive activity along with men. In such countries, however, the activities of women, because they do not involve income (e.g., caring for livestock or performing weaving or other manual labor the products of which are primarily for private consumption), are not reflected in these labor statistics. The ratio of female labor to the entire work force is believed to be extremely low in the agricultural sectors of certain nations and certain regions.
- 4) Watanabe, Machiko. "Human Resource Development and Female Labor in Asia."

Asian Population Development Association, *Women's Labor Participation and Economic Development in Asia*, 1995.

- 5) The figures below are from ILO, *Yearbook of Labour Statistics 1994*, Table 5B.
- 6) Based on combined wage levels for men and women. Figures on the garment industry are for ISIC 322; the electric machinery and electronics industry, ISIC 383. These figures are taken from ILO, *Yearbook of Labour Statistics 1994*, Tables 17A and 17B.
- 7) Among ASEAN nations there are considerable national differences. For instance, industrialization became prominent in Malaysia and Thailand in the late 1970s, but came relatively late (in the latter half of the 1980s) in Indonesia, while in the Philippines, because of political instability, industrialization (driven by foreign investment) has begun only recently. Similarly, Korea and Taiwan, to give examples of two NIEs, have not always followed the same path to industrialization, while the two are both considerably different from Singapore and Hong Kong in terms of scale of population and other conditions. Consequently, the characteristics of each nation's economic development are also different.
- 8) Regarding the wage gap between men and women, it should be noted that without standardization to adjust for level of education, years worked, age and other factors, comparisons is impossible.

## Sources

- ADB, *Key Indicators of Development Asian and Pacific Countries 1992, 1993*.
- ILO, *Yearbook of Labour Statistics - Retrospective Edition on Population Censuses 1945-89*, 1990.
- ILO, *Yearbook of Labour Statistics 1993*.
- ILO, *Yearbook of Labour Statistics 1994*.
- Nuss, Shirley. *Women in the World of Work - Statistical Analysis and Projections to the Year 2000*, ILO, 1989.
- World Bank, *World Development Report 1995*.
- UNFPA, *The State of World Population 1995*.
- Ministry of Labor. *Hataraku-josei no Jitsujō FY 1994. (the State of Working Women FY 1994.)*, 21st Century Occupation Foundation, 1994.
- Watanabe, Machiko. "Female Labor Participation, Type of Employment and Fertility in Recent Japan," *Kaetsu Women's College, Annual Reports of Studies*, vol. 66, Dec. 1994.

Watanabe, Machiko, "Human Resource Development and Female Labor in Asia," Asian Population Development Association, *Women's Labor Participation and Economic Development in Asia*, March 1995.

**Table 1 Indicators on employment in selected Asian countries**

	year / scope	Economic activity rates (%)						Labor Force Females per 100 males
		(total population)			(population aged 15 and over)			
		Total	Male	Female	Total	Male	Female	
Japan	1993/15~	53.1	64.3	42.2	63.8	78.0	50.3	68
China	1982/15~	52.3	57.3	47.0	78.7	86.5	70.6	78
<NIEs>								
Singapore	1993/15~	-	-	-	64.5	79.1	50.6	67
Hong Kong	1993/15~	49.9	62.1	37.4	62.5	78.1	46.5	58
Korea	1990/15~	-	-	-	49.9	68.3	32.6	51
<Southeast Asia>								
Malaysia	1990/15-64~	37.6	48.2	26.9	59.6	77.1	42.2	55
Thailand	1990/13~	56.3	59.7	52.8	81.9	87.7	76.3	88
Philippines	1993/10~	-	-	-	64.7	81.8	47.8	59
Indonesia	1992/10~	-	-	-	65.5	82.6	49.1	62
<South Asia>								
Sri Lanka	1993/10~	41.0	54.9	27.5	56.7	76.2	37.9	51
Pakistan	1992/93/10~	28.0	46.4	8.2	49.7	83.5	14.0	16
India	1991	37.6	51.5	22.7	-	-	-	41
Bangladesh	1989/10~	46.9	53.2	40.2	78.6	89.1	67.4	71

Sources : ILO, *Yearbook of Labour Statistics* 1994 and 1993. ILO, *Yearbook of Labour Statistics 1945-89*.

Note : Figures in the category "females per 100 males" apply to those 15 years and over.

**Table 2 Industrial structure of female employment and share of female labor**

	Total	Primary industry	Secondary industry	(Manufacturing)	Tertiary industry	(Commerce)	(Service)	(Others)	Unemployment (%)
Hong Kong	100.0	0.4	22.2	21.1	75.5	31.9	28.2	15.3	2.0
India	100.0	57.9	5.9	5.2	7.8	1.6	5.9	0.2	-
Indonesia	100.0	5.6	13.1	12.5	30.6	19.3	10.6	0.6	2.6
Japan	100.0	6.6	25.9	21.8	64.5	26.8	26.2	11.5	2.6
Korea	100.0	16.6	24.7	22.5	56.4	31.1	16.9	8.5	2.2
Malaysia	100.0	25.3	28.0	26.8	46.8	19.2	22.1	5.4	-
Pakistan	100.0	54.9	12.2	11.1	16.0	2.6	12.8	0.6	16.8
Philippines	100.0	29.4	11.9	11.4	48.7	22.5	23.6	2.6	10.0
Singapore	100.0	0.1	29.5	27.6	67.6	22.4	26.8	18.4	2.8
Sri Lanka	100.0	30.8	20.6	18.3	27.3	4.7	21.1	1.4	21.0
Thailand	100.0	62.8	11.9	10.5	22.0	10.7	10.7	0.5	2.4
Hong Kong	36.9	21.7	27.9	37.3	40.9	42.3	52.7	27.6	36.3
India	28.6	27.2	14.8	16.4	11.9	6.7	18.1	2.6	-
Indonesia	38.2	38.6	35.5	47.0	38.3	50.4	34.0	5.8	41.9
Japan	40.5	46.0	31.4	38.2	45.2	49.6	48.8	32.8	42.8
Korea	39.9	46.1	30.5	38.7	44.6	50.7	47.9	28.3	32.2
Malaysia	35.5	34.5	36.1	47.7	35.7	37.5	39.5	23.1	-
Pakistan	14.2	17.5	9.3	13.7	7.4	2.9	14.7	1.5	38.0
Philippines	37.2	26.2	31.2	46.2	51.4	65.8	56.4	13.9	41.8
Singapore	40.2	8.7	36.0	42.3	42.5	40.5	51.3	35.6	42.3
Sri Lanka	33.9	31.5	38.7	54.5	28.6	17.0	39.7	10.1	51.3
Thailand	46.9	47.4	40.8	49.9	48.2	53.8	51.9	10.6	51.1

Source : ILO, *Yearbook of Labour Statistics* 1993 and 1994.

Note : 1) "Total" includes activities not adequately defined.

2) "Other tertiary industries" includes transport / storage /communication and finance /insurance /real estate /business services.

3) Survey years and ages surveyed in each country are as follows: Hong Kong, 1993/15 and over; India, 1991/5 and over; Indonesia, 1992/10 and over; Japan, 1993/15 and over; Korea, 1993/15 and over; Malaysia, 1990/15 to 64; Pakistan, 1992-93/10 and over; Philippines, 1993/15 and over; Singapore, 1993/15 and over; Sri Lanka, 1993/10 and over; Thailand, 1990/13 and over.



**Table 3 Occupational structure of female employment and share of female labor**

	Total	Professional, related and related workers	Clerical and related workers	workers	Sales workers	Service workers	Agriculture, animal husbandry and related workers	Production and related workers, transport equipment and laborers	Unem- ployment (%)
Bangladesh	100.0	1.5	0.04	0.4	0.6	3.2	89.4	3.7	1.1
Hong Kong	100.0	10.7	2.3	35.8	11.9	23.5	0.4	13.5	2.0
Indonesia	100.0	4.3	0.1	2.9	18.7	6.6	47.5	15.8	3.0
Japan	100.0	11.9	0.8	27.8	13.6	11.9	6.4	24.5	2.6
Korea	100.0	9.2	0.2	14.1	17.1	17.3	17.8	22.2	2.1
Malaysia	100.0	10.2	0.7	14.2	10.8	14.0	25.1	25.1	-
Philippines	100.0	8.8	1.1	6.0	22.2	11.9	29.3	10.6	10.0
Singapore	100.0	4.3	5.3	14.0	26.4	13.5	0.03	33.5	2.8
Sri Lanka	100.0	13.1	1.0	4.5	0.0	5.8	23.6	30.6	21.0
Bangladesh	41.4	22.8	5.1	7.6	3.3	46.4	50.7	14.5	37.5
Hong Kong	36.9	41.8	18.3	64.1	32.8	46.3	22.5	16.2	36.3
Indonesia	35.8	42.9	10.6	21.4	48.2	57.9	34.9	26.2	41.9
Japan	40.5	41.8	8.5	60.6	38.5	54.3	45.1	29.0	42.8
Korea	40.1	45.7	4.0	40.4	47.3	61.8	46.0	27.3	34.7
Malaysia	35.5	46.6	12.1	51.5	33.7	43.5	34.0	28.4	-
Philippines	37.2	62.7	33.7	56.7	67.5	56.1	26.3	20.7	41.8
Singapore	40.2	16.9	35.8	41.2	74.3	41.3	9.3	37.3	42.3
Sri Lanka	33.9	45.0	24.6	40.7	-	20.2	30.3	31.5	51.3

Source : ILO, *Yearbook of Labour Statistics* 1993 and 1994.

Note : 1) Total includes persons not classified by occupation.

2) Figures for service workers in Sri Lanka include sales workers.

3) Survey years and ages surveyed in each country are as follows. Bangladesh, 1989/10 and over; Hong Kong, 1993/15 and over; Indonesia, 1990/10 and over; Japan, 1993/15 and over; Korea, 1992/15 and over; Malaysia, 1990/15 to 64; Philippines, 1993/15 and over; Singapore, 1993/15 and over; Sri Lanka, 1993/10 and over.

**Table 4 Structure of status in female employment  
and share of female labor**

(%)

	Total	Employers and own-account workers	Employees	Unpaid family workers	Not classified by status
Hong Kong	100.0	3.2	92.9	2.0	2.0
Indonesia	100.0	28.7	24.0	44.7	2.6
Japan	100.0	9.4	74.9	12.8	2.9
Korea	100.0	18.4	56.3	23.0	2.3
Malaysia	100.0	16.3	64.7	18.9	-
Pakistan	100.0	13.0	22.5	47.7	16.8
Philippines	100.0	29.7	39.7	20.6	10.0
Singapore	100.0	5.1	90.3	1.8	2.8
Sri Lanka	100.0	14.5	53.6	11.0	21.0
Thailand	100.0	17.7	24.7	54.2	3.4
Hong Kong	36.9	11.5	39.4	86.8	36.3
Indonesia	38.2	25.4	32.0	66.2	41.9
Japan	40.5	30.9	38.6	82.1	42.3
Korea	39.9	26.7	37.9	88.5	32.3
Malaysia	35.5	24.6	34.8	64.7	-
Pakistan	14.2	4.5	9.9	33.5	38.0
Philippines	37.2	30.2	36.4	54.8	41.8
Singapore	40.2	16.6	43.2	82.9	42.3
Sri Lanka	33.9	18.2	34.6	55.8	51.3
Thailand	46.9	27.6	41.9	64.5	55.1

Source : ILO, *Year Book of Labour Statistics* 1993 and 1994.

Note: Survey years and ages surveyed in each country are as follows.

Hong kong, 1993/15 and over; Indonesia, 1992/10 and over; Japan, 1993/15 and over; Korea, 1993/15 and over; Malaysia, 1990/15 to 64; Pakistan, 1992-93/10 and over; Philippines, 1993/15 and over; Singapore, 1993/15 and over; Sri Lanka, 1993/10 and over; Thailand, 1990/13 and over.

**Table 5 Wage gap between men and women (men = 100)**

	Year	Agriculture	Non-agriculture	Manufacturing
Hong Kong *	1985	-	77	79
	1990	-	70	69
	1991	-	69	69
	1992	-	68	69
	1993	-	63	66
Japan	1985	77	52	42
	1990	76	50	41
	1991	76	51	43
	1992	76	-	44
Korea	1985	72	48	47
	1990	71	54	50
	1991	-	55	51
	1992	-	56	52
Singapore	1990	91	71	55
	1991	-	72	56
	1992	-	71	56
	1993	-	72	57
Sri Lanka	1985	88	76	70
	1990	92	90	88
	1991	100	89	75
	1992	89	93	88
	1993	88	96	88
Thailand	1989	-	68	66

Source : ILO, *Yearbook of Labour Statistics 1994*.

Note : Based on income amounts. An asterisk (\*) indicates wage scale basis.

**Table 6 Changes in the distribution of female workers by occupation**

		Total	Professional, technical and related workers	Adminis- trative and managerial workers	Clerical and related workers	Sales workers	Service workers	Agriculture, animal husbandry and related workers	Production and related workers, transport equipment and laborers
									(%)
Hong Kong	1984	100.0	7.5	1.2	23.7	8.6	15.1	1.1	42.7
	1990	100.0	9.3	1.9	33.8	10.9	19.7	0.7	23.7
	1993	100.0	11.0	2.3	36.5	12.1	24.0	0.4	13.8
Japan	1984	100.0	10.5	0.6	24.6	14.3	11.8	10.7	27.2
	1990	100.0	11.4	0.7	27.4	14.2	11.4	8.4	26.0
	1993	100.0	12.3	0.8	28.5	14.0	12.2	6.6	25.2
Korea	1984	100.0	4.7	0.1	9.9	18.0	16.3	30.0	21.0
	1990	100.0	7.5	0.1	12.8	16.9	16.7	20.4	25.6
	1993	100.0	9.5	0.2	15.5	18.7	18.8	16.9	20.3
Malaysia	1984	100.0	8.9	0.6	13.9	10.2	13.7	34.6	18.2
	1990	100.0	10.2	0.7	14.2	10.8	14.0	25.1	25.1
Philippines	1984	100.0	10.7	0.7	5.9	22.7	13.2	35.3	11.4
	1990	100.0	10.8	0.9	6.6	24.2	14.8	31.0	11.3
	1993	100.0	9.8	1.2	6.7	24.6	13.2	32.5	11.8
Pakistan	1984	100.0	5.6	0.2	0.6	1.2	4.5	75.0	12.8
	1990	100.0	6.0	0.3	0.9	2.1	3.8	72.2	14.8
	1992	100.0	7.1	0.2	1.0	2.8	5.4	65.9	17.6

Source : ILO, *Yearbook of Labour Statistics 1994*.

