



WOMEN'S HEALTH STATUS AND GENDER INEQUALITY IN CHINA

MEI-YU YU¹* and ROSEMARY SARRI²

¹Center for Nursing Research, School of Nursing, University of Michigan, Room 3248, 400 N. Ingalls, Ann Arbor, MI 48109-0482, U.S.A. and ²Institute for Social Research, University of Michigan, Ann Arbor, MI 48109, U.S.A.

Abstract—This paper examines the health status of women in China by reviewing levels and trends of female mortality at several phases of a woman's life cycle focusing on infancy, girlhood, childbearing and old age. The mortality rates of Chinese women and men are compared for the period 1950–1990 as are comparisons with women in selected countries. The cause-specific death rate, expressed as a percentage of all deaths, and the burden of disease, measured in terms of the disability-adjusted life years (DALYs), are used to reflect the changing patterns of female diseases and causes of deaths. Significant improvement in the health status of Chinese women since 1950 is widely acknowledged as a major achievement for a developing country with the largest population in the world, but the differentials in women's health by region and urban/rural areas are considerable. The Physical Quality of Life Index (PQLI) indicates that the overall level of physical well-being of Chinese women has increased in recent decades, but disparity in health between men and women still exists. The Gender-Related Development Index (GDI) further reveals that China has achieved significant progress in women's health during the past four decades, but far less has been achieved with respect to gender equality overall. The final sections of the paper focus on the discussion of some health problems faced by the female population during the process of economic reform since the 1980s. In order to promote gender equality between women and men, concerns on women's health care needs are highlighted. © 1997 Elsevier Science Ltd. All rights reserved

Key words—Chinese women, health status, mortality, gender equality

INTRODUCTION

The improvement in the health status of the Chinese since the 1950s is widely acknowledged as a major achievement for a developing country. Prior to 1950, life expectancy had lagged behind that of many other countries, and the Chinese were often referred to as the "sick people of Asia". Between 1950 and 1990, China's life expectancy at birth increased from 35 to 70 years (ECYPHRC, 1992; World Bank, 1993a). This change is noteworthy for three reasons: (1) the size of the population also increased rapidly in this period; (2) China had to recover from many years of internal and external war; and (3) it had to achieve a level of economic development that was a prerequisite for health improvement.

Although the health status of the Chinese has been studied by many, especially since the 1980s when China's demographic data became available (Chen and Zhu, 1984; Jamison *et al.*, 1984; Young and Prost, 1985; Banister, 1987; World Bank, 1992), little research has been done on similarities and differences in health between sexes. Moreover, there have been few studies of minority, occupational or urban versus rural groups.

This paper examines the health status of the female population in China by focusing on several important phases in a woman's life cycle: infancy, girlhood, the childbearing years and old age. The study covers the period from 1949, when the People's Republic of China was established, to the 1990s, the most recent period for which data are available. We use several mortality indices as indicators of women's health including mortality rates for infants, one to four year olds and adult childbearing women, as well as life expectancy at birth. The cause-specific death rates, expressed as a percentage of all deaths, and the burden of disease, measured in terms of the disability-adjusted life years (DALYs), are used to reflect the changing patterns of female diseases and causes of death. The overall level of physical well-being of Chinese women is estimated by the Physical Quality of Life Index (PQLI). Gender inequality is measured by the Gender-Related Development Index (GDI). The paper also discusses the contemporary health problems experienced by Chinese women, explores the factors influencing women's health, and highlights concerns on health care needs of women in the future.

Interest in the health status of Chinese women has grown in recent years for a variety of reasons. China is the country with the largest total popu-

*Author for correspondence.

lation as well as the greatest number of women in the world—548.69 million females in 1990—one-fifth of the entire female population of the earth (Population Census Office of China, 1993a). The devaluation of Chinese women can be traced to long-standing cultural values derived from Confucius and Mencius and from the patriarchal family structure which requires that a woman move to her husband's family home when she marries. Although the socioeconomic status of Chinese women has risen considerably since the 1950s, the process of female liberation in China remains far from complete. Gender inequality in China is observable in many aspects, so health care differentials are not unexpected. In particular, it is necessary to study the new demographic and socioeconomic issues encountered during the process of economic reform since the 1980s as these new changes are likely to have a significant effect on women's health.

