

An Overview of Women's Health in Japan and Korea : A Comparison of National Averages

Eric E. Larson Hiroko Suganuma

【Abstract】

The purpose of this study was to investigate gender and how it relates to women's health issues in Japan and Korea. Research was conducted by accessing various international and local databases for information concerning issues relating to women's health. The movement for women's health as a unified international standard started in 1994 at the 3rd International Conference On Population and Development which was held in Cairo with the words as follows, "Reproductive Health & Rights". This was due to women's real social position not only because of population, but also women's will & rights as individuals. The starting point of this research was one year later at the 4th World Conference on Women held in 1995 in Beijing, China with Women's Health as one of the 12 major platforms for discussion. Similarities and differences in national data averages between Japan and Korea were compiled along with four UN sponsored items relating to gender.

Major findings found both countries to have similar data, but in general, gender remains to be a primary barrier to the overall health of women. This research focused on higher education, job prospects, and career advancement and the ability for women to financially afford adequate health care. Recent national averages in the above mentioned categories were still found to be lower for women than men despite Japan and Korea's government interventions. The four UN sponsored items also found both countries generally far behind other developed countries with Korea fairing worst in all four inventories.

The major area of concern in this report was found among women who are single parents re-entering the job market and their lack of job selections due to gender bias. With ever increasing primary medical costs, maintaining adequate health care for women who earn low salaries may be difficult to achieve. As part of the discussion, a hypothetical worst case scenario was written to show the difficulties of such a Japanese woman with children may encounter.

Conclusions were drawn by analyzing the data. Recommendations will focus on stricter implementation of government gender guidelines with further recommendation of targeted deadlines and attainment of numerical numbers to combat gender inequality as well as the recommendation for women to become more outspoken in the area of gender inequality.

【Key Words】 gender, Japan, Korea, statistical data, women's health issues

I INTRODUCTION

As Anne Tinker, Kathleen Finn and Joanne Epp pointed out in their article for the World Bank entitled, *Improving Women's Health : Issues & Interventions* in June of 2000, there are many things to consider when talking about women's health. Behavior and psychological factors, social and cultural influences, and health and nutrition services are six major points. But the biological factors that they identified, as the seventh factor was the one that interested the authors the most as their starting point for this research.

It is this research that lead the authors to believe that the physical/sexual characteristics of the male and female, or gender, is still the primary reason why the former 6 major points are of such great concern for women's health issues at the beginning of the 21st Century.

A speech given by Yong Ju Moon of the Korean Institute for Health and Social Affairs in Seoul, Korea back on April 25th, 1997, also gives a good overall picture of women's struggle for human rights :

"Women's health is a fundamental human right and is a crucial determinant of social and economic development. Nevertheless, it is a reality that many women accept ill-health as their lot in life, often ignoring painful and debilitating symptoms because women are expected to endure without complaints, and because they have no alternatives because of their inferior social, economic, and cultural status." ¹⁾

Inferior social, economic, and cultural status of women are the basic gender issues that women are faced with. We have chosen to look primarily at economic factors involved with women's health and how poorer economics conditions may cause a decrease in women's overall health.

It is also worth noting that this research paralleled

the research of many others at the 13th ICOWHI in Seoul, Korea, in June of 2002. But the major difference between this research and others is that this research was the only one that focused specifically on the education-access to adequate jobs with adequate pay-job advancement triangle (economics) as a major stumbling block of women's health in developed nations in the 21st century.

As Yong Ju Moon goes on to point out, we also believe that the following areas need to be greatly improved upon if women's health is to improve substantially in this new century :

"Improving women's health and eliminating inequalities require partnerships of many kinds: women and men; old and young; international agencies; governments and NGOs; researchers in many health professions; women's health advocates; program planners and users of health services. And the time has come when women's organizations all over the world are beginning to ask questions, take actions, and demand resources, results, and accountability." ¹⁾

II METHOD

Having established the premise of education, job selection and advancement as possible barriers to women's health, research was conducted on statistical information found in databases from various international, national, local, and private organizations that related to women's health. Correlational research was used to investigate the similarities and differences between the two chosen populations; Korea and Japan. Data concerning women was gathered and put into 2 columns for easy viewing.