Note : The above are component ratios relative to the total number of workers. "Total" includes workers not classified by occupation.

**Table 7 Changes in the distribution by status in employment of female workers**

(%)						
	Survey year /scope	Total	Employers and own-account workers	Employees	Unpaid family workers	Workers not classified by status
Japan	1955/15 ~	100.0	11.5	32.7	54.3	1.4
	1960/15 ~	100.0	13.5	41.5	44.3	0.6
	1965/15 ~	100.0	12.0	48.6	38.1	1.3
	1970/15 ~	100.0	13.8	52.6	32.4	1.2
	1975/15 ~	100.0	11.8	58.6	27.6	2.0
	1980/15 ~	100.0	11.3	62.6	24.1	2.0
	1985/15 ~	100.0	10.0	68.3	19.0	2.8
	1993/15 ~	100.0	9.4	74.9	12.8	2.9
Korea	1966/14 ~	100.0	20.4	21.5	52.8	5.3
	1970/14 ~	100.0	17.4	29.6	51.4	1.7
	1975/14 ~	100.0	16.5	29.6	50.2	3.8
	1980/14 ~	100.0	18.5	34.8	40.0	6.7
	1993/15 ~	100.0	18.4	56.3	23.0	2.3
Hong Kong	1971/10 ~	100.0	5.5	85.9	4.0	4.5
	1976/14 ~	100.0	5.2	86.3	4.8	3.7
	1981/15 ~	100.0	4.4	89.0	2.9	3.7
	1986/15 ~	100.0	5.5	86.7	3.6	4.2
	1993/15 ~	100.0	3.2	92.9	2.0	2.0
Thailand	1960/11 ~	100.0	11.2	6.5	81.7	0.6
	1970/11 ~	100.0	12.0	10.4	76.0	1.6
	1980/11 ~	100.0	14.1	15.1	68.1	2.7
	1990/13 ~	100.0	17.7	24.7	54.2	3.4
Philippines	1960/10 ~	100.0	25.9	31.2	32.3	10.6
	1970/10 ~	100.0	23.3	41.0	27.0	8.6
	1975/10 ~	100.0	22.5	46.9	15.0	15.6
	1993/15 ~	100.0	29.7	39.7	20.6	10.0

Sources : ILO, *Yearbook of Labour Statistics* 1994.

ILO, *Yearbook of Labour Statistics* 1945-89.

**Appended Table: Basic indicators (1993)**

	Population (mid-year) (millions)	Per-capita GNP (dollars)	Distribution of gross domestic product (%)			Life expectancy at birth (years)		Infant mortality rate (per 1,000 live births)	TFR	Adult female illiteracy (%) 1990	Females per 100 males	
			Primary industry	Secondary industry	Manufac- turing	Tertiary industry	Women	Men			Primary education	Secondary education
World	5,501.5	4,420					68	64	4	4	3.2	81
High-income economies	812.4	23,090					80	74	6	7	1.7	98
Middle and lower-income economies	4,689.0	1,090					66	63	3	55	3.4	78
East Asia and the Pacific	1,713.9	820	17	41	30	41	70	66	4	34	2.3	78
South Asia	1,194.4	310	30	26	17	44	60	60	0	69	4	56
Japan	124.5	31,490	2	41	24	57	83	76	7	1.5	*	99
Hong Kong	5.8	18,060	0	21	13	79	82	76	6	1.2		88
Korea	44.1	7,660	7	43	29	50	75	68	7	1.7		
Taiwan	22.4	9,060	4	42	34	54						
China	1,178.4	490	19	48	38	33	71	68	3	38	2	76
Mongolia	2.3	390	21	46	33	33	65	63	2	3.5		
Singapore	2.8	19,850	0	37	28	63	78	73	5	1.7	*	
Malaysia	19.0	3,140	17	44	29	39	73	69	4	3.5	30	105
Thailand	58.1	2,110	10	39	28	51	72	66	6	2.1	10	97
Philippines	64.8	850	22	33	24	45	69	65	4	42	3.9	11
Indonesia	187.2	740	19	39	22	42	65	61	4	2.8	32	81
Myanmar	44.6		63	9	7	28	60	57	3	4.1	28	96
Laos	4.6	280	51	18	13	31	53	50	3	6.6	77	62
Vietnam	71.3	170	29	28	22	42	68	63	5	3.8	16	
Sri Lanka	17.9	600	25	26	15	50	74	70	4	2.4	17	105
Pakistan	122.8	430	25	25	17	50	63	61	2	6.1	52	41
India	898.2	300	31	27	17	41	61	61	0	3.7	74	58
Bangladesh	115.2	220	30	18	10	52	56	56	0	4.3	81	49
Nepal	20.8	190	43	21	9	36	54	55	-1	96	62	
UAE	1.8	21,430	2	57	8	40	76	73	3	4.2	93	105
Kuwait	1.8	19,360	0	55	9	45	77	73	4	3.1	96	97
Saudi Arabia	17.4						72	69	3	5.2	88	79
Oman	2.0	4,850	3	53	4	44	72	68	4	5.4	90	89
Iran	64.2		24	29	14	47	68	67	1	4.9	89	78
Turkey	59.6	2,970	15	30	19	55	69	65	4	3.3	29	64
Jordan	4.1	1,190	8	26	15	66	72	68	4	5.1	30	117
Yemen	13.2		21	24	11	55	51	50	1	7.5	74	

Source : World Bank, *World Development Report 1995*.

Note : 1) Figures for Malaysia's distribution of gross domestic product are from 1991 (1987 fixed prices taken from ADB's *Key Indicators 1992*).

2) Figure for Taiwan are from 1991 (taken from ADB's *Key Indicators 1992*).

3) An asterisk (\*) indicates a percentage of under 5%.

# **Chapter Four**

## **EMPOWERMENT AND HEALTH**

### **Women's Empowerment and Health in Asia – Maternal and Child Health in Japan –**

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## Introduction

In response to the Cairo Conference, many theories and recommendations concerning women and empowerment were set forth in the World Population White Paper (1995)<sup>1</sup>. Also, the ICPD (International Conference on Population and Development) Action Plan stated that empowerment of women to improve their health and political, social and economic status is not just an important objective in and of itself, but that it is also essential to achieving sustainable development. In short, it discusses the issue from the perspective that the trump card for slowing the increase in the world's population is women's empowerment, improvement of their reproductive health and assurance of their reproductive rights.

The empowerment of women was also an important theme at the 4th U.N. World Conference on Women, held this September in Beijing. In the strategic objectives and actions in the "Action Guidelines," the Conference adopted the health policies of assuring women's rights concerning sex and reproduction and the position that the right to freely determine matters concerning sex is part of women's human rights.

When examining the issue of women's empowerment and health, matters relating to women's empowerment appear in every aspect of women's lives, from birth to death. Thus, health empowerment is needed in each aspect of women's life cycles (Table 1).

Regarding women in developing nations in particular, improvement of women's reproductive health and assurance of their reproductive rights is one of the highest priority issues in attaining women's health empowerment (i.e., their "health power"<sup>2</sup>).

Looking at the state of worldwide reproductive health as presented in the World Population White Paper<sup>1</sup>, we see that 350 million couples have no access to effective means of contraception. Of the over 40 million abortions that are performed each year, 20 million are performed in unsafe conditions, resulting in 200,000 deaths from complications. Each year, 500,000 women die during pregnancy or during childbirth -- 99% in developing countries, where the leading causes of death of women in their reproductive years are pregnancy, childbirth, and complications from unsafe abortions. Thus, women's reproductive health is one of the most serious, tragic aspects of the protection of mothers.

The maternal mortality rate, one indicator of the state of the protection of mothers, is gradually falling, but compared to infant mortality tends to either receive less attention or be disregarded altogether. Japan has generally achieved health levels comparable to those of the West; in fact, Japan's infant mortality rate is now among the world's lowest. However, as I will explain below, the nation's maternal mortality rate and the ratio of stillbirths after the 28th week are still high relative to the West.



This paper examines Japan's position and role in Asia while looking at the history of Japan's measures to protect mother and child and at the current state of the health of mothers, progress in which has nearly come to a standstill.

## **1. Health Indicators Concerning Women's Empowerment: Asian Women's Life Expectancy at Birth**

In nearly every nation, women have longer life expectancies than men. In some countries, however, women's life expectancy at birth is nearly the same as or actually shorter than men's.

There has been much research and many reports on this phenomenon.<sup>2,3,4</sup> Kuroda<sup>3</sup> has stated, "Life expectancy is one of the best indicators of the extent to which women's status has deteriorated or improved, and women's life expectancies at birth in Bangladesh and Nepal indicate that women in these countries are not living longer than men, as is natural for them to do. This indicates that these countries are even farther behind in improving the status of women." In contrast to women's longer life expectancies at birth in most nations, women's life expectancies at birth were actually shorter than men's in Bangladesh, India, Maldives and Nepal between 1980-85. Between 1990-95, the gap between men and women narrowed in Bangladesh and India, but in Maldives and Nepal women's life expectancies at birth have remained low. Although there are many factors behind this, one is the strong tradition of patriarchy and male dominance, cited in certain reports<sup>4</sup>, while other reports cite, as a factor behind the relatively short life expectancies of women in South Asia, the large number of negative factors in women's living environments, such as high birth rates, poorer nutrition and less access to health care compared to men.<sup>5</sup>

In several Asian nations, sexual discrimination begins very early in life as parents tend to prefer sons over daughters. For instance, girls' nutritional intake is less than boys'. Furthermore, in contrast to developing nations, where the death rate of children under five is higher among boys than among girls, girls in these nations stand a higher chance of dying than do boys. Concerning discrimination against girls, a column in the World Population White Paper (1989)<sup>6</sup> describes the tragic case of a village in the Indian state of Gujarat, where girls accounted for 27 of 41 deaths of children one month or older; these girls died without receiving any medical attention whatsoever.

SEAMIC data<sup>7</sup> on the life expectancies at birth of men and women in ASEAN members shows that in Brunei (1986) men live an average of 70.1 years, women 72.7 years (a difference

of 2.6 years). In Indonesia (1992), the life expectancies at birth for men and women were 60.4 and 64.2 years respectively (a difference of 3.8 years). In the Philippines (1991), these figures were 62.9 and 67.4 years (a difference of 4.6 years). In Brunei, life expectancies at birth, despite the small difference between men and women, are high. In order to determine overall trends in Asia, let us look at Table 2, which shows the difference between men's and women's life expectancies at birth in 34 Asian nations and the coefficient of correlation with other indicators, as determined with data from the World Population White Paper (1995)<sup>1</sup>. This shows that the difference in men's and women's life expectancies at birth has a negative correlation with the infant mortality rate ( $-0.96:p<0.01$ ) and a negative correlation with the maternal mortality rate ( $-0.70:p<0.01$ ). Figs. 1 and 2 show this relationship between the difference in men's and women's life expectancies at birth and the infant mortality rate and maternal mortality rate, respectively. Although these graphs suggest a strong correlation between the difference in men's and women's life expectancies at birth and the infant mortality rate and maternal mortality rate, these factors alone do not explain differences in men's and women's life expectancies at birth. Instead, the health levels of mother and child should be seen as reflecting differences between men and women. It is also interesting that there is a negative correlation ( $-0.798:p<0.01$ ) with the death rate of girls under 5, and that girls' rate of primary school attendance tends to correlate more than boys' rate of primary school attendance does.

Thus, an international comparison of health levels as determined from life expectancies at birth makes it possible to examine conditions in a given nation. However, although mortality data does lend itself to international comparison, there are differences in years surveyed and diagnostic standards and considerable bias in how cause of death is determined. Furthermore, a lack of proper insight into a region's culture can result in an improper interpretation of results.

## **2. Maternal and Child Health in Japan: History and Programs**

In Japan, health care for mothers and children has been promoted almost entirely under administrative direction. The infant mortality rate, an indicator of the level of health care for mothers and children, was roughly 170 deaths per 1,000 births around 1900 in Japan. In 1916, the Investigative Commission on Health Care and Hygiene was formed, and over a period of several years investigated the state of hygiene of mothers and children. In subsequent

years, systems for pregnant women such as visiting midwives, maternity hospitals and nurseries were widely established by local governments and the private sector. In 1937 the revolutionary Health Care Center Law, which designated health care centers as the core of health care guidance, was passed, making the hygiene of mothers and children as important a project as the fight against tuberculosis. These health care centers have played an extremely important role in the promotion of health care for mothers and children in Japan. Around the same time, the Law for the Protection of Mothers and Children and the Social Project Law were passed (1937 and 1938 respectively), thus establishing protection for mothers and children in the areas of public health and welfare.