DATA AVAILABILITY AND RELIABILITY

There was no national death registration system or population census in old China. Prior to 1950, the death rates were reported only for some cities or rural areas for certain years, and mortality data by gender were rarely available. The data used in this paper for the period of the 1930s and 1940s were mainly adapted from the population statistics published by the Statistical Bureau (Zhu Ji Chu) of the Republic of China in 1971 and 1973 (Statistical Bureau of the Republic of China, 1971; Statistical Bureau of the Republic of China, 1973).

Although China established a household registration system in the 1950s and conducted two population censuses in 1953 and 1964, respectively, the population statistics were seldom published and the field of demography was forbidden in China for over 30 years following 1949. In 1979, the Chinese government began to publish population data. Since then they have published data from the 1953, 1964, 1982 and 1990 censuses. These data provide the best profile of Chinese demographic trends ever available (Banister, 1984). Both the 1982 and 1990 censuses collected information about deaths and were processed by computer. Generally accurate reporting of age and the apparent consistency of coverage in the censuses make it possible to construct life tables and analyze mortality for each intercensal period (Coale, 1984; Coale and Li, 1991). A number of surveys conducted in recent decades also provided valuable information, e.g. the 1973–1975 cancer epidemiological survey, the 1988 fertility and contraceptive survey, the 1982 and 1988 fertility surveys, the 1987 1% population sample survey, the 1989 survey on maternal deaths, the 1992 sample survey on the status of children aged 0–14, and the yearly national population change surveys since 1982. Some reports and/or

statistics based on these censuses or surveys can be found in a series of annual statistical reference publications, such as *China Statistical Yearbook* and *China Population Statistics Yearbook* issued by the State Statistical Bureau of China; *Almanac of China Population* published by the Population Research Institute, Chinese Academy of Social Science (CASS); and *Yearbook of Public Health in the People's Republic of China* compiled by the Editorial Committee of the Yearbook.

The potential sources influencing reliability of mortality statistics include quantitative errors (such as underregistration, duplicate registration, or omissions) and qualitative errors (such as errors in reporting, recording, and processing the information regarding age, occupation, or other characteristics of the decedent) (United Nations, 1961). Researchers have shown concern about the undercount of deaths reflected in the official data. Coale notes that the mortality rates derived from the 1982 and 1990 censuses appear to provide a reliable record of mortality in the 1980s, but the evidence of defects in the data takes the form of an apparent understatement of the number of deaths in the two six-month periods of 1989 (Coale, 1993). In light of considerably lower infant mortality rates in 1989 than in 1990, Zhai (1993) believes that the longer the period between the dates of deaths and the census resulted in the underreporting of infant deaths. The analysis by Li (1994) indicates that underregistration of deaths in the 1990 census happened more frequently among young children than among adults, more among female infants than among male infants, more among women than among men, and more in 1989 than in 1990.

In light of the consideration of the underreported deaths, China's mortality rates have been adjusted by scholars (Jamison *et al.*, 1984; Banister, 1987; Poston, 1990; Coale and Li, 1991; Zhai, 1993; Li, 1994). In order to better understand trends in the health status of Chinese women, we have compared some of the reconstructed data with the official data. This paper, however, does not evaluate the method and accuracy of the mortality statistics used by these re-estimates.

The partial data used in this paper, including DALYs, PQLI and GDI, are adopted from the publications of the United Nations, the World Bank, the World Health Organization, etc. (Morris, 1979; World Bank, 1993b; United Nations Development Programme, 1995). These publications provide comprehensive updated data and reports on demographic characteristics, and the socioeconomic status and health of women in China and other countries of the world.

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