III FINDINGS

Research started from the Fourth World Conference on Women held in Beijing in September of 1995 to find out how health was mentioned in the platform. Women and health was the third critical area of concern mentioned. (Table 1)

Official government gender policies for both Japan and Korea were then examined to see how they compared with each other. Japan's definition talks about equality in social, political, economical and cultural areas, the freedom of choice, and the elimination of stereotyped gender roles. From this National Gender Statement, a National Plan for Gender Equality was established with 11 basic guidelines.

The Women's Development Act written by the Ministry of Political Affairs in Korea, points to the fact that discrimination based on gender is also a problem in Korea. It also mentions, as part of its concrete plan, to expand social, political, economical, and cultural

participation so that, on an equal basis, both women and men will be responsible for Korea's society as a whole. From this act, 4 major areas with a total of 10 priorities for The Advancement of Korean Women was established after the 4th World Conference on Women in Beijing and written once again by the Ministry of Political Affairs in Korea.

International, national, local, and private databases were then researched. Data crucial to the triangular pillars that may inhibit women's general health discussed earlier were recorded. For ease of comparison, a two columned format was made. This information was compiled in Tables 2, 3, and 4. The following areas of interest will be looked at to see how Japan and Korea compare against each other and how gender fits into the data.

First, Table 2 deals with data relating to general background such as population, life expectancy, life cycle, birth rates, death rates, causes of death, marriage, and divorce. Other factors involved with the home such women as head of the household,

TABLE 1 THE FOURTH WORLD CONFERENCE ON WOMEN

The Fourth World Conference on Women was held in Beijing for the first time in Asia in September 1995, and the Beijing Declaration and Platform for Action were adopted. Nearly 50,000 participants from 189 countries gathered including the participants of NGO Forum.

Twelve Critical Areas of Concern in the Platform for Action

- | | |
|---------------------------------|--|
| A Women and poverty | G Women in power and decisionmaking |
| B Education & training of women | H Institutional mechanisms for women's advancement |
| C Women and health | I Human rights of women |
| D Violence against women | J Women and the media |
| E Women and armed conflict | K Women and the environment |
| F Women and the economy | L The girl-child |

The Platform for Action of the Fourth World Conference on Women called for governments to develop their plan of action, as soon as possible.

household sharing of responsibilities, time preparing food, and maternity leave are reported. Most of the above mentioned areas are similar except for the areas

of household sharing, household sizes, and divorces which are all higher in Korea than Japan.

TABLE 2# DATA CONCERNING WOMEN'S HEALTH

Area of Interest	Japan	Korea
Population (J-2002 K-2003)	M = 62,110,764	M = 24,126,000
	F = 64,815,079	F = 23,799,000
Life Expectancy (J-2001 K-2002)	M = 78 F = 85	M = 72 F = 79
Women's Life Cycle (J-2001 K-2002) Marriage-Birthing-Life Expectancy	27.2-28.2-84.62	23.7-24.9-79.22
Births (J & K 2001)	1.33%	1.70%
Deaths (J & K 2001)	Less than 1%	0.46%
Major Causes of Death (J & K 2002) per 100,000 people (Higher education = lower death rates)	1 = Cancer	1 = Cancer
	2 = Heart Disease	2 = Cerebrovascular
	3 = Cerebrovascular	3 = Heart Disease
Household Size (J-2000 K-2002)	2.67	3.44
Women Head of Households (J & K 2000)	17%	18.5%
Housework Sharing (J & K 1996) House Keeping / Child Care in hrs / wk	Men = 0.06 / 0.06	Men = 0.37 / 0.13
	Women = 4.2 / 0.75	Women = 3.53 / 0.87
Meals = Time Spent & kcal / day (J & K 1981-2001)	1981 = 1.5 hrs / day	1981 = No survey 1981 = 2,040 kcals
	1996 = 1.39 hrs / day 2001 = 1,954 kcals	1999 = 1.56 hrs / day 2001 = 1,985 kcals
Total Domestic Duties (K-1999)		F = 99.5% M = 41%
Contraceptive Usage (J & K 2000)	59%	79%
Maternity Leave (J & K 2000) (days off / % of health coverage)	98 days / 60%	60 days / 100%
	Health Insurance	Employer
Abortions (J & K 2001) Steady in Japan since '95	341,588	39.2% (Married)
Marriages (J & K 2001) In Japan, males must be 18 to marry, females 16	800,003 / yr. 6.4%	6.7%
Marriages, Average Age (J-2000 K-2001)	M = 30 F = 27	M = 29 F = 23.7
Divorces (J & K 2001)	2.27%	2.8%