Also noteworthy is the Society for the Nurturing of Mothers and Children, a foundation established in 1934 with a grant from the royal family to commemorate the birth of the prince (the current emperor). Since 1936 its "nurturing village" project has served as a regional organization promoting the health of mothers and children, helping achieve significant improvements in Japan's rural areas. From its inception, this project had the foresight to emphasize health care measures not merely for delivery, but rather for the entire perinatal process.

In the years before the Second World War, Japan began providing examinations and health-related guidance for infants as part of efforts to enhance the nation's military strength. In 1932, a medical record book for pregnant and nursing women (a precursor to today's Maternal and Child Health Handbook) was devised. This medical record, which is discussed below, was an original Japanese invention and has played a major role in health-related guidance for mothers and children.

After the Second World War, Japanese administrative services for mothers and children were greatly expanded under the direction of America's GHQ. These advancements include maternal and pediatric health care guidance (1948), a measure for premature babies (1958), establishment of maternity health care centers (where health-related guidance and midwife services were provided) (1958), visiting guidance services for infants (1951), examinations for 3-year-olds (1951), a countermeasure to toxemia of pregnancy (1961) and a measure to improve the nutrition of mothers and children (1965). These health and welfare measures resulted in infant mortality rates in Japan that were far below prewar levels, and also gradually reduced the maternal mortality rate.

Despite this significant reduction in the infant mortality rate, there were still other areas requiring attention, such as the large ratio of stillbirths occurring after the 28th week and a maternal mortality rate that was still high compared to developed nations. Thus, the nation came to require comprehensive maternity health care that encompassed not just maternal health care, but also health maintenance for all women. This movement led to the passage (in

1965) of the Maternal and Child Health Care Law to promote comprehensive health care measures for mothers and children. Then, in 1977 and 1978, the Children's Welfare Law and the Outline of Maternal and Child Health Care Measures were respectively adopted, thereby nearly completing the foundation of today's health care services for mothers and children. At this time Japan was riding the wave of high-level economic growth, which greatly increased the nation's economic might and substantially improved nearly every health indicator. At the nation's health care centers, maternity health care centers and municipal health care centers, an extensive range of measures for mothers and children have been implemented and examinations and guidance provided both prenatally and at various stages in child development.

Last year, in response to today's significantly lower birth rates, legal revisions were passed to encourage local governments, rather than the central government, to implement health measures for mothers and children that are more regional in nature. However, it is also necessary to draft measures in response to changes in Japanese society, such as women's increased anxiety regarding child-rearing (due to the prevalence of the nuclear family) and increasing numbers of working women, which, in addition to prompting more and more women to have children later in life, is also causing changes in the child-rearing environment.

### **3. Problems with Japan's Maternal and Child Health: Emphasizing the Maternal Mortality Rate**

#### **(1) The Maternal Mortality Rate in Japan: Current Circumstances and Problems**

It is a tragedy that the maternal mortality rate is still high in many countries. The gap between industrial and developing nations is said to be far greater in maternal health indicators than in neonatal health indicators. There is even a report that sees the maternal mortality rate as generally more indicative of the socioeconomic factors in that nation than the infant mortality rate is.<sup>8</sup>

Japan has reduced her infant mortality rate substantially, to the point that it is now among the world's lowest. Nevertheless, there are still problems relating to the health of mothers. The maternal mortality rate was 449.9 per 100,000 births in 1899, since which the rate has steadily declined, to 87.6 in 1965 and 7.7 in 1993 (Table 3).

However, this rate is still high compared to the so-called Western nations, such as Canada (2.9 in 1991), Sweden (3.2 in 1990) and Australia (3.5 in 1992)<sup>9</sup> (Table 4).

Preventing maternal mortality requires not just care that begins in pregnancy, but also

an improved level of reproductive health in the broad sense. In Japan, perhaps maternal health care has been neglected in comparison with neonatal health care. This necessitates that Japan reexamine the situation right in its own backyard.

Up until 1967 (ICD-6, ICD-7), the leading causes of maternal mortality were toxemia of pregnancy, hemorrhaging, ectopic pregnancy, puerperal fever and miscarriage (in this order). This order was almost the same for the years 1968-78 (ICD-8): toxemia of pregnancy, hemorrhaging, ectopic pregnancy and septicemia. Since 1979 (ICD-9) maternal mortalities have been divided into direct obstetric mortalities and indirect obstetric mortalities, and in 1993, direct obstetric mortalities accounted for 90.1%, the leading causes being prepartum hemorrhaging (19.8%), obstetric pulmonary embolism (15.4%), abnormal postpartum hemorrhaging (9.9%), hypertension (6.6%) and ectopic pregnancy (5.5%).<sup>10</sup>

In terms of original ailments, the increasing tendency of pulmonary embolisms is clear. The fact that prepartum and abnormal postpartum hemorrhaging account for one third of all direct obstetric mortalities makes it urgent to devise countermeasures to hemorrhaging. Upon examining these cases of massive hemorrhaging (1990- 1992) to find some means of preventing maternal deaths, it was found that the incidence of late childbearing was high among these cases, with mothers 35 and over accounting for 36.2% of all births; and that massive hemorrhaging was more common among women who have given birth before than among women giving birth for the first time.<sup>11</sup>

Because of the high mortality rates in Japan among women giving birth late and women who have already given birth, it is possible that supervision of pregnancy and delivery is inadequate among these groups of women. It is necessary, for instance, to increase awareness of the fact that the risk associated with second and subsequent deliveries is just as high as in first-time deliveries. The relative risk of each cause of maternal mortality among women 35 and over (relative to the maternal mortality rate among women in their twenties) is 14.1 for hemorrhaging and 7.2 (1985) for toxemia of pregnancy. Thus, the risk of death due to hemorrhaging is high in Japan, and it has been pointed out that the stagnant rate of improvement is a social problem.<sup>12</sup>

Research comparing the characteristics of maternal mortality in Japan to those in North America and Europe<sup>13</sup> shows that indirect obstetric mortality accounts for roughly 10% of the total in Japan but a majority of cases in North America and Europe. Thus, looking only at direct obstetric mortality, the gap with the West is actually widening. However, as is the case with comparisons with developing countries, methods of notation on death certificates and methods of determining the cause of death, though generally held to be the same, are believed to differ enough to prevent straightforward international comparisons. The questions that arise in making international comparisons of maternal mortality are whether the same definition

of maternal mortality is being used in each country, whether complications tend to be named as the cause of death because of bias in the way doctors fill out death certificates, and whether the classifications of direct and indirect obstetric mortality differ from country to country. Another factor is that each country does not always implement ICD at the same time. These and other questions must be answered.

In Japan, the central government controls all mortality data (i.e., death certificates, which are designated statistics), the use of which is greatly restricted under law. These restrictions prevents nearly all use in private-sector research and have been an impediment not just to research on maternal mortality<sup>14</sup> but to all research on cause-of-death analysis. In Japan, the disclosure of information has been greatly delayed in the name of protecting privacy.

## **(2) Reducing the Maternal Mortality Rate**

The reasons for Japan's high maternal mortality rate are not fully understood. Some believe that this mortality rate can be reduced by raising the awareness of pregnant and nursing women, getting doctors to provide more thorough health care guidance, introducing advanced medical techniques and improving the medical system. On the other hand, some are of the opinion that no further reductions in the maternal mortality rate are possible under Japan's current medical system. Cited as reasons for the latter belief are structural problems with Japan's medical system, namely, inadequate emergency care and the tendency, under the current system, of general practitioners to face high-risk deliveries. A survey seeking to determine whether the structure of emergency maternal care was functioning effectively revealed that only 31.9% were satisfied with the current situation.<sup>15</sup> Thus, many in Japan feel that not just Japan's medical system, but also its transport system for high-risk deliveries and its medical technology for delivery management are behind.

Moreover, one report has stated that a major factor behind Japan's high maternal mortality rate is the lack of psychological considerations, and that this is supported by the fact that massive hemorrhages are the cause of many cases of maternal mortality.<sup>16</sup> In other words, the main difference with the West is the low level of emotional support during delivery. In many developing countries, however, there are myriad problems to be dealt with before one discusses emotional support.

As more and more women in Japan enter the work force in Japan, the average age at which women marry and have children is expected to rise even further. Given the high maternal mortality rate among women 35 and over, it is increasingly necessary to lay the groundwork to assure optimum deliveries for older women giving birth for the first time.

Reforms proposed as possible concrete measures<sup>17</sup> for reducing the maternal mortality rate can be summarized as follows: 1) improving the system of emergency responses to

hemorrhages, etc., in pregnant women, which includes establishing PICUs (perinatal intensive care units); 2) improving and expanding the system of non-emergency obstetric and gynecological care; 3) enhanced, more thorough prenatal examinations; 4) promotion of maternal protection and education on a local level that is directed towards those who have not undergone health examinations, etc.; 5) improving the system of monitoring and notification for maternal mortality.

#### **4. Japan's Infant Mortality Rate: Problems and Efforts at Reduction**

As in today's developing nations, Japan's infant mortality rate was high in the Meiji and Taisho periods -- 140 to 180 deaths per 1,000 births. However, the school system was established in the fifth year of the Meiji period (1872), and by the end of this period the rate of primary school attendance had somehow been increased to nearly 90%, resulting in high literacy rates. This high level of education not only strengthened the nation, but also helped raised the maternity health level and lower the infant mortality rate.

Japan's infant mortality rate, after peaking at 188.6 in 1918, was lowered by improved nutrition and better living environments. It had dropped under 100 by 1940, just before the Second World War, and after the War, in 1947, it fell to 76.7. And with the introduction of American medicine in the postwar years, deaths due to infectious diseases of the respiratory and digestive systems fell dramatically. By 1993, maternal and child health care measures, including examinations and guidance, had reduced the rate to 4.3.

However, in terms of the process by which Japan's infant mortality rate was reduced, deaths due to tuberculosis, pneumonia and other infectious diseases had been drastically reduced far before antibiotics and inoculations were introduced on a national scale.<sup>18</sup> In other words, better nutrition and improved living conditions had presumably strengthened the resistance of both women and children, lowering the infant mortality rate and the overall mortality rate as well. At the same time, the widespread diffusion of health-related knowledge made possible by the country's high education levels, in combination with the nation's limited size, would seem to have had a major impact on the infant mortality rate.

This theory is reinforced by a report stating that the tuberculosis mortality rate in Wales, England, had already begun to fall before the benefits of modern materialized.<sup>19</sup> Similar investigations in Japan have shown that a majority of the overall reduction in deaths due to congenital abnormalities and infantile diseases occurred before the appearance of effective

medical techniques. Of the reduction in the infant mortality rate between 1920 and 1980, only roughly 20% occurred after 1960, which is when fluid therapy and respiratory control techniques (believed to have been effective in reducing the infant mortality rate) became widespread.<sup>20,21</sup> Thus, the first step in reducing the infant mortality rate in today's developing countries is to raise the public's level of education.

In comparison with other industrialized nations, Japan is characterized by the following: ① fewer births among women 35 and over; ② fewer children with congenital abnormalities; ③ a lower incidence of sudden infant death syndrome; ④ a higher ratio of stillbirths after the 28th week. The ratio of stillbirths, however, is not as high as it was once said to be. In fact, it is nearly inconceivable for a full-term delivery that ends in early neonatal death to be treated as a stillbirth. However, in the case of ultra-low birth weights, however, there are concerns that doctors may be treating deaths as stillbirths on the assumption that nothing could be done to save the infant.

The system for caring for premature and newborn infants has improved in recent years. Major historical developments in the care of newborns<sup>22</sup> include the beginning, around 1950, of organized care for premature infants at major hospitals; the beginning of treatment and transportation for premature infants in 1958; intensive care for newborns centering around artificial respiration (i.e., CPAP); and, in 1987, the clinical application of surfactants, which greatly improved the success rate of treatment. The next improvement is likely to be an improved system of tertiary NICU care for hospitalizing very premature infants and infants requiring neonatal intensive care.

## **5. The Role of the Maternal and Child Health Handbook**

The system of Japan's Maternal and Child Health Handbook has played a major role in maternal health care.<sup>23</sup> Although recent advances in perinatal medicine in Japan have steadily lowered the perinatal mortality rate, this is due in large part to improvements in perinatal treatment, especially in maternal supervision, namely, introduction of the Maternal and Child Health Handbook. This handbook, unique to Japan, was introduced to increase maternal awareness on the part of pregnant and nursing women themselves, and is known to have enabled the early detection of abnormalities and prevention and control of toxemia of pregnancy and other perinatal afflictions through regular prenatal examinations.<sup>24</sup>



### **(1) The History of the Maternal and Child Health Handbook**

In 1942, a pregnancy notification system, the progenitor of the Maternal and Child Health Handbook, was adopted with the awareness that healthy mothers were essential to increasing the nation's military might. In 1965, the Maternal and Child Health Law was passed and the name of this handbook was changed to the Maternal and Child Health Handbook. After a subsequent changes in content, the current version of the handbook came about.

The Maternal and Child Health Handbook, which by law must be presented by a municipality upon submission of notification of pregnancy, consists of two sections: a maternal record and information, with the format for records defined under law. Thus a nationwide standard, the Maternal and Child Health Handbook can be used no matter where the mother relocates to. The records kept relate to the history of the pregnancy and delivery, the rearing and development of the child, and records of the child's inoculations. These records are kept from pregnancy until the child enters primary school at age 6.

### **(2) Contents of the Maternal and Child Health Handbook**

The records portion of the Maternal and Child Health Handbook, though large, is shown in Table 5. The information portion contains details concerning actual services provided by the municipality in question. Although the format, etc., of the handbook has remained nearly unchanged since first introduced, new technologies and other changes have altered the relevance of certain examination items, and so the handbook must be updated to reflect these changes.