TABLE 3# DATA CONCERNING WOMEN'S HEALTH

Area of Interest	Japan	Korea
Illiteracy (J & K 2001)	0%	Less than 1%
Basic Education-K to 12 th Grade (J & K 2001)	49% are female	48% are female
Higher Education (% of total numbers) Teaching Staff (J & K 2001) (Female teachers in Japan = 26% in H.S., 14% in Uni.)	M = 36% F = 27%	M = 70% F = 42%
	F = 22% teachers	F = 62% teachers
Women Diet Member Positions (J & K 2002) Diet & Local Assemblypersons	10.2% (Diet)	7% (Diet)
	6.8% (Local)	n / a (Local)
Medical Care Facilities (J & K 2001)	Hospitals = 9,239	Total = 43,677
	Clinics = 94,019	Total Beds = 287,040
	Dental = 64,297	
Nat'l Medical Care Expenditures (% of change : J & K 1982-2000)	Payment / person / yr.	Up 23% from 1999
Public Funding (J & K 2000)	No change ¥ 16,051	16% from '99 to '00
Medical Insurance (J & K 2000)	Up 37% ¥ 140,214	11% from '99 to '00
Elderly Care (J & K 2000)	Up 500% ¥ 102,399	n / a
Payment by Patients (J & K 2000)	Up 210% ¥ 44,919	n / a
Nat'l Medical Care Expendit. (J & K 2000)	Dn ¥ 239,200 / person	2,227,876 Won / person
Dependent Elderly Receiving Medical Aid (Public Aid has gone up 7% in 17 years in Japan : ¥ 163,620 in 1984 to ¥ 176,970 in 2001)	2000 = ¥ 120,000	n / a
	2010 = ¥ 170,000	n / a
	2025 = ¥ 230,000	n / a
Home Helpers (J-1986-1999)	800% increase	n / a
Number of Physicians (J & K 1984-2000)	1984 = 173,452	1984 = 28,015
	2000 = 43,201	2000 = 49,847
Number of Nurses + Nurses Aids (J & K 2000)	631,428 (M = 22,189)	359,812 M = no data
Child Welfare (J-1985 K-2000)	No father = 529,631 No mother = 88,081	1,124 s / p households 238 Children's Home
Gender Empowerment Measure (GEM)* Top 3 countries in the world in order : Norway, Iceland, Sweden	41	63
Equal Opportuntiy Index (EOI)** Top 3 countries in the world in order : Norway, Sweden, Finland	42	44
Gender-related Development Index (GDI)*** Top 3 countries in the world in order : Canada, Norway, Australia	7	30
Human Development Index (HDI)**** Top 3 countries in the world in order : Norway, Sweden, Canada	9	27

TABLE 4# DATA CONCERNING WOMEN'S HEALTH

Area of Interest	Japan	Korea
Labor Force Distribution / salary (J & K 2001) / self employed / contributors	M = 84% F = 80%	M = 65% F = 60%
	M = 14% F = 8%	M = 34% F = 20%
	M = 2% F = 12%	M = 2% F = 20%
Hourly Pay of Female Pt. Workers (J & K 2001) Manufacturing-Services / hr.	848-989 Yen / hr.	n / a
Part-time Employment (J & K 2000)	M = 12% F = 36%	M = 3% F = 8%
	68% are women	62% are women
Hourly Earnings Compared to Men (J & K 2001)	58%	55%
Women Managerial Positions (J 2001) Directors Section Managers Chiefs Non-managerial	All together 4%	n / a
	701 - 2%	n / a
	3,124 - 4%	n / a
	6,649 - 9%	n / a
	372,171 - 45%	n / a
Earnings by Occupation (J & K 2001) Directors Section Managers Chiefs Non-managerial	Japanese Yen	Korean Won
	636,300	2,104,322
	526,200	1,685,629
	436,600	1,337,965
	318,700	1,083,247
1st College Graduate Salary (J & K 2001)	M = 198,300	M = 1,311,000
	F = 188,600	F = 1,061,000
Female Employees (5-yr age groups) (J & K 2001)	Highest = 25 - 29	Highest = 29 - 34
	Next = 50 - 54	Next = 24 - 29
Hours of Actual Work per Month (J & K 2001)	Manuf. = 162	Manuf. = 193
	Services = 148	Services = 180
Unemployment (J-2001 K 2002)	M = 5.2% F = 4.8%	M = 3.4% F = 2.4%
Old-age Pensions (J & K 1998)	172,200 Yen / mo.	363,266 Won / mo.
Average Incomes (J & K 2002)	343,688 Yen / mo.	2,863,384 Won / mo.
Male	n / a	1,473,789 Won / mo.
Female	n / a	954,292 Won / mo.