## **6. Conclusion**

With the objective of improving reproductive health, the ICPD Action Plan states, "All nations should strive to make reproductive health care available through their primary health care system to people of all relevant age groups as quickly as possible, but no later than 2015."

The Action Plan then cites numerous specific cases of reproductive health care to be provided as part of primary health care. Just as with primary health care, an international strategy is needed to promote these types of reproductive health care. Of the various strategies conceivable, no one would argue that educational strategies would enhance the empowerment of women.

I would like to conclude this paper by examining the possibility of an international strategy in education, an area in which Japan is capable of contributing the world's developing

nations. The first aspect of this strategy is the training of future primary health care providers -- a policy like China's "barefoot doctors." One example is technical and health training that promotes the reeducation and utilization of traditional midwives in order to prevent tetanus and puerperal fever.<sup>26</sup> The second aspect is the promotion of health care activities in which local residents participate. In Japan, the past activities of the aforementioned Society for the Nurturing of Mothers and Children achieved substantive results in rural areas, while similar results have also been achieved by Korea's "Mothers Classes" and an Indonesian organization called Poshuando.<sup>26</sup> In short, this entails supporting the creation of such organizations. The third aspect involves raising the level of education in order to improve overall literacy rates. Primary school attendance rates are high in many Asian nations, and it is widely felt that significant improvements in maternity health care are possible.<sup>27</sup> And in fact, the school attendance rate of children 6 to 11 years old in developing nations has risen from 51% in 1970 to 68% in 1985. It must be noted, however, that these averages fail to reveal gaps between men and women and between different regions.

The type of assistance that Japan should provide is assistance through primary health care. This involves not high-tech support in the form of delivery monitoring devices and ultrasonic diagnostic devices, which are useless in places without electricity, but rather assistance in education and training -- in short, "low-tech" (as opposed to "high-tech")<sup>28</sup> support whose progress is slow and which requires persistent efforts.

## Sources

- 1) "The State of World Population 1995," United Nations Population Fund.
- 2) Note: Professor Toshio Kuroda uses the term "health power" (comparable to economic power or political power) to describe empowerment in the field of health.
- 3) Kuroda, T., "The Final Challenge of the 'Population and Development' Theory: The Reinstatement of Women" and "Asia's Economic Development and the Participation of the Female Work Force: Strategies for the 21st Century," Population and Development Series 19, Asian Population and Development Association, 1995, pgs. 9-15.
- 4) Kono, S., "The Status of Women and the Population Problem: Population and Development," Population and Development Series 18, Asian Population and Development Association, 1994, pgs. 45-56.
- 5) Watanabe, M., "Human Resource Development and Female Labor in Asia" and "The Participation of Female Labor and Economic Development in Asia -- Strategies

- for the 21st Century," Population and Development Series 19, Asian Population and Development Association, 1995, pgs. 109-125.
- 6) The State of World Population 1989, United Nations Population Fund.
  - 7) SEAMIC HEALTH STATISTICS 1993, Southeast Asian Medical Information Center International Medical Foundation of Japan, SEAMIC Publication No. 71.
  - 8) Hogberg, U. et al: "The Demography of Maternal Mortality," *Int Gynaecol Obstet*, 1985, 23: 489-497.
  - 9) "Public Health Trends 1995," pub. no. 42(9), Health Statistics Association. (in Japanese)
  - 10) "Maternal and Child Health Statistics of Japan," Ministry of Health and Welfare, Japan, 1994.
  - 11) Takeda, Y., and Takagi, Kouichirou, "High-Risk Pregnancies and Deliveries and Maternal Mortality: Prevention and Countermeasures," *The State of Obstetrics and Gynecology*, 41(13), 1992, pg. 2061-2064. (in Japanese)
  - 12) Yasukawa, T. and Hayashi, Kenji, "Japan's Maternal Mortality Rate and Related Biological Factors," *Bulletin of the Institute of Public Health*, 30(1), 1990, pgs. 11-19. (in Japanese)
  - 13) Yasukawa, T., Nishida, S. and Hayashi, K., "A Consideration of Trends in Japan's Maternal Mortality Rate," *Japanese Journal of Public Health*, 36(3), 1989, pgs. 170-179. (in Japanese)
  - 14) Takemura, T. and Nishitani, I., "The History of Maternal Mortality Surveys," *The State of Obstetrics and Gynecology*, 41(13), 1992, pgs. 2047-2052. (in Japanese)
  - 15) Adachi, N., "Maternal Age and Maternal Mortality," *Perinatal Medicine*, 21(12), 1991, pgs. 1769-1774. (in Japanese)
  - 16) Kobayashi, N., *The Journal of Public Health Practice*, vol. 56, no. 1, 1992, pgs. 30-35. (in Japanese)
  - 17) The Commission on Future Maternal and Child Health Care, May 1992.
  - 18) Kato, T., "Administrative Systems and Services for Maternal and Child Health Care in Industrialized Nations: (3) An International Comparison of Pediatric Health Care Indicators," *Current Information of Maternal & Child Health*, (25) (special issue on maternal and child health care in industrialized nations), 1992, Society for the Nurturing of Mothers and Children, pgs. 21-26. (in Japanese)
  - 19) McKeown, T., "The Role of Medicine: Dream, Mirage or Nemesis?" London, Nuffield Provincial Hospitals Trust, 1976.
  - 20) Hayashi, K., "A Technological Assessment of the Factors Behind Lowering of the Infant Mortality Rate," *Current Information of Maternal & Child Health*, (22), 1990, pgs. 60-63. (in Japanese)

- 21) Nishida, S., "The Role of Medical Technology in Reducing the Infant Mortality Rate in Modern Japan: (2) The Role of Medical Technology in Reducing the Infant Mortality Rate," *Japanese Journal of Public Health*, 35(4), 1986. (in Japanese)
- 22) Shibata, T., "The Medical Care System for Premature and Newborn Infants," *Journal of the Japan Neonatal Society*, 31(17), 1995. (in Japanese)
- 23) Maternal and Child Health Handbook of Japan, Maternal and Child Health Division, Children and Families Bureau, Ministry of Health and Welfare. Published by JOICFP.
- 24) Miyahara, S., "The Development of Japan's Maternal and Child Health Care System: Changes in the Maternal and Child Health Handbook" *Perinatal Health*, 25(1), 1995, pgs. 19-22. (in Japanese)
- 25) Ogita, Y., "The Maternal and Child Health Handbook and Maternal Management," *Perinatal Care*, (12(1), 1998, pg. 9. (in Japanese)
- 26) Azuma, A., "Maternal Mortality as an Indicator of Maternal and Child Health Care," *The State of Obstetrics and Gynecology*, 41(13), 1992, pgs. 2031-2037. (in Japanese)
- 27) Horiguchi, S., "Administrative Systems and Services for Maternal and Child Health Care in Industrialized Nations: (2) An International Comparison of Maternal Health Care Indicators," *Current Information of Maternal & Child Health*, (25) (special issue on maternal and health care in industrialized nations), Society for the Nurturing of Mothers and Children, 1992, pgs. 10-20. (in Japanese)
- 28) Avoron, J. L., "Medicine: Our Aging Society," edited by Alan Piper and Lydia Bronte, 1986.

**Table 1 Major health problems related to women's empowerment**

	Health problem	Social problem
All ages	Infectious diseases (tuberculosis and sexually transmitted diseases). malnutrition and anemia.	The social gap between men and women. Repressive customs.
Birth through childhood	High infant mortality rates, low birth weights, premature births, selection against girls	Sexual discrimination, fewer opportunities for education, repressive customs (e.g., circumcision), child labor
Teen years	Teenage pregnancies, STDs/HIV	Sexual violence, sexual exploitation, drug abuse
20s	Pregnancy, delivery, maternal mortality and illness, complications from abortions, sterility	Lack of birth control measures, domestic violence, child-rearing and home labor
40s through old age	Circulatory illness , genital cancer, breast cancer, osteoporosis, menopausal disorders	Hard labor, limited opportunities for health examinations, abuse and injury, caring for aged parents

**Table 2 Gap between men's and women's life expectancies at birth in Asia and simple coefficient of correlation with other health indicators**

	X1	X2	X3	X4	X5	X6	X7	X8	X9	X10	X11
X1 :	1.000										
X2 :	0.585 **	1.000									
X3 :	0.738 **	0.979 **	1.000								
X4 :	-0.754 **	0.585 **	0.738 **	1.000							
X5 :	-0.704 **	-0.796 **	-0.841 **	0.815 **	1.000						
X6 :	-0.071	-0.280	-0.252	0.142	0.366	1.000					
X7 :	0.340	0.142	0.204	-0.309	-0.167	0.811 **	1.000				
X8 :	0.496 *	0.737 **	0.737 **	-0.646 **	-0.465 *	-0.230	0.016	1.000			
X9 :	-0.798 **	-0.888 **	-0.940 **	0.955 **	0.839 **	0.134	-0.361	-0.587 **	1.000		
X10 :	-0.751 **	-0.908 **	-0.944 **	0.950 **	0.831 **	0.124	-0.346	-0.626 **	0.990 **	1.000	
X11 :	-0.649 **	-0.472 *	-0.556 **	0.540 **	0.516 **	-0.060	-0.365	-0.437 *	0.561 **	0.530 **	1.000

Source: "The State of World Population 1995," United Nations Population Fund. \*\* : p < 0.01 \* : p < 0.05

Indicators used

x1: Gap between men's and women's life expectancies at birth (women's life expectancy at birth - men's life expectancy at birth)

x2: Life expectancy at birth (men)

x3: Life expectancy at birth (women)

x4: Infant mortality rate

x5: Maternal mortality rate

x6: Primary school attendance rate (men)

x7: Primary school attendance rate (women)

x8: Per-capita GNP (1992 U.S.\$)

x9: Mortality rate of children under 5 (women)

x10: Mortality rate of children under 5 (men)

x11: Births per 1,000 women ages 15-19

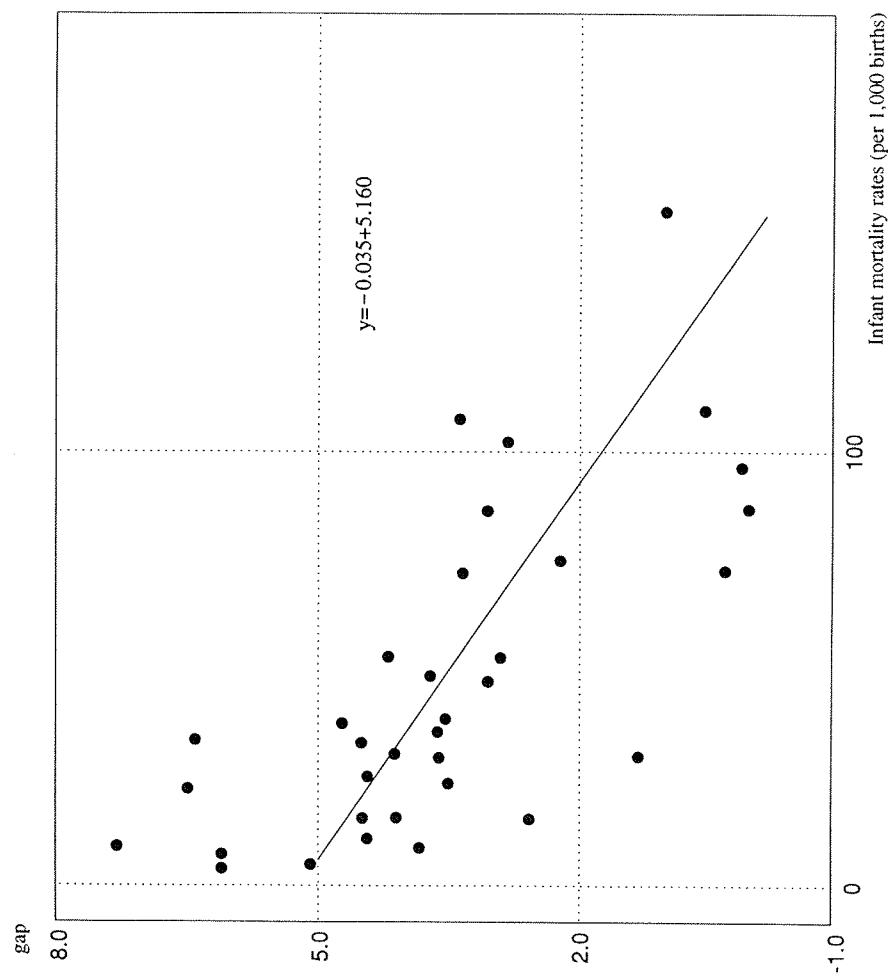
Surveyed Asian nations (34 nations)

China, Democratic People's Republic of Korea, Hong Kong, Japan, Mongolia, Korea, Cambodia, Indonesia, Laos, Malaysia, Myanmar, Philippines, Singapore, Thailand, Vietnam, Afghanistan, Bangladesh, Bhutan, India, Iran, Nepal, Pakistan, Sri Lanka, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman,

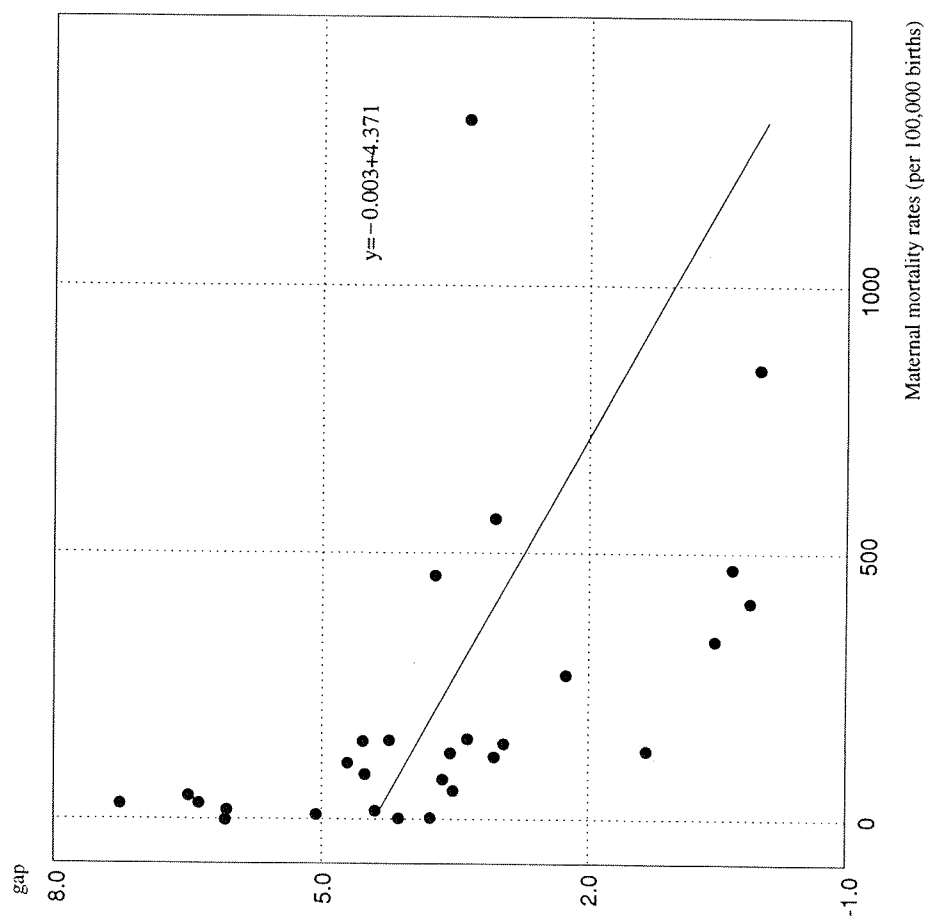
Saudi Arabia, Syria, Turkey, United Arab Emirates, Yemen

(Maternal mortality rates do not reflect data from Cambodia, Afghanistan, Jordan, Lebanon, Oman and the United Arab Emirates.)

**Fig. 1 Correlation between infant mortality rates and the gap between men's and women's life expectancies at birth in Asia**



**Fig. 2 Correlation between maternal mortality rates and the gap between men's and women's life expectancies at birth in Asia**





**Table 3 Yearly maternal mortality rates in Japan**

		(per 100,000 births)		
		Maternal mortality rate		Maternal mortality rate
Meiji year 32	(1899)	449.9	55	(1980) 20.5
43	(1910)	363.6	56	( '81) 19.2
Taisho year 9	( '20)	353.4	57	( '82) 18.4
Showa year 5	( '30)	272.5	58	( '83) 15.5
15	( '40)	239.6	59	( '84) 15.
22	( '47)	167.5	60	( '85) 15.8
25	( '50)	176.1	61	( '86) 13.5
30	( '55)	178.8	62	( '87) 12.0
35	( '60)	130.6	63	( '88) 9.6
40	( '65)	87.6	Heisei year 1	( '89) 10.8
45	( '70)	52.1	2	( '90) 8.6
46	( '71)	45.2	3	( '91) 9.0
47	( '72)	40.6	4	( '92) 9.2
48	( '73)	38.3	5	( '93) 7.7
49	( '74)	34.5		
50	( '75)	28.7		
51	( '76)	25.9		
52	( '77)	23.1		
53	( '78)	22.1		
54	( '79)	22.9		

Source: "Population Trend Statistics," Ministry of Health and Welfare.

**Table 4 International comparison of yearly maternal mortality rates**

	1950	'55	'65	'75	'80	'85	'93
Japan	176.1	178.8	87.6	38.7	20.5	15.8	7.7
Canada	113.2	75.8	32.3	7.5	7.6	4.0	3) 2.9
U.S.A.	83.3	47.0	31.6	12.8	9.2	7.8	4) 8.2
France	86.1	61.1	32.2	19.9	12.9	12.0	3) 11.8
Germany	206.2	156.7	...	39.6	20.6	10.7	3) 8.6
Italy	153.2	133.3	77.0	25.9	13.0	8.2	4) 8.6
Netherlands	105.5	60.9	26.9	10.7	8.8	4.5	3) 7.5
Sweden	61.5	49.4	13.8	1.9	1) 8.2	1) 5.1	4) 3.2
Switzerland	140.4	104.3	37.6	12.7	1) 5.4	1) 5.4	1) 2) 4.6
U.K.	92.0	64.1	27.1	12.0	10.9	7.3	2) 6.7
Australia	109.1	64.0	57.0	5.6	9.8	3.2	2) 3.5
New Zealand	5) 90.3	44.1	21.6	23.0	13.8	13.5	4) 14.9

Note: 1) Data on Sweden and Switzerland in 1980 and 1985 and on Switzerland in 1992 are ICD-8. 2) 1992 3) 1991 4) 1990 5) Excludes Maoris.

Sources: "Population Trend Statistics," Ministry of Health and Welfare.

"World Health Statistics Annual 1950-1993," WHO.

"Trends in Public Health," 1995.

**Fig. 3 The Maternal and Child Health Handbook  
(A Part)**

This page should be filled in by the pregnant woman.

### Health Condition of the Pregnant Woman

Height	cm	Usual weight	kg	Age at marriage	years old
<ul style="list-style-type: none"> <li>Have you ever had any of the following diseases? (Please circle)  Hypertension, Chronic kidney inflammation, Diabetes, Hepatitis, Cardinal diseases  Thyroid gland diseases, Other chronic diseases  (Name of other diseases : _____)</li> </ul>					
<ul style="list-style-type: none"> <li>Have you ever had the following diseases? (Please circle)  German measles      Yes: (      ) years old / No: Vaccinated, Not vaccinated  Measels                Yes: (      ) years old / No: Vaccinated, Not vaccinated  Chicken pox            Yes: (      ) years old / No: Vaccinated, Not vaccinated</li> </ul>					
<ul style="list-style-type: none"> <li>Have you ever had an operation?  No / Yes (Name of disease / problem: _____)</li> </ul>					
<ul style="list-style-type: none"> <li>Do you smoke cigarettes?      No / Yes (#      cigarettes/day)</li> <li>Do you drink alcohol?          No / Yes (#      glasses per)</li> <li>(If yes, please circle time frame:      day / week / month)</li> </ul>					
<ul style="list-style-type: none"> <li>Husband's health: Healthy / Sick      Blood type: (      )  If sick, namd of disease: (      )</li> </ul>					

### Record of Past Full Term Pregnancies

Date of delivery month / year	Conditions of: pregnancy / delivery / puerperium Nomal (N) / Abnormal (A)			Birth weight and sex	Present condition of the child
	Pregnancy: N / A (*at # weeks)	Delivery N / A	Puerperium: N / A	g male / female	healthy not healthy
	Pregnancy: N / A (*at # weeks)	Delivery N / A	Puerperium: N / A	g male / female	healthy not healthy
	Pregnancy: N / A (*at # weeks)	Delivery N / A	Puerperium: N / A	g male / female	healthy not healthy

\* Please count # of weeks from the first day of your last menstrual period.

**Table 5 Types of records kept in the Maternal  
and Child Health Handbook**

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[ Types of records kept ]

- ① Guardian's name      ② Birth certificate      ③ State of the pregnant woman's health  
④ A record of past full-term pregnancies      ⑤ The pregnant woman's occupation and  
occupational environment      ⑥ History of the pregnancy

[ Records kept pertaining to the pregnancy ]

Dates of examination, number of weeks of the pregnancy, height of the uterine fundus, abdominal girth, blood pressure, edema, urinary protein glycosuria and other tests (anemia), weight, doctor's advice, name of the facility of examination, serologic test for syphilis, hepatitis B antigen s test, and blood type. (Blood pressure edema, and urinary protein are particularly important in the early detect ion of toxemia of pregnancy.)

[ Postpartum records ]

- ⑦ Record of the birth (the state of the baby at the time of birth, as well as sex, whether the birth was single or multiple, weight, height, girth of chest, girth of head, and whether or not there was asphyxia or the baby was stillborn)  
⑧ The mother's physical condition after delivery,      ⑨ changes in the mother's weight before and after delivery,      ⑩ oral hygiene,      ⑪ records of the mother's and father's level of education,      ⑫ neonatal records,      ⑬ neonatal development (under one week and 1 week to under 4 weeks),      ⑭ results of the one-month examination,      ⑮ results of the 3 to 4-month examination,      ⑯ results of the 6 to 7-month examination,      ⑰ results of the 9 to 10-month examination,      ⑱ results of the one-year examination,      ⑲ results of the 18-month examination,      ⑳ results of the 2-year exami-nation and every annual examination up to the age of 6

[ Other ]

- (1) Records of inoculations: tuberculin injection, BCG vaccine, whooping cough vaccine, diphtheria vaccine, and tetanus vaccine, (2) Records of diseases contracted during childhood, (3) Records of dental examinations, (4) other detailed information
-

# **Chapter Five**

## **EMPOWERMENT AND FAMILY**

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## **1. Introduction**

Office and the "International Comparison Survey regarding issues of women" conducted in 1993 by the Bureau of Citizens and Cultural Affairs of the Tokyo Metropolitan Government, to address the issue of the empowerment of Asian women by focusing on the position of women in the household and to clarify their actual circumstances and the direction of its evolution.

According to the "women in the Asian-Pacific region" in 1994, "the empowerment or "strengthening" can be defined, from the standpoint of "improvement of women's position", as the process to influence on the gender relation by changing the self-recognition of women, society's recognition of women, and furthermore the system by which women's roles and functions are decided. The empowering of women will eventually lead women to deciding women's affairs by themselves as a group, acquiring equal access to opportunities in all fields, and winning control over their own lives of independence.

It will also lead them to promoting network activities, that is, consolidated actions to change the attitude of men and women toward women's position and women's image (1)." On the other hand, according to the "World population white paper" in 1995, "in many, if not most, societies, women are still considered less valuable than men. Their many contributions in the home, the workplace, and the community are overlooked and undervalued (2)." "This weaker position is directly connected with the perception of women only as childbearers and child-rearers, whatever else they may do. Power to make decisions within the family is the basis for the power of decision in other areas. Empowerment begins with winning equality, autonomy and respect for women within the household (3)."

## **2. Women's Empowerment in the Household**

### **- Analysis indexes -**

In order to clarify the actual circumstances of Asian women's position in the household and the direction of its evolution, we will approach the issue by using five analysis indexes, (1) perceptions of family, (2) family (household) composition, (3) role structure, (4) authority structure, and (5) means of ensuring equality between men and women.

This is because I believe that (1) perceptions of family will clarify what the family should be like in its society, (2) the family composition will clarify the actual circumstances

of the family in its society, (3) the role structure and (4) authority structure will clarify the actual situation of women's position in relationship between men and women or between husband and wife, and (5) the means of ensuring equality between men and women will clarify measures to improve women's position. I would like to add brief explanations concerning these five analysis indexes set forth based on the above concepts.

### **(1) Perceptions of family**

Takeji Kamiko defines the concept of the family as "a concept as to what the family or family life should be like or what the family composition, actions as a member of the family or the relationship between family members should be like (4)."

Kamiko, based on such a concept specification, classified the family perceptions in the world into the following three categories (5).

(1) Extended family system - A perception of the family that gives priority to the benefit of the family as a whole over the benefit of individual family members, wide spread in Japan and Korean Peninsula, etc.

(2) Nuclear family system - A perception of the family that has little concern about such concepts as family origin, family name and family rank, and pursues only happiness of members of the current generation of nuclear family, wide spread in America, Western Europe and Northern Europe, etc.

(3) Non-family system (individualism) - In contrast to the perceptions of extended family and nuclear family that consider a group of "family" as useful and essential to the existence and welfare of each member and society, the non-family perception recognizes no meaning of the existence of the family. This antifamily perception is wide spread in Sweden and Denmark, etc.

Using the differences among such family perceptions as a clue, I would like to make clear the issue of Asian women's empowerment based on the following analysis guidelines.

### **(2) Family (household) composition**

Takeji Kamiko defines the family composition as "what kind of kinship relationship and how many people make up a family, that is, the family makeup and the number of members (6)."

Here we will study this family composition by classifying it into households composed by "one person (living alone)", "one generation (husband and wife only)", "two generations (parent(s) and child(ren))", "three generations (parent(s), child(ren) and grand child(ren))", and "others."

### **(3) Role structure**

The role structure of the family means each family member's behavioral pattern or behavioral standard that is socially expected in connection with his/her position in the family (7). Here we will analyze the role structure in the family using the concept of "the husband is for outside work and the wife for inside work" as a guideline.

By associating this role structure with women's position, we decided to adopt the concept that the society in which more than 50% of people accept the idea that "the husband should be the breadwinner, and the wife should stay at home" is a "society where women's position is low", while the society in which more than 50% of people disagree with the idea that "the husband should be the breadwinner, and the wife should stay at home" is a "society where women's position is high."

### **(4) Authority structure**

The authority structure refers to such a power structure that legitimate power, that is, possibility of officially exercising power is generally admitted (8). When we look at the relationship between women's position and the authority structure according to this concept specification, we find that in a society where women's position is low there is household management based on men's predominant rule, while in a society where women's position is high there is household management based on equality between men and women (husband and wife).

Here, we adopt the idea that the society in which more than 50% of people agree that the overall power in the family is held by the husband is a "society where women's position is low", while the society in which more than 50% of people agree that the actual power is held by the husband and wife together is a "society where women's position is high."