All Korean data provided by Korea National Statistics Office & the Ministry of Gender Equality
All Japanese data provided by Japan Information Network, Gender Equality Bureau, and Japan's Ministry of Health, Labour and Welfare

* Gender Empowerment Measure (GEM) put out by the UN looks at whether or not women are able to participate actively in economic and political activities and take part in decision-making. Specific factors used in calculating GEM include the ratio of income earned by women in the workplace, the ratio of women specialists, technical experts and managers, and the ratio of women parliamentarians.

** Equal Opportunity Index (EOI) put out by the UN ranks all countries in the world for equal opportunities in business and politics.

*** Gender-related Development Index (GDI) put out by the UN includes life expectancy at birth, access to education and per capita product-but focuses on the differences between men and women in these areas as a way to measure the status of the female population in each country.

**** Human Development Index ranking is put out year by the UN. A nation's HDI is composed of life expectancy, adult literacy and Gross National Product per capita.

Table 3 deals primarily with education, women representation in government, and national expenditures on issues dealing with medical care. In particular, the data on education shows a high level of primary education being attained in both countries by both sexes. However, university entrances show that males outnumber females. Teaching staff in the primary schools in Japan is also male dominated and becomes even more so in the tertiary levels of education. Korea seems to have more of a balance in female representation in the teaching staffs in the schools. Table 3 also shows representation of women in government. Both Korea and Japan show very low representation of women in all levels of elected government officials. National medical expenditures are also represented in Table 3. Public spending has not increased. This is perhaps where you would find most medical funding for non-elderly women, but no data is present to support this. Assistance to the elderly has mushroomed into very large expenditures as has the support for the elderly. The data does not stipulate a drop in funding for women's health, but it could be argued that with such large expenditures for the elderly, funding for non-elderly women's health issues may not have advanced much recently. And finally, Table 3 shows four international indexes, prepared by the United Nations, which deal with gender (please look at the end of the graphs for explanations of these four databases). These four indexes / measurements are :

1. Gender Empowerment Measure (GEM)
2. Equal Opportunity Index (EOI)
3. Gender-related Development Index (GDI)
4. Human Development Index (HDI)

GEM shows both Korea and Japan falling far short of other developed nations in economic and political activities and decision-making for women. EOI also shows that equal opportunities for women in Japan and

Korea are also far behind other developed nations. As for the HDI and GDI, Japan fares much better, ranking 9th and 7th in the world, respectively, while Korea scores 27th and 30th respectively.

Finally, Table 4 deals primarily with economic factors such as work force distribution, hourly pay for part-time employment, hourly earnings compared to men, women in managerial position and the pay related to these positions, college graduate salaries, where female employment is the most prevalent, and unemployment. Results show that the workforce is evenly distributed in regular salary jobs, but that more women are contributors, or are working but do not have full benefits that regular salaried workers have. Women generally make up the part-time workers (service industry jobs) in both countries where salaries and benefits are less and working hours are more. The average salaries of women in both countries are about half of what the men are. When looking at the managerial position grids of the data, women overwhelmingly hold the non-managerial positions, which also have the lowest salaries. Female college graduates starting salaries are also lower than their male counterparts. Unemployment in both countries for women is slightly less than for men. It also shows that women are basically missing from the workforce from age 29 to 50. These years, traditionally, are considered to be the child bearing / rearing years and are also considered to be the peak productive years of one's job career in terms of salary, advancement, and overall productive work.

When looking at the international indexes, both countries are closely related in Equal Opportunity Index (EOI), but far down the list of developed countries. Gender Empowerment Measure (GEM) has a much larger gap between the two country's scores, but both are listed once again far down the list of other

developed countries. Gender-related Development Index (GDI), and Human Development Index (HDI) scores both show Japan ranking within the top ten. Unfortunately, the same can't be said for Korea.

The basic findings of this report were that both Japanese and Korean women's data was closely related. Only a few areas of interest did we find slight differences (education and employment and in two of the UN indexes). This leads to the assumption that women's health issues in Korea and Japan are similar. This also leads one to believe that more women in other Asian countries may have similar health issues with similar outcomes. Further research would be needed to confirm or deny this.

IV DISCUSSION

The research conducted was similar to others and also to what anyone can find on the Internet. However, the major premise points to the lack of education, adequate jobs with adequate salaries and job advancement, which are deemed to be crucial determiners to women's overall choices in their health care in developed countries. When adequate financial resources aren't available for women, women must make difficult decisions as to what type of health care they can actually afford. This problem would seem to be the most severe in divorced / single women, especially if they still have children at home.

The most daunting problem of doing research when using databases only is that often times databases are incompatible with each other. Dates for the same information may differ by years with information being interpreted differently from one database to another. Another problem is that one area of the world may not have data on the same area. This study was not intended to make a 100% interfaced data sheet, but

rather to show how educational and financial difficulties can determine women's overall health in Japan and Korea.

Basically, the data points out typical stereo-typed roles and status of women ; doing the major share of household work even if employed, well educated but kept out of high government positions and business managerial positions, and lack of job advancement. Because of this, you also find women accepting lower paid jobs, higher rates of part-time work, lower pay for the same jobs as males, lower starting salaries, and a void of females in the work-place in their most productive years. Unemployment is lower than males, but underemployment statistics were, unfortunately, not available.

The information from the UN databases also showed that women in Japan and Korea fall far short of other developed nations in issues pertaining to gender. Korea, without exception, fairs far worse than Japan. Reasons for this can only be speculated in part to the respective economic conditions of both countries seeing how all four UN sponsored indexes do deal with economics.

All of this leads to lower average incomes, which in turn puts financial pressures on women's decisions about adequate health care when they are the sole wage earners and in their elder years when health care is so critical.

To emphasis our main points, we have written the following worst case story based off the information we have found to date on the internet and from government agencies of Japan and Korea :

The Worst Case Scenario Story of Emi

Emi was the first born child in a middle class family in Japan. The father was a salary man and her mother

was a housewife. The mother was happy with one child, hoping to get back into the workforce to earn some extra money for her family and herself. But the father had other ideas. There was no son yet to carry on the family name. So after a few years of arguments over this topic, Emi had a younger brother to play with. With two children and no grandparents nearby, the mother was forced to give up her dream of pursuing her career as a teacher because of the expanding responsibilities at home.

Without much help from the father at home or at school, Emi grew up to be a well-educated female, graduating from one of Japan's more prestigious universities with a degree in Business Administration. Because of her father's connections, at age 22, Emi got a job at a large bank. Although her credentials were exactly the same as her fellow male colleagues, Emi started out at a lower salary and at a job that offered little to no career advancement. She worked hard for her employer, working overtime with little overtime pay, forgoing many things in her life that she would like to have done. As the years went by, she fell in love with one of her fellow colleagues who was on the fast track to success. Her parents were so happy to hear the news that she was finally going to marry at the old age of 28 and with a man that could provide so much for her. But she had to quit her job at the bank. Rules state that no couples can work together at the bank. Forced to quit upon marriage, Emi could find no other employment like she had before because she was now married. Gainful employers didn't want to hire her because they would have to pay too much money for her and if children came along, she would be taking too much time off of her job to care for sick children and PTA meetings at schools. Resigned to this fact, Emi decided to become a mother at the age of 30. Six years later with two children, Emi's married life

started to fall apart. Her husband, now a junior executive for the bank, spent more and more time away from home. She then found out that her husband was having affairs with younger women at the bank. At the age of 36, she divorced her husband. Depression soon set in. After a year and a half, child support payments were coming in later and later. Forced with this situation and her pride, Emi was forced back into the workplace. Because of her age, marital status, and two children, a full time job was impossible for her. She found several part time jobs that just made ends meet, but without health insurance from either one of the companies she worked for, her choices for health care were limited. She chose to see that her children were cared for before herself. Quality time with her children was nonexistent. School problems started in with both children. Help from their father was impossible because he had remarried and started in on another family. Her bouts of depression became more regular. At the age of 48, Emi became seriously ill (depression, headache, sleeplessness, etc.^{2) 3)} Without proper health care, she was forced to move back in with her aging parents. Recovery was slow, adjustment in a new community for her children difficult, and now the additional responsibility of watching out after her parents became too much for Emi to bear. At age 53 with her children grown up and gone, one parent passed away and the other bed ridden, Emi now had time to think back upon her life. She cursed the day she was born a female and blamed the males in her life for her problems she had endured so long with.