### **(5) Means of ensuring equality between men and women**

We will consider here means of ensuring equality between men and women such as "women's self efforts" ("women empower themselves"), "reform of social institutions" ("reform of stereotyped social concepts, customs, and conventions"), "reform of legal systems" ("reviewing legislations and institutions"), "reform of personnel institutions" ("adoption or improvement of systems for the employment of a fixed proportion of women in important positions in government and corporations"), "reform of support systems" ("improvement of facilities and services that provide support for women"), and study how each society is trying to attain equality between men and women.

In this manuscript, we will approach the theme by quoting the case of Sweden where the non-family perception prevails in contrast with Japan and Korea (Asia) where the perception



of extended family prevails in order to highlight the issue of women's empowerment in these countries. This is because I believe that proceeding with our analysis while bearing such a difference in the family perception in mind will clarify the actual circumstances of Asian women's position and the direction of its evolution.

### **3. Empowerment and Family**

I would like to use the aforementioned analysis indexes to clarify the actual circumstances of Asian women's position in the households and the direction of its evolution.

#### **(1) Family (household) composition**

In Japan and Korea where the perception of extended family prevails, "families whose members live together"(households consisting of "two generations" + "three generations") occupy a high percentage, while "families whose members live separately" represent an extremely low percentage. However, in Sweden where the non-family perception prevails, "families whose members live together" and "families whose members live separately" share almost the same percentage (see Table 1).

This result shows that the difference in the family perception is reflected in the family composition.

#### **(2) Role structure**

This survey uses such a question as "Now, please look at this card and tell me which phrase comes closest to describing your feelings about marriage, family and divorce" asking about the role structure and divorce, etc. of the couple. Concerning the role structure of the couple, it asks how people feel about the idea that "the husband should be the breadwinner, and the wife should stay at home."

The result shows that "agree" ("completely agree" + "rather agree") represents 55.6% in Japan, while "disagree" ("rather disagree" + "completely disagree") represents 66.9% in Korea, and 86.8% in Sweden (see Table 2).

This result suggests that Japan belongs to a "society where women's position is low", while Korea and Sweden belong to "societies where women's position is high."

However, compared with Sweden, it is more appropriate to say Korea is a "society where women's position is relatively high."

### **(3) Authority structure**

This survey uses such a question as "I am going to read you a list of important decisions. For each one, please tell me who, on this card, makes the final decision in your household." After asking about purchase of house/residence, etc., it asks "overall, who in the household has the real power in making major decisions" referring to the authority structure in the household.

The result shows that in Japan the number of respondents who answer "the husband" exceeds 50%, while in Korea the number of respondents who answer "the husband" is below 50% whereas those who answer "the husband and wife" represent remain below 40%. On the contrary, in Sweden those who answer "the husband and wife" represent a considerably high percentage of approximately 73% (see Table 3).

This result suggests that Japan belongs to a "society where women's position is low", Korea belongs to a "society where women's position is relatively low", and Sweden belongs to a "society where women's position is high."

### **(4) Means of ensuring equality between men and women**

Based on the actual circumstances of men's and women's positions in the household, we will see next what are the most important things to attain equality between men and women.

This survey uses such a question as "which one of the methods on this card do you feel would be the most effective way of ensuring equality between men and women in our society?", referring to means of ensuring equality between men and women.

The result shows that in Japan those who answered "women empower themselves by acquiring economic power, knowledge and skills" ("women's self efforts") represent the highest percentage followed by the respondents who answered "eliminating the various prejudices, stereotyped social concepts, customs, and conventions regarding women" ("reform of social institutions").

This tendency also applies to Korea. However, in Sweden, while the respondents who answered "women's self efforts" represent the highest percentage in the same way as Japan and Korea, this is followed by the respondents who answered "adoption or improvement of systems for the employment of a fixed proportion of women in important positions in government and corporations" ("reform of personnel institutions") (see Table 4).

The result indicates that Japan, Korea, and Sweden share the same opinion that "women's self efforts" is the most important factor in attaining equality between men and women, however, from the standpoint of the level of emphasis on that idea, Sweden is the first, followed by Korea and Japan in that order.

By the way, given such a tendency, it is possible to say that the most effective means of

ensuring equality between men and women lies in "women's self efforts."

## **4. Conclusion**

As seen above, I have attempted to describe and analyze the actual circumstances of Asian women's position in the household and the direction of its evolution. It is believed that in Japan and Korea in Asia where families are formed based on the perception of extended family (9), "families whose members live together" are most numerous in the family composition and the "husband" holds the overall power in the authority structure. However, in the role structure, a relatively high percentage of Japanese people support the idea that "the husband should be the breadwinner, and the wife should stay at home", while a relatively high percentage of Korean people disagree with that idea. On the contrary, in Sweden where families are formed based on the nonfamily concept (10), "families whose members live separately" and "families whose members live together" share almost the same percentage in the family composition, and an overwhelming percentage of people disagree with the idea that "the husband should be the breadwinner, and the wife should stay at home" in the role structure. Also in the authority structure, most people support the idea of equality between the husband and wife.

It can be said that such a difference in position of men and women among Japan, Korea, and Sweden reflects the difference in the family perception (11) among these countries.

Furthermore, Japan, Korea, and Sweden share the same opinion as they all point out "women's self efforts" as a means to eliminate the difference in position of men and women. However, a considerable difference is observed in the level of emphasis on "women's self efforts". This difference also seems to be closely associated with the difference in the family perception.

In any case, it can be said that the means to attain equality between men and women in position in the household largely depends on improvement of women's economic power, knowledge and skills. However, it seems fair to say that the efforts to achieve these goals bear fruits more quickly in a society with the non-family perception while there is still a long way to go for those efforts in a society with the perception of extended family (see Figure 1).

## References

- 1) "Toward Empowerment" by Yasuko Muramatsu; "Science of Women with Empowerment" compiled by Yasuko Muramatsu and Yasuko Muramatsu, Yuhikaku, 1995, p.14.
- 2) "World Population White Paper 1995 Version" translated by JOICFP, supervised by Toshio Kuroda, Family Plan International Cooperation Foundation, 1995, p.19.
- 3) Ibid, p.19
- 4) "Japanese Families" by Takeji Kamiko; "Japanese Family Relationship, in Pursuit of "New Family Image" by Comparison with Foreign Cultures" compiled by Takeji Kamiko and Kokichi Masuda, Yuhikaku, 1981, p.14.
- 5) Ibid, pp.15-22
- 6) Ibid, p.5.
- 7) "Meaning and Method of Analysis of Role Structure in Family" by Takashi Koyama; "Role Structure of Modern Families" compiled by Takashi Koyama, Baifukan, 1967, pp.2-7.
- 8) "Inner Structure of Family" by Akiko Fuse; "Study on New Family Relationship" compiled by Kiyomi Morioka, Chukyo Shuppan, 1974, p.146 to p.148.
- 9) This concept requires some supplements as follows: "The concept of "family" that was dominant in the past in Japan and that is still contending with the perception of nuclear family in the present days can be said to be a family perception that greatly stresses extended family as well as the family perception of Korean Peninsula and that of China at least prior to the Communist Revolution.  
  
In those family perceptions there are strong perceptions in common that support ancestor worship, rule by the male head of the family, predominance of man over woman, mutual assistance among members, especially support of old parent(s) by child(ren) living in the same household, strong unity in order to confront the outside, etc. However, not only in China that experienced the Communist Revolution but also in Korea that did not have such an experience, the family perception has steadily changed after World War II as in Japan. The changes are notable especially in declination of patriarchic power, increase of each member's freedom, freedom in selection of spouse, equality between men and women" (aforementioned thesis by Tatetsugu Kamiko, p.18 and p.19).
- 10) "The non-family perception is still no more than a perception for the minority in all societies. But there are sufficient bases for the necessity of paying attention to its future....the trend of denying the perception of discriminated roles between men and

women and the movement of thoroughgoing equality between men and women also seem to assist diffusion of the idea and practice of the non-family perception. The discriminatory role assignment such as men for work and women for housework will be denied, and women will also receive professional education and men will also receive housekeeping education in school. The number of women engaged in profession throughout their lives will increase. In power relationship, equality between men and women will also prevail. Under such circumstances, both the necessity of women depending their living on men, and the necessity of men depending their housekeeping on women will decrease, and the desire and necessity of keeping a family life will decrease accordingly... The various other functions of the family have been gradually replaced or replaceable by various public or private organizations, facilities and enterprises other than the family...

I dare not predict that the non-family concept will be the mainstream in the end. I just believe that given the above changes in social conditions, the number of people who support the nonfamily concept and practice it will increase to a non-negligible extent" (aforementioned thesis by Taketsugu Kamiko, p.21 and p.22).

- 11) This is because "a comparative study of the family not only addresses its inner structure, but also naturally understands the inner structure from an extended perspective because it is closely related with external conditions and organizations. In addition to this, on the other hand, the group of a "family" is the principal social group to people and this group structure contains intentions and disposition in formation of a social group in a compressed form, and in this sense, the analysis of the family has an important meaning in studying those people's sense of sociological values - that is not limited to the family but that forms a driving force forming and maintaining various groups in modern societies.

Hence, it will clearly be seen that the study of the family presented in this thesis does not simply investigate a small group of "family", but it is rather intended to serve a greater objective, the study of the structure of a society using the family as base material" ("Structure of Family - Socioanthropological Analysis" by Chie Nakane, University of Tokyo Press, 1970, p.27 and p.28).

This can be interpreted to mean that the family is a miniature copy of the society as well as an indispensable magnifier through which to view the society.

The reason why we can assert such a thing is that "members are mutually structurally connected in the family and any change of a member's family behavioral pattern causes a change of behavioral pattern of the rest of the family members.

In this sense, the family can be said to be a social system. Interoperation processes

being developed between the husband and wife, between parent(s) and child(ren), and between siblings are totally different from those found in other social systems. They are unique and specific to the social system of "family." This is a decisive factor to distinguish the family system from other social systems. In this case, the family is a closed system and can be considered to be an independent variable in functional relationship with the society. On the other hand, not all behavioral patterns of family members are solely oriented by some members' behavioral patterns. The family system is also connected with other social systems. Therefore, a member of the family has at the same time a certain behavior area in which he or she is allowed to act irrespective of his or her position in the family. In this case, the family is an open system and can be said to be a dependent variable in functional relationship with the society.

The family has such double aspects. Therefore, the family is a semi-independent system or semi-closed system" ("Family and Society" by Toshiyuki Mitsuyoshi; "Introduction to Family Sociology" by Toshiyuki Mitsuyoshi, Hideo Tsuchida and Hiroshi Miyagi, Yuhikaku, 1979, p.7).

**Table 1 Family (Household) Composition**

(Unit: persons, %)

Country	Number of relevant persons	One person (living alone)	One generation (husband and wife only)	Two generations (parent(s) and child(ren))	Three generations (parent(s), child(ren) and grand child(ren))	Others	No answer
Japan	1,971	3.0	11.6	58.1	25.4	1.8	0.0
Korea	1,000	4.1	10.0	67.0	18.2	0.7	0.0
Sweden	1,013	14.5	29.5	43.9	2.9	1.9	7.3

(Source) "Public Opinion Survey regarding equality between men and women" by Public Relations Office, Prime Minister's Office (1992) "International Comparison Survey regarding issues of women" by Bureau of Citizens and Cultural Affairs of the Tokyo Metropolitan Government (1993)

**Table 2 On Idea of "the Husband Should be the Breadwinner,  
and the Wife Should Stay at Home"**

(Unit: person, %)

Country	Number of relevant persons	Completely agree	Rather agree	Don't know	Rather disagree	Completely disagree
Japan	1,971	19.8	35.8	6.1	26.4	11.9
Korea	1,000	14.2	18.4	0.5	43.9	23.0
Sweden	1,013	3.9	8.9	0.4	13.8	73.0

(Source) "Public Opinion Survey regarding equality between men and women" by Public Relations Office, Prime Minister's Office (1992) "International Comparison Survey regarding issues of women" by Bureau of Citizens and Cultural Affairs of the Tokyo Metropolitan Government (1993)



**Table 3 (Married) Person who Holds Overall Power in Family**

(Unit: person, %)

Country	Number of relevant persons	Husband	Wife	Husband and wife together	Entire family	Others	Don't know
Japan	1,560	62.4	12.4	19.1	2.4	3.2	0.5
Korea	802	45.4	12.1	37.8	1.9	2.6	0.2
Sweden	781	12.5	8.3	72.7	5.3	0.1	1.3

(Source) "Public Opinion Survey regarding equality between men and women" by Public Relations Office, Prime Minister's Office (1992) "International Comparison Survey regarding issues of women" by Bureau of Citizens and Cultural Affairs of the Tokyo Metropolitan Government (1993)

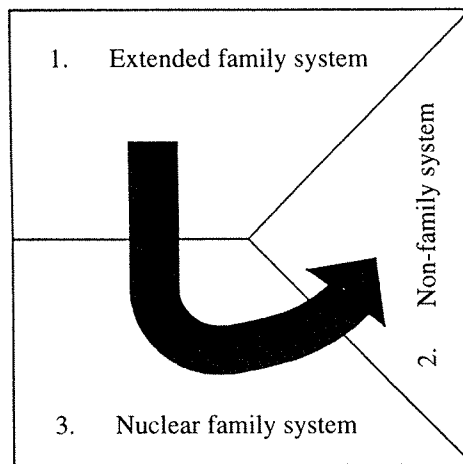
**Table 4 Most Effective Way of Ensuring Equality between Men and Women**

(Unit: person, %)

Country	Number of relevant persons	Women empower themselves	Reforming stereotyped social concepts, customs and conventions	Reviewing legislations and institutions	Adoption or improvement of, systems for the employment of a fixed proportion of women in important positions	Improvement of facilities and services that support women	Others	Don't know
Japan	1,971	28.1	26.3	12.4	11.1	11.1	0.4	10.7
Korea	1,000	32.0	21.0	14.2	8.6	15.6	—	8.6
Sweden	1,013	40.4	11.1	14.4	23.0	6.0	0.9	4.2

(Source) "Public Opinion Survey regarding equality between men and women" by Public Relations Office, Prime Minister's Office (1992) "International Comparison Survey regarding issues of women" by Bureau of Citizens and Cultural Affairs of the Tokyo Metropolitan Government (1993)

**Fig. 1 Means of Achieving Society Ensuring Equality between Men and Women from Standpoint of Family Perception (modeled diagram)**



## **Chapter Six**

### **WOMEN'S EMPOWERMENT INTERNATIONAL TRENDS AND POLICY ISSUES**

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## **Introduction**

The International Conference on Population and Development (ICPD) held in early September 1994 in Cairo, Egypt (and commonly known as the Cairo Conference), was the third intergovernmental conference on the worldwide population problems under the auspices of the United Nations (the U.N.). The ICPD Programme of Action, adopted at this conference, contained new strategies that stirred debate at the conference and its two preparatory committees: reproductive health and reproductive rights, and women's empowerment. These two closely interrelated strategies have encouraged a Copernican revolution of conventional approaches to the population problems (i.e., population policy and development approaches) and prompted a change in the goals and significance of family planning programs. Reproductive health/rights and women's empowerment were also keywords at the 4th World Conference on Women, held this year (1995) in Beijing.