V CONCLUSION

Gender discrimination continues to persist in the beginning of the 21st Century primarily due to the inability of cultures to change their attitudes toward

women. The lack of government and business to take this issue seriously also hinders equal gender opportunities. Changes in gender must be established as law and strictly enforced. Rhetoric needs to be implemented into action with hard dates and quotas being met. Business needs to change its business practices and encourage women back into the workplace with equal incentives to males. It may also be true that lingering economic problems in Korea and Japan play a part in gender discrimination, but for over half the world's population, this should not be a barrier to better jobs, working conditions, promotions, and benefits.

It became very clear by analyzing the data that there still remains a very clear separation of equality between the sexes in terms of education, job selection and advancement. Because levels of education, job selections and advancement opportunities do relate to the ability, or in our case the inability to be able to afford better health care, we feel greater efforts are needed to improve these three categories, which, in turn, should enable women to have better access to better health care.

Other factors do contribute to Japan and Korea's gender standings, such as social, environmental, and cultural factors. We, however, chose not to look into these variables for our research, but to specifically look at levels of education, access to jobs, and job advancement. It was not the position of our paper to find out the reasons why Japan and Korea fair so poorly in the data presented, but rather to show, as supporting evidence, that both countries have similar gender problems that need to be improved. If improvements in access to higher education, equal job opportunities and advancement along with better representation in the national and local levels of government would be made more readily available to

women, financial decisions relating to their health would be more affordable and easier to make.

It is a bit ironic that perhaps the people who need to become the most involved are women themselves. Without demanding equal rights under the protection of federally mandated laws, women's health will continue to be a growing issue for the dawn of this new century.

Gender equality is in the interests of all people. More efforts are needed to try to change the overall understanding of how gender inequality can be not only economically harmful to cultures but also to the overall health and wellbeing of half of its population. Therefore, more study should be done in this area to establish a stronger tie between women's health issues and education / equal job opportunities and advancement.

Written in response to a presentation given June 28th, 2002 for the 13th International Congress on Women's Health Issues, Ewha Womans University in Seoul, Korea. Main sponsors of the 13th ICOWHI: Korea's Ministry of Gender Equality; Ministry of Health and Welfare; Korea Research Foundation; International Council on Women's Health Issues; College of Nursing Science, Ewha Womans University; Korea Academic Society of Women's Health.

【REFERENCES】

- 1) Korea Institute for Health and Social Affairs :
<http://www.un.org/popin/regional/asiapac/korea/welcome.htm>
Yong Ju Moon, Korea Institute for Health and Social Affairs
Seoul, Korea-25 April 1997 speech given at international convention
- 2) H.Suganuma et al. Women's Health in Climacterium-Health
Consciousness, Symptoms & Levels of Stress, and Self-recognition
Status, *J.Jpn.Acad.Mid.*, Vol.14, No.1, pp45-53,2000.
- 3) H Suganuma et al. Actual Conditions and Relationships of Life-events
and Symptoms in Climacteric Women. *JARFN* Vol.7, No.1, pp2-8,2001.

【SOURCES】

KOREA

(All data for Korea is from February, 2002)

Korea National Statistics Office :

<http://www.nso.go.kr/eng/>

A special thanks to Mr. Jin-Ho Hur, Director of International Cooperation Division along with Mr. Heejong Kim in Korea National Statistical Office.

Korea Institute for Health and Social Affairs :

<http://www.un.org/popin/regional/asiapac/korea/welcome.htm>

Ministry of Gender Equality :

[http://moge.go.kr/eng/index\(eng\).jsp](http://moge.go.kr/eng/index(eng).jsp)

Information on Korean Women's Development Act and The Advancement of Korean Women and EOI Scale

Korean Women's Development Institute :

http://www2.kwdi.re.kr:8090/ucgi-bin/webdriver?MIval=about_main

A very special thanks to Haeyoung Pang and her staff at KWDI.