This discussion presents an overview of the interrelation between the enhancement of women's status and the population problems as seen at the international conferences on population held by the UN; reflects on UN-driven activities (mainly through the World Conferences on Women) to improve the status of women; reviews policy objectives in those conferences; and, lastly, touches on the Japanese government's activities to improve the status of women.

## **1. A History of International Conferences on Population and Improvement in the Status of Women**

### **(1) The Bucharest Conference**

Let us look back on the history of the U.N.'s International Conferences on Population (Johnson, 1994). At the 1974 World Population Conference (the Bucharest Conference), the Western nations, led by the U.S., then the world's largest donor country, claimed that high population growth rates were impeding economic development in developing countries, and called for policies that would directly slow the rate of population growth. Although many Asian nations concurred with this, China and principal developing nations in Latin America and Africa denied the necessity of a population policy and strongly dissented, declaring instead that development must come first, as embodied in the catchphrase "development is the best contraceptive." Adopted as a sign of conciliation between these two sides, the World Population

Plan of Action (United Nations, 1975) set forth the guideline for population-related activities over the next 20 years.

This action plan incorporated the assertions of both positions (i.e., population policy and social and economic development) by defining population policy not as a substitute for socioeconomic policy, but rather as an indispensable part of socioeconomic policy. Nonetheless, the action plan also made several references to national population policies and quantitative targets (for instance, "Countries that see the rate of population growth as impeding development objectives may adopt population policies" and "A country that sees its birthrate as unfavorable to development may adopt quantitative targets and implement the policies to achieve them") and also listed development targets that would promote lower birthrates, thus essentially recommending (albeit only to assenting governments) the promotion of policies for population control.

Improving the status of women, however, was merely listed as a development objective that would help control populations (i.e., lower birthrates), along with other objectives, such as lowering infant mortality rates, achieving social justice, and raising educational levels.

## **(2) The Mexico Conference**

By the time 1984's Mexico Conference was held, the populous developing nations that had opposed population policies at the Bucharest Conference (such as China, Brazil, Nigeria and Mexico) had reversed their stand, sharing developing nations' awareness of rapid population growth as an impediment to economic development, and had begun either directly implementing government-sponsored family planning programs or supporting non-governmental programs. Consequently, the "Recommendations for the Continued Implementation of the World Population Plan of Action" (United Nations, 1985) adopted at the Mexico Conference not only was a successor of the World Population Plan of Action, but also contained far more recommendations on family planning programs. Thus, the Mexico Conference can be seen as the first time on the international stage that family planning was accepted by an overwhelming majority of participating nations since the family planning movement itself began in the 19th century. However, a note of discord was caused when the U.S. (the erstwhile champion of population policy at the Bucharest Conference that had, however, under President Reagan, reversed its position on population) stated that population had a neutral effect on development, and that development of a market economy would automatically resolve population problems, thus expressing a position that was very close to the assertions made by the "development-first" nations at the Bucharest Conference.

The agreement signed at the Mexico Conference is also characterized by its citing of the improvement of women's role and status as a major objective for governments to pursue -

- as important as economic and social development and population policy. This agreement called for improved status for women and their increased participation in all aspects of development (including education, employment and decision-making) and stated that men's familial responsibility and women's abilities to control their own fertility were important prerequisites for promoting women's participation in development.

Thus, at both the Bucharest and Mexico Conferences, regardless of whether priority was given to population policy (i.e., family planning programs) or socioeconomic development, it was national and governmental macro-level policy that was emphasized; improving the status of women was positioned only as one of many strategic elements, or as an important development goal in and of itself. This philosophy was also subscribed to by the U.N.'s and developed countries' population-related organizations, and by the governments of many developing countries where family planning was permitted.

## **2. Major Policy Shift at the Cairo Conference**

Adopted in a new action plan, the basic philosophy of the Cairo Conference was a continuation of philosophies voiced at the two previous conferences, but was also a major departure from previous Conference agreements.

### **(1) Reproductive Health and Reproductive Rights**

The first major departure was the adoption of reproductive health and reproductive rights as two of the Cairo Conference's keywords. Reproductive health can be seen as a concept developed by WHO through its "Special Program on Research and Development and the Training of Researchers in the Field of Human Reproduction" (begun in 1972) for the purpose of comprehensively ascertaining health needs relating to the reproductive process (Khauna, 1992). The concept of reproductive health encompasses the fields of (1) fertility regulation, (2) sterility, (3) sexual health, (4) maternal and child health, and (5) the survival, growth and development of infants, and was an attempt to consolidate, from the perspective of health care relating to human reproduction, issues that had been conventionally treated as separate, such as family planning (i.e., contraception), the effectiveness and safety of various methods of contraception, the development of new methods of contraception, unwanted pregnancies, abortion in general, problems accompanying illegal abortions, countermeasures to the causes of secondary sterility, treatment for sterility, the circumcision of women, HIV/AIDS and other STDs (sexually transmitted diseases), maternal mortality, and maternal and child health.

In contrast, the concept of reproductive rights began with the feminist movement of the 1970s as essentially separate from medicine and health care, and was internationally propagated through the U.N. Decade of Women and the U.N. Women's Conference held in Nairobi in 1985 (Crane, 1994). This concept is based on the belief that women have the right to decide whether or not to have children, when to have them and how many children to have, and that the exercising of this right depends on access to proper information, education and high-quality family planning services. This concept also holds that sexual relations between men and women should be based on equality, mutual respect and the principle of responsibility, and also stresses that women have "sexual rights," that is, the right not to be coerced into sexual relations. A declaration issued by an international association of women's groups formed prior to the Cairo Conference defined reproductive rights as encompassing the entire spectrum of reproductive health, and held the two to be inextricably linked (Mazur, 1994).

The ICPD Plan of Action adopted at the Cairo Conference (United Nations, 1995-1) upheld the assertions of WHO, defining reproductive health as "not merely an absence of reproductive disease and disability, but also complete physical, emotional and social health in every aspect of the functions and activities of the human reproductive system," and also expanded this definition thus:

"[Reproductive health] means the ability to have a safe, satisfying sex life, to possess reproductive abilities and to freely decide whether or not to have children and, if so, when to have children and how many children to have. These conditions include the right to learn of and use safe methods of family planning that are also acceptable, affordable, safe and effective, and which can be selected by both men and women, as well as other methods of fertility regulation that are not against the law, and the right to receive adequate health care services that enable women to conceive and give birth safely and which provide couples with the optimum chance to have healthy children."

The text stated reproductive rights to be an internationally recognized human right, and, incorporating the affirmations of women's groups nearly word for word, defined them as "the fundamental right of all couples and individuals to freely and responsibly decide how many children to have and when and how often to have them, and to possess the information and means necessary to make these decisions, and as the right to enjoy the best possible sexual and reproductive health."

Inclusion of these definitions of reproductive health and reproductive rights into the Cairo Conference's Plan of Action as its central philosophy had three ramifications for population policy.

The first is emphasis on the individual's (i.e., woman's) right to decide whether and when to conceive and give birth -- greatly giving priority to (compared to the 1st and the 2nd



Conferences) these rights over macro-level goals and nearly completely eliminating from the Plan of Action a population policy approach whereby governments strive to hold down population growth. Behind this shift to individual-centered policy and feminist viewpoints was a realization among developed countries, international organizations and NGOs that conventional population control policies in developing countries had sometimes resulted in coercive measures for achieving goals in population growth control, and in a shift in emphasis from the quality of services to their quantity, thus obstructing proper consideration of the needs of women, the primary recipients of these services.

The second implication was a change in the position of family planning programs. In contrast to the previous two Conferences, where family planning was viewed as a means of achieving a nation's population control goals, family planning was viewed by the Cairo Conference as a means by which people (especially women) could decide whether and when to conceive and give birth -- in other words, as one important aspect of reproductive health and reproductive rights.

Views on the necessity of family planning had been a combination of neo-Malthusianism (i.e., controlling population growth) and a belief in women's right to happiness, as advocated by Margaret Sanger and others. The former philosophy was given more emphasis at the Bucharest and Mexico Conferences, while the Cairo Conference can be said to have brought the latter philosophy to the forefront.

The third implication was the possibility that abortion could be a means by which people (particularly women) could exercise their right to decide whether or not to have children. Prior to this, it was commonly understood among various nations' family planning movements that family planning encompassed only contraception and not abortion. At the Cairo Conference, however, the U.S. and northern Europe, among others, asserted that safe abortions should be designated as one method of fertility control that would help ensure reproductive health and reproductive rights. This assertion was vigorously opposed by the Vatican and the Catholic nations of Central and South America, initiating an intense debate over abortion. Despite the Plan of Action's reaffirmation of the agreement, reached at the Mexico Conference's, that abortion should not be promoted as a method of family planning, the overall tone suggested a more tolerant attitude toward abortion.

## **(2) Gender Equality, Equity and the Empowerment of Women**

The Cairo Conference's Plan of Action also marked the first appearance of the concept of the empowerment of women and the designation of gender equality, equity and the empowerment of women as keystones to solution of population and development issues.

The concept of gender equality and equity recognizes the fact that in many countries

women are not treated as men's equals politically, legally, economically or in social customs, and calls for an end to all forms of gender discrimination in public life. The empowerment of women, a related concept, entails providing women with the social, economic, political and legal power needed to select from a wide range of possible options relating to their own lives.

Concerning these concepts, the Cairo Conference's Plan of Action emphasizes the following three points in particular. The first is an end to discrimination against women in employment and economic transactions, stopping violence against women, and policies that would promote the development of women's abilities in education and employment, encourage greater participation by women in politics and allow women to reconcile work with housework. The second point is an end to discrimination against girls, a reevaluation of the value of girls and improved welfare for them, which in turn requires improving attitudes towards girls in the home and throughout society, providing girls with better education, raising their average age at marriage and prohibiting harmful practices against them. The third point is encouraging men to participate not just in social activities but in family activities as well, which necessitates persuading men to participate in family planning and using education to teach boys to respect girls.

The UNFPA's (United Nations Population Fund) 1994 and 1995 issues of "The State of World Population" contained a special section on the empowerment of women, reproductive health and reproductive rights, and emphasized, as necessary for the empowerment of women, the participation of women in education, economic activities, health, law, and the policy-making process (UNFPA, 1994 and 1995).

Of these areas, education is designated as central to the empowerment of women as it (1) enables women to challenge their traditional roles and change their own living environments, (2) eases poverty by making it easier for women to hold gainful jobs, (3) raises the average age at marriage, which promotes family planning and lowers the number of births, and (4) raises women's health care needs.

Regarding economic activity, empowerment provides women with opportunities to engage in employment and otherwise be economically active (through their choice of vocation) and provides them with the right to own and manage property, thereby improving their social status. Legally, empowerment more than anything else is a call for abolition of "discrimination, exclusion and restrictions based on gender," whether in written law or customary law. As for participation in policymaking, it is desirable for women to assume important governmental posts, serve as legislative representatives, and become lawyers, managers and labor union leaders, for instance.

The two strategic concepts in the Cairo Conference's Plan of Action -- reproductive health and reproductive rights-- are inextricably related to the empowerment of women. In

many developing countries, women are assigned low status in the family and do not have the right to decide marriage, pregnancy, childbirth or family planning. Consequently, they are forced to follow custom and comply with their parents' instructions by marrying and having children at a young age (in their teens in many cases). Thus this lack of reproductive health and reproductive rights makes marriage, childbearing and parenting the only option in life for women, depriving them of the opportunity for education, narrowing the range of gainful jobs available to them, and condemning them to a life of poverty. In short, the inability to enjoy reproductive health and reproductive rights impedes the empowerment of women and creates a vicious circle of low status for women and the bearing of a large number of children.

### **3. The World Conferences on Women and the Empowerment of Women**

#### **(1) The U.N.'s Approach to Women's Issues**

Since its founding, the United Nations has striven to raise the status of women through its Commission on the Status of Women, a functional commission of ECOSOC (the Economic and Social Council), but it was 1975 when the realization that women's issues should be approached jointly spread through international society. This was the year designated by the U.N. as International Women's Year, and also the year in which the World Conference of the International Women's Year (the 1st World Conference on Women), where a world action plan was adopted to actualize the goals of the International Women's Year, was held in Mexico City. Also, the 10-year period between 1976 and 1985, as the United Nations Decade for Women, was designated as a time to examine the status and rights of women and promote their participation in policymaking at various levels of society. The central themes of this movement -- Equality, Development and Peace -- have been maintained up to the present.

In 1979, the Convention on the Elimination of All Forms of Discrimination Against Women was adopted by the U.N. General Assembly, going into effect in 1981. In addition to promoting improved status for women and the elimination of sexual discrimination against women in all areas, the objective being equality between men and women, this Convention obligated each signatory to report its progress in achieving these objectives, and established the Commission on the Elimination of Discrimination Against Women to monitor this progress.

At the 2nd World Conference on Women, held in Copenhagen in 1980 (the interim year of the United Nations Decade for Women), the "Action Plan for the Latter Half of the United Nations Decade for Women" was adopted. At the same time, an NGO forum was held

by the "NGO Conference", a method that has since been widely adopted for U.N.-sponsored international conferences. In 1985, the final year of the United Nations Decade for Women, the 3rd World Conference on Women was held in Nairobi, where the "Nairobi Forward-looking Strategies for the Advancement of Women" was adopted. In 1990, ECOSOC adopted the "Recommendations and Conclusions Based on the First Reevaluation and Assessment of the Nairobi Forward-looking Strategies". Then, in September of this year(1995) the 4th World Conference on Women, where the "Platform for Action" was adopted, was held in Beijing. Prior to the Beijing Conference, several U.N.-sponsored international conferences in disparate fields were held: the UN Conference on Environment and Development (UNCED, in Rio de Janeiro in 1992), the World Conference on Human Rights (in Vienna in 1993), the International Conference on Population and Development (ICPD, in Cairo in 1994), and the World Summit for Social Development, held in Copenhagen in 1995. By participating in preparatory committees and NGO forums, international women's groups (NGOs) have had a great effect particularly on the UNCED and ICPD, whose final agreements contained many assertions regarding improved status for women and their participation in the decision-making process.

## **(2) Critical Fields in the Empowerment of Women**

One of the most important culminations of 20 years of U.N.-led activities to improve the status of women is the signing of the Convention on the Elimination of All Forms of Discrimination Against Women (Office of the Prime Minister, 1994), a summarization of the preconditions for actualization of equality, one of the principle themes of the agreements of the four World Conferences on Women.

The overall objective of this Convention is the elimination of all forms of discrimination against women -- including political, economic, social, cultural and civil.

The first precondition is the codification of sexual equality in the Constitution, which entails eliminating discriminatory laws and reforming discriminatory practices in a variety of fields. The second precondition is recognition of equal rights for men and women in the field of government (e.g., suffrage, the right to hold public office, and the right to acquire citizenship); the third; elimination of discrimination against women in education (including the right to various levels of education, the right to education of equal quality and elimination of stereotypes about the roles of men and women); fourth, elimination of discrimination in employment (e.g., the right to work, equal employment opportunities, equal pay for equal work, and the protection of mothers in employment); fifth, equal access to health care services (including family planning); and sixth, sexual equality under civil law, for example, the right to decide whether to bear children, rights concerning contracts, property management rights, the right to relocate, and rights concerning marriage (i.e., parental rights, the right to select one's spouse,

and the right to divorce).

The Convention on the Elimination of All Forms of Discrimination Against Women provides for the establishment of the Commission on the Elimination of Discrimination Against Women (comprised of representatives of each signatory) and requires each nation to report to the Commission the progress it has achieved in eliminating discrimination against women.

The original objective of the Convention on the Elimination of All Forms of Discrimination Against Women is actualization of equal opportunity for men and women by eliminating legal and customary discrimination in areas where impediments exist to the improvement of women's status, while the agreements of the four World Conferences on Women took this even further by making various policy recommendations on improving the status of women in various areas.

The Platform for Action of the Beijing Conference states its objective to be the empowerment of women, which it defines as accelerated implementation of the Nairobi Forward-looking Strategies for the Advancement of Women, namely, promoting women's extensive and equal participation in economic, social, cultural and political decision-making in order to eliminate impediments to their active participation in all areas of public and private life. The Platform also names 12 critical areas for the empowerment of women and sets forth policies for achieving empowerment in each. These 12 areas are poverty, education, health care, violence against women, women in conflict, the participation in economic activities, the sharing of power and decision-making, organizations for improving the status of women, human rights, the media, the environment, and the girl child.

With respect to the issue of poverty and women, the Platform for Action calls for legal measures to provide women with rights to economic resources in order to enhance their credit competence. Changes called for in the area of education include eradicating high (relative to men) illiteracy rates among women, eliminating sexual disparities in primary and secondary education, expanding vocational and lifelong education for women, and purging education of sexual stereotypes; in health care, providing expanded health care information and services for women that are adequate, affordable and high-quality (including reproductive health services) and expanding education and employment programs that help protect against threats to women's health as well as HIV/AIDS programs designed to meet women's needs. The issue of violence against women includes eradicating the trafficking and forced prostitution, while the issue of women during war and conflicts includes the protection of women and shelter for women refugees.

Empowerment in economics encompasses encouragement of women's independence by providing them with access to employment and economic resources; providing low-income women with business training, market access, information and technology; and supporting

women entrepreneurs and eliminating interference with vocational choices in order to eliminate all forms of discrimination in employment. Regarding the sharing of power and decision-making, the Platform recognizes that the goal (set by ECOSOC) of raising women's share of policymaking positions at all levels to 30% by 1995 has been virtually unachieved, and consequently calls for concrete measures to promote the participation of women in policymaking and leadership positions by developing the abilities of capable women. Regarding organizations and institutions for enhancing the abilities of women, the Platform sets forth the goals of establishing and strengthening such governmental organizations, incorporating a gender perspective into all laws and policymaking, and creating information that takes gender into account.

In human rights, the Platform calls on all nations to adopt the Convention on the Elimination of All Forms of Discrimination Against Women by 2000, to codify sexual equality, and to strive for legal literacy for women. Reforms in the media include elimination of negative stereotypes of women in the media, while environmental reforms include calls for women's participation in all levels of environmental policymaking. As for the girl child, the Platform calls for elimination of discrimination in education, health care, employment and all other areas.

## **4. The Empowerment of Women in Japan**

### **(1) The Response of the Japanese Government**

In Japan a vigorous approach to women's issues has been taken in concert with movements instigated by the U.N. and other organizations (Prime Minister's Office, 1994). This response began in 1975, after the 1st World Conference on Women, with the establishment, under the Prime Minister's Office, of the Planning and Promotion Headquarters for Tackling Women's Issues (headed by the prime minister) and the Women's Issues Office. In 1977, in association with the United Nations Decade for Women, the Planning and Promotion Headquarters for Tackling Women's Issues drafted a domestic action plan for the coming 10 years, and in 1978 the Diet Members Federation for Promotion of the U.N. Decade for Women, comprised of members of both the House of Councilors and the House of Representatives, was formed. Then, in 1980, Japan signed the Convention on the Elimination of All Forms of Discrimination Against Women, which had been adopted by a U.N. General Assembly, and ratified it in 1985.

In 1987, in response to the Nairobi Forward-looking Strategies, which was adopted at 1985's 3rd World Conference on Women, the Planning and Promotion Headquarters for

Tackling Women's Issues adopted the "New Domestic Action Plan in Preparation for the Year 2000"; it then drafted the first revision of this New Domestic Action Plan in response to the U.N.'s 1990 First Revision of the Nairobi Future Strategy. In 1994, in order to strengthen its organizational response to women's issues, the government replaced the Planning and Promotion Headquarters for Tackling Women's Issues with the Headquarters for Promotion of Equal Participation by Gender, headed by the prime minister, and also established, under the prime minister's office, the Equal Gender Participation Department and the Council on Equal Participation by Gender.

Priority areas in the Japanese government's concrete efforts to improve the status of women and create a society in which men and women participate jointly have been laws designed to improve the status of women; women's participation in policymaking; better education and training for women; equal employment opportunities and equal treatment at the workplace for men and women; better environments for rearing children; respect for motherhood and maternal health; stable lives for women in old age; expanded welfare and improved status for women in rural areas (including mountainous areas and fishing villages); and international cooperation. These efforts have resulted in legal equality between men and women. Nonetheless, actual equality remains to be achieved.

## **(2) Improving the Status of Women: Results and Issues**

In the 1980s and 1990s, considerable efforts in the area of policy have been made to improve the status of women. Although considerable results have been achieved in some areas, results have been insufficient in more than a few. The country report submitted by the Japanese government to the 4th World Conference on Women (Japanese government, 1994) shows concrete legislative improvements such as the following: reform of the civil code that increased spouses' share of inheritances (1981); reform of the Japanese Nationality Act to give equal weight to maternal and paternal lineage when applying for citizenship (1985); the adoption of laws insuring equal employment opportunities and equal treatment at the workplace for men and women, and other laws concerning the welfare of female workers (1985); reforming the National Pensions Act to provide women with the right to pensions (1985); and passage of the Parental Leave Act (1992).

Regarding the participation of women in various levels of decision-making, the percentages of public posts occupied by women (i.e., Diet members, executives in national civil service, members of government councils, members of local assemblies, and managerial posts in municipal governments), though still low compared to other industrialized nations, are rising. In the private sector, as well, the percentage of managerial posts occupied by women is low but rising. Policy efforts to increase public awareness of women's rights include

public awareness activities sponsored by the government (e.g., designation of Women's Week and Human Rights Week) and the promotion of gender equality in education, such as requiring both boys and girls to take home economics courses, including sex education and instruction about gender equality in formal education, and establishing a home training class for students' parents.

Regarding education, the high school enrollement rate among girls has been higher than that of boys since 1969, while the college enrollement rate (including junior colleges) has also been higher for girls than for boys since 1989. At primary and secondary schools, women's share of the total number of teachers and the total number of administrative positions is rising, as is the ratio of women teachers to total numbers of teachers at the nation's universities. Regarding employment, the total number of women workers, as well as women's share of the total work force, continues to rise. To enable women to make full use of the economic abilities, the government has continued to stringently enforce the Equal Employment Opportunity Law (adopted in 1986 to insure equal employment opportunities for both men and women and equal treatment at the workplace) and to promote measures that help women reenter the work force. Moreover, to help women reconcile employment with family life, the government has strictly enforced the Parental Leave Act (passed in 1992) and, in 1995, revised it so as to include care leave.

## **Conclusion**

In recent years the movement for gender equality and improved status for women has gained momentum worldwide, affecting both developed and developing countries to a considerable degree. Stating improved status for women to be a universal goal, the U.N., since designating 1975 as International Women's Year, has over the past 20 years affected governments' response to women's issues by holding four World Conferences on Women, adopting the Convention on the Elimination of All Forms of Discrimination Against Women, and initiating other activities as well. Now, developing countries are making women in development (WID) a priority goal in their development strategies as developed countries have begun accepting the empowerment of women as a goal of social reform. Although one factor behind such movements are the efforts of Western nations (which have taken an extremely proactive stance to women's issues) and international organizations like the U.N., the vigorous activities of women's NGOs (primarily in Western industrialized nations) cannot be ignored. Also significant are women's social advancement and their increased presence in political and economic circles. In Japan as well, the rise of the women's empowerment movement has both



fostered and been furthered by the rising status of women.

At the Cairo Conference, the empowerment of women was designated as the key-stone to resolving the world's population problem, and it is indisputable that improved status for women would help promote women's reproductive health and reproductive rights, thus spreading family planning and reducing birth rates. Yet while the empowerment of women in this respect would clearly be one of the most effective strategies for tackling the world's population problem, it is not beyond doubt that it is the panacea for worldwide population problems that the Cairo action plan states it to be. It would seem that more realistic assessment is needed to determine how major a factor improved status for women has been in lowering birth rates in Asia's more populous nations, and how closely widespread adoption of family planning will be related to improved status for women in Africa and West Asia, where the traditions of Islam are strong.

## References

- \* Crane, B. B., 1994. "The Transnational Politics of Abortion," in J. L. Finkle and C. A. MacIntosh (eds.), *The New Politics of Population*, The Population Council, pp. 3-36.
- \* Japanese Government, 1994. "Country Report for the 4th World Conference on Women."
- \* Johnson, Stanley P., 1994. *World Population - Turning the Tide, Three Decades of Progress*, N.Y., Graham and Trotman Ltd.
- \* Khauna, J. et al. (eds), 1992. *Reproductive Health - A Key to a Brighter Future*, Biennial Report 1990-1991: Special 20th Anniversary Issue, WHO, 1992.
- \* Mazur, C. A. (ed.), 1994. *Beyond Numbers*, Island Press, pp. 267-272.
- \* Prime Minister's Office, Japan, (ed.), 1994. "Trends and Policies for the Advancement of Women, 1994," Ministry of Finance, Printing Bureau.
- \* United Nations, 1975. *Report of the United Nations World Population Conference*, Bucharest, 19-30 August 1974.
- \* United Nations, 1985. *Report of the International Conference on Population*, Mexico City, 6-14 August 1984.
- \* United Nations, 1995-1. *Population and Development, Programme of Action* adopted at the International Conference on Population and Development, Cairo, 5-13 September 1994.
- \* United Nations, 1995-2. *Platform for Action* adopted at the Fourth World Women's Conference, Beijing.

\* United Nations Fund for Population Activities (UNFPA), 1994. The State of World Population, 1994: Choices and Responsibilities.

\* UNFPA, 1995. The State of World Population, 1995: Decisions for Development: Women, Empowerment and Reproductive Health.