JAPAN

(All data for Japan is from February, 2003)

United Nations Population Fund :

www.unfpa.org/swp/swpmain.htm

Information on 4th World Summit in Beijing in 1995

Japan Information Network :

<http://jin.jcic.or.jp>

Information for data on Japan

Gender Equality Bureau, Cabinet Office :

http://www.gender.go.jp/english_contents/index.html

Information on Japan's National Gender Statement and National Plan for Gender Equality

Japan's Ministry of Health, Labour and Welfare :

<http://www.mhlw.go.jp/english/database/index.html>

Information for data on Japan

National Women's Educational Center, Japan :

<http://www.nwec.jp>

Additional information for data on Japan

INTERNATIONAL

(All data for International websites is from February, 2003)

The UN Internet Gateway on the Advancement and Empowerment of Women, Women Watch Website :

<http://www.un.org/womenwatch/>

General background on women's rights

The United Nations Statistics Division :

<http://unstats.un.org/unsd/default.htm>

General background on statistical information in the world

The World Bank :

<http://www.worldbank.org/gender/beijing5/womenhealth.pdf>

Improving Women's Health: Issues & Interventions

Written by : Anne Tinker, Kathleen Finn, Joanne Epp

Genderstats ; A database of gender statistics :

<http://genderstats.worldbank.org>

International comparisons of gender related information

Gender Empowerment and Human Development Index from the UN :

http://www.undp.org/hdr2002/presskit/HDR%20PR_GEM.pdf

GEM and HDI information

Gender-related Development Index from the UN :

http://www.dartmouth.edu/~chance/teaching_aids/data/98gdi.htm

GEM, GDI, and HDI information

統計資料から女性の健康を考える：日韓の比較

エリック E. ラーソン 菅沼ひろ子

【抄 録】

本研究は、日本と韓国において、ジェンダー、すなわち社会文化的に形成された性差の問題（社会的性差別）と女性の健康問題の関連性を探ることを目的とし、国内外の入手可能なインターネット情報および地方自治体の報告書等から収集した、女性の健康に関連すると思われる統計資料をデータとした。

国際的に女性の健康問題を社会的な見地から考えるという動きは、1994年の第3回国際人口開発会議において、従来の「人口の数」よりも「個人、女性の意志・権利」を尊重するという立場から reproductive health & rights という言葉が生まれ世界中に広がったことから始まったものである。今回、その翌年に開催された1995年の第4回世界女性会議（北京会議）において作られた12項目の行動綱領を検討したところ、「女性の健康」は重要な検討課題として示されていることがわかった。次に、ジェンダーに関連して国連が示している4つの指標（GEM・EOI・GOI・HDI）とともに、収集した情報から日韓における共通性と相違点を比較した。日韓のデータには共通点が多く、両国とも女性の健康問題に関してジェンダーが根本のバリアとなっていることがわかった。

なお、学歴・雇用・昇進問題、女性が適切な医療を受けるための経済的側面に焦点を当て検討したところ、日韓共に、既に性差をなくすための政策が実施されているにも関わらず、前述の4点に関しては未だ女性の方が男性より恵まれていなかった。また、先に示した国連による4指標においても、先進諸国の中では、両国とも性差別が厳しい状況にある。特に韓国は4項目とも最下位であった。

今回の結果において、もっとも気がかりなのはジェンダーバイアス（社会的性差別）により再就職の機会や、その職種の選択においても不利な状況にある母子世帯の女性であった。ことに医療費が上昇している中、男性より低い収入である女性にとっては必要な医療を受けることも厳しい実情であり、このような状況下であれば、当然心身の健康にも影響を及ぼすことも考えられる。そこで、日本における母子世帯の女性がどのような困難を抱えるか、今回得たデータを元に仮想の事例を示した。

結論は今回得たデータより導き出しているが、ここから提言したいことは、まず、社会全体がよりジェンダーへ関心を向け理解すべきである。そのためには、国や県レベルで男女差への改善に向けて、その到達時期の明確化や、活動人員相当数の確保とともにガイドラインをつくること、そして女性自身が性差別撤廃のために声を発していくことが求められる。

【キーワード】 ジェンダー、日本、韓国、統計資料、女性の健康